



Short communication

Causal attributions and secrecy in unemployed people with mental health problems

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ABSTRACT

Many people with mental illness struggle with stigma. Secrecy is one coping mechanism to deal with mental illness stigma but has some major pitfalls. In this study with 301 unemployed persons with mental health problems, we assessed whether disease concepts are associated with secrecy. We found that genetic and neurobiological disease models are significantly associated with more secrecy. This might be due to a cognitive bias called genetic essentialism. Critical awareness of biogenetic disease models and programmes helping with disclosure decisions might be helpful.

1. Introduction

Neurobiological and genetic models of mental illness are increasingly endorsed in Western societies (Pescosolido et al., 2010), but may contribute to mental illness stigma which has not decreased in the past decades (Schomerus et al., 2012). People with mental illness can adopt different coping strategies to deal with stigma. One of them is secrecy which can be harmful for individuals (Link et al., 1991) and problematic from a public health perspective for different reasons. Some degree of disclosure is a precondition for help-seeking; and secrecy has been associated with hopelessness and suicidal ideation among people labelled as mentally ill (Oexle et al., 2017). According to the cognitive-affective-behavioural model by Pachankis (2007), concealing a stigma can lead to feelings of anxiety, guilt and shame, which in turn may lead to behavioural and social problems such as isolation and impaired relationship functioning.

Despite much hope that genetic and neurobiological disease models might decrease public stigma and self-stigma, this neither holds true for the general public (Schomerus et al., 2012) nor for people with mental illness themselves (Rüsçh et al., 2010). The term *genetic essentialism* has been coined for reductionist ideas about the importance of genes, such that persons with mental illness are seen as a discrete group with unchangeable and uncontrollable (even dangerous) behaviours (Dar-Nimrod and Heine, 2011). The literature on the effect of genetic and neurobiological disease models on people with mental illness is sparse, but these attributions appear to lead to more fear of other people with mental illness, more implicit guilt (Rüsçh et al., 2010) and more prognostic pessimism (Lebowitz et al., 2013). However, a biomedical

model of mental illness might facilitate help-seeking (Stolzenburg et al., 2019).

It is unclear if disease concepts are associated with secrecy, which led us to examine this link in unemployed people with mental health problems, a hard-to-reach population at particular risk of social marginalisation. Because of the problematic consequences of genetic essentialism on the (self-) concept of people with mental illness, we hypothesized that genetic and neurobiological models lead to more secrecy than a psychosocial model. This research has practical implications because interventions regarding secrecy and other coping mechanisms with mental illness stigma exist (Corrigan et al., 2018) and disease models can be modified, for example by the way professionals talk to patients about mental illness and also by the way the public is educated about mental illness.

2. Methods

2.1. Sampling

This research was done within a study on unemployment and help-seeking among people with mental health problems, which was approved by the local ethics committee (Oexle et al., 2018). Unemployed participants (N = 301) were recruited that showed psychological distress (score ≥ 13 on the K6 Psychological Distress Scale, range of possible scores 0–24; Kessler et al., 2003), or screened positive for alcohol or substance-use problems (score ≥ 1 on items 2 to 4 of the CAGE-AID; Hinkin et al., 2001). Additional inclusion criteria were age between 18 and 64 years and a score of ≥ 17 on the WHO-Disability Assessment

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Table 1
Multiple linear regression on secrecy; $R^2 = 0.14$.

Variables	B (95% CI)	β	T	P
Genetic model	0.119 (0.035 to 0.204)	0.17	2.77	0.006
Neurobiological model	0.084 (0.003 to 0.164)	0.13	2.04	0.042
Psychosocial model	−0.087 (−0.183 to 0.008)	−0.10	−1.80	0.073
Depressive symptoms (CES-D)	0.026 (0.011 to 0.041)	0.19	3.46	0.001
Age	0.015 (0.003 to 0.027)	0.14	2.47	0.014
Gender [female = 1; male = 0]	−0.322 (−0.578 to −0.067)	−0.14	−2.48	0.014
Current unemployment [months]	−0.003 (−0.006 to −0.000)	−0.11	−2.00	0.046

Schedule 2.0 (range of possible scores 12–60; Üstün et al., 2010), indicating relevant illness-related disability. Participants were in their mid-forties ($M = 43.7$ years; $SD = 11.2$), 151 (50.1%) were female and the average length of lifetime unemployment was more than five years ($M = 63.2$ months; $SD = 56.4$).

2.2. Measures

Three items (scored from 1/not agree at all to 7/agree completely) were used to measure disease concepts (“Mental illness is caused by genetic and hereditary factors”, $M = 3.73$; $SD = 1.71$; “Mental illness is a brain disorder, caused by biological changes in brain metabolism”; $M = 4.04$; $SD = 1.78$; “Mental illness is caused by stress and emotional strain”; $M = 5.72$; $SD = 1.37$; Rüschi et al., 2010). Secrecy was measured using five items described by Link et al., (1991), scored from 1 to 6 with higher mean scores indicating more secrecy ($M = 4.17$; $SD = 1.18$, Cronbach's alpha 0.76). Depressive symptoms were measured using a 15-item German version of the Center for Epidemiological Studies Depression Scale (range of possible sum scores 15–60; $M = 39.12$; $SD = 8.67$, Cronbach's alpha 0.89; Hautzinger and Bailer, 1993).

3. Results

In a multiple linear regression analysis, we examined the associations between disease concepts and secrecy, controlling for age, gender, duration of current unemployment and depressive symptoms. Stronger endorsement of a genetic and neurobiological disease model was significantly associated with more secrecy, a psychosocial disease model was related to less secrecy on a trend level. More depressive symptoms, higher age and male gender were associated with more secrecy, longer unemployment was related to less secrecy (Table 1). The model explained 14% of variance in secrecy, while a model with only the three disease concepts explained 6% of variance and a separate model with only the four socio-demographic and clinical variables explained 7% of variance in secrecy.

4. Discussion

4.1. Secrecy and genetic essentialism

Our results suggest a significant link between disease models and secrecy. As predicted, genetic and neurobiological disease models were associated with more secrecy. The wish to hide a mental illness can in part be explained by negative consequences of *genetic essentialism* such as fear and self-guilt (Rüschi et al., 2010).

Psychosocial stressors, on the contrary, are perceived as more changeable and less tied to a person's identity than genes. Attributing mental illness to psychosocial stressors such as hard work might even have advantages, which could explain why the term burnout, although no diagnostic entity and ill-defined (Korczak et al., 2010), is widely used by German professionals and service users.

We found male gender to be associated with secrecy, which fits with other findings that women are more open to seek professional help for

mental illness (Park et al., 2018). Longer unemployment was associated with less secrecy, possibly because unemployment in itself is a stigmatized condition (Blau et al., 2013) and the additional stigma of a mental illness may become less relevant after years of unemployment.

4.2. Limitations

Our sample is not representative of people with mental illness in general. The cross-sectional data precludes conclusions on causality. The regression model explained only a small proportion of secrecy's variance.

4.3. Conclusion

Hiding a mental illness has some major pitfalls as stated above (Pachankis, 2007; Oexle et al., 2017). On the other hand, disclosing a mental illness can be tricky and have disadvantages during job search (Rüschi et al., 2018). Hence, programmes such as *Honest, Open, Proud* (HOP) were developed to support strategic disclosure decisions and reduce stigma stress and depressive symptoms (Corrigan et al., 2018; Mulfinger et al., 2018). Professionals should be aware of the phenomenon of genetic essentialism in their contact with service users and when educating the public about mental health (Dar-Nimrod and Heine, 2011).

Declaration of interest

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