Mental Illness and Social Stigma

Emily Sachs

DePaul University

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Mental illness is a subject that inspires specific images, yet it is very general in reality. Everyone has referred to someone else as “crazy” without any true regard for what the implications of the word are. How do we know whether someone is truly crazy? And what exactly does that mean? There is no one set of symptoms for all mental illnesses; they are a varied lot. Similarly, different mental illnesses cause varying degrees of detriment to the normal functioning of the mentally ill, and public opinion of perceived disorder can vary by diagnosis. There has been a considerable amount of research on the social implications and stigmatization of mental illnesses around the world. The prevalence of mental illness and substance-abuse disorders is a serious social problem. There are many psychosocial factors contributing to the development of mental illnesses. There is also a significant social stigma attached to mental illnesses and those who suffer from them, the evolution of which has been a topic of much concern. This stigma affects the sufferers in very profound ways, as well as affecting the community they live in. Recently, there have been efforts to reduce the stigma attached to mental illnesses.

Risk Factors for Mental Illness

There are many social factors that can increase risk for and exacerbate the symptoms of mental illnesses and substance-abuse disorders. There has been a fair amount of research on some of these contributing factors. Many different sociological theories have been employed to express the contributing factors for these disorders. Psychosocial causes for mental illnesses

and substance-abuse disorders in adults include socioeconomic status and exposure to stressors, and in children and adolescents, familial stress, association with bullying, homelessness and family history of mental illness.

The labeling or societal reaction theory would suggest that the less powerful members of society–minorities, those of lower socioeconomic status, etc—would be over represented among the mentally ill. Though it has been found that people of lower social status are actually under-represented in the ranks of those voluntarily seeking mental help, it is still thought that these people are more likely to have mental illnesses, as they are more likely to be exposed to negative life events and to be under chronic strain. The differentiation in treatment numbers is therefore a result of diminished resources and access to psychiatric care (Thoits, 2005.) For adults, exposure to a horrific event such as a natural disaster or a serious incidence of violence can also increase risk for mental illnesses (Tessler, 2001). Some of these stressors could potentially be more likely to effect people of lower socioeconomic status and those otherwise less powerful.

Many scientists believe that biology predisposes people to mental illnesses rather than pre-determining them, and that the likelihood of development of such disorders is then exacerbated by a variety of risk factors. Some of these are centered more on childhood events: the divorce of parents, frequent moves, abuse, and the death of a parent all increase the risk of these illnesses (Tessler, 2001). Increased rates of substance-abuse disorders were found in runaways and homeless adolescents who had experienced parental rejection (Johnson, Whitbeck and Hoyt, 2005). Association with bullying is seen as a risk factor for mental illnesses in children. Increased rates of anxiety, depression, eating disorders, and substance abuse were found in children who were somehow involved in bullying, whether they were bullies, victims, or

both. Children who were both bullies and victims were most at risk for psychosomatic symptoms[1], depression, and anxiety. They were also more likely to have multiple co-occurring mental disorders. Noteworthy about this study is that, contrary to prior hypotheses, bullies and victims showed similar levels of many mental disorders (Kaltiala-Heino et al., 2000). Studies have also found a correlation between substance-abuse disorders and homelessness in adolescence. In interviewing 16-19-year-old teens defined as homeless–whether because they had run-away or not–they found more teens that met the lifetime and 12 month criteria for one or more substance-abuse disorder. This longitudinal study found that in most cases, substance abuse started concurrent to or after the first run-away experience with teenagers. There were also other contributing factors within this study: adolescents with a family history of substance-abuse disorders and those with more association with deviant peers were more likely to meet the lifetime criteria for alcohol abuse (Johnson, Whitbeck and Hoyt, 2005).

DEVELOPMENT OF SOCIAL STIGMA

Thara and Srinivasan introduce the term stigma as "a relationship of devaluation in which one individual is 'disqualified from full social acceptance'" (2000:135). Mental illnesses confer a significant stigma on those suffering from them. Many sociologists have sought to explore how lay people form these stigmas, how other stigmatized groups interpret these stigmas, how others' perceptions of the degree of illness affects stigma formation, the role of the media in stigma formation, and the stigma against the families of the mentally ill.

People think about mental illnesses in unique ways. In order for a stigma to exist, the illnesses must be pathologized, or seen as non-normative. This is seen more often when they

are rare, or seen as hard to explain, or as having an internal cause. These judgments together identify an individual as deviant. Once an illness is classified as deviant it can be moralized– judged as to the extent that the mentally ill are "wrong" in engaging in the behaviors indicative of mental illness. Medicalization classifies mental illness as a disease beyond the control of the sufferer, contrary to moralization. These illnesses are often medicalized, especially in modern society. As a synthesis of these opposing theories, psychologizing is also mentioned, attributing mental illnesses to both moralistic, controllable causes and biological, uncontrollable causes (Haslam 2003).

Increasing public exposure to mental illnesses may, contrary to common belief, not improve the attitudes of lay people towards those suffering from mental illnesses. These days, most people are informed to some extent of the causes and nature of mental disorders, yet these stigmas continue to exist (Thara and Srinivasan 2000). The perceived causes of mental illnesses affect the current lay attitudes towards it. It has been hypothesized that a strictly biological explanation for psychological deviance should provoke feelings of pity in the general public. The theory behind this is described by Read and Law: "If the behavior of 'mental patients' is seen as the result of chemical imbalances and genetic flaws then it follows that the person has little or no control over, and is therefore not responsible for, their behavior" (1999:2). However, Haslam (2003) writes about studies which found that, while people suffering from mental illnesses that can be attributed to psychosocial causes are considered more blameworthy, the biologically deviant patient is treated more harshly. Medicalizing illnesses may actually encourage stigma (Haslam 2003).

The degree of stigmatization towards a mental patient depends on the perceived severity of the illness they suffer from. There is a dichotomy in lay-thinking between the

characterization of a mental disorder as an illness or as a "nervous breakdown." Most people who seek mental help are perceived as suffering from temporary disorders due to increased stress and overwhelming physical and emotional factors. According to Gove, those who are treated in facilities other than public mental hospitals are far more likely to be seen as having these transitory mental health problems. Those who are treated in the public mental hospitals are more likely to be seen as career deviants—those with chronic mental health problems (Gove 2004).

There are certainly other stigmatized groups in modern society. Studies have found that the stigma towards those suffering from mental illnesses, especially those who have been hospitalized for their illnesses, can be more socially damaging than that towards ex-convicts, despite the prevalence of mental disorders among the prison population[2]. Even within the prison population, there exists a stigma against mental illness (Edwards 2000). Edwards found that prison inmates significantly preferred ex-convicts to ex-mental patients on a forced-choice questionnaire, and cited further examples of stigma within the prison population against the mentally ill (2000).

The representation of mental illness in the media tends to be confused: media sources use inconsistent or incorrect terminology, stigmatization language in reference to the mentally ill, and tend to equate mental illness with violence. These misrepresentations have been found to negatively impact the perceptions of the mentally ill for both adults and children (Harper, 2005). Rienke *et al*. (2004) propose that media campaigns to decrease stigma against mentally ill by featuring the experiences of famous people who suffer from mental illnesses typically have very little effect, and that media exposure to such atypical sufferers may actually solidify stereotypes and make them more extreme. The media and film industry also take some of the blame in

maintaining stigma against the mentally ill by perpetuating the stereotype of the "violent madman" (Read and Law 1999). Read and Law also note that, "In films, mentally ill people tend to be characterized as either homicidal maniacs, rebellious free spirits, female seductresses, enlightened members of society, narcisissitic parasites or zoo specimens" (1999:2).

Beyond the stigma against the mentally ill, there is stigma existing against their family members. It has been found that those family members who take on the role of primary caregiver to their ill relatives can exhibit feelings of shame, grief, guilt, fear, and isolation. These emotional responses can make it more difficult for them to function freely within society. Among care-givers to patients with schizophrenia, these negative feelings were more commonly found when the patient was male, violent, and unpredictable (Thara and Srinivasan 2000).

EFFECTS OF STIGMA ON MENTAL PATIENTS

In addition to understanding the roots of the stigma existing against those with mental illnesses, one also needs to understand the effects of that stigma. The stigma conferred by mental illness has a profound effect on those who suffer from such disorders. This stigma can have a detrimental effect on a sufferer's self-perception, physical and emotional well being, quality of life, and their ability to reintegrate into society.

How do mental patients perceive the consequences of the stigma against them? Labeling theorists argue that patients, in being labeled as "mentally ill," are simultaneously stigmatized, while others argue that labeling is necessary in order to treat mental disorders and therefore has more of a positive effect than a negative one (Rosenfield 1997). In a study by Rosenfield, a majority of patients reported that they believed that "former mental patients are not

accepted by most people as friends, that they are not seen as being as intelligent or trustworthy as other people…, and that their job applications would be passed over by employers" (1997:665). Additionally, those who perceived a greater amount of devaluation and discrimination had lower general life-satisfaction ratings (Rosenfield 1997). In a longitudinal study of men with co morbid conditions of mental illness with a substance-abuse disorder, Link *et al.* show that, even with the improvement of clinical symptoms, the perceptions of stigma do not recede over a year of treatment (1997).

The act of being hospitalized in the first place can have a detrimental effect on a mental patient's self-perception. According to Gove (2004):

> Being hospitalized for a mental disorder is intrinsically stigmatizing because it signifies that one is unable to cope with stress and is having emotional and behavioral problems so serious that they cannot be dealt with while one is in the community. Mental hospitalization thus affects one's self-perception, the perception of relevant others, and, in turn, the patient's perception of how he or she is being perceived (P. 366).

Being hospitalized at all can cause patients themselves to fear that they do belong to a deviant group–the "mentally ill," rather than suffering from an acute, transitory "nervous breakdown." This is felt more strongly by people who have been hospitalized than those who have not (Gove 2004). Studies have shown that the even the expectation of stigma can have a detrimental effect on mental patients' self-image. Markowitz describes studies which found that there was even a correlation between anticipated stigma and demoralization[3] (1998).

Post-hospitalization or post-treatment, patients also face the challenge of how to become normal again. The previously mentioned psychologizing model of lay-thinking on mental disorders allows for the reintegration of patients into normal positions within society

(Haslam 2003), but does not define how one goes about regaining normal status, leaving people confused as to what steps to take to fully reintegrate themselves (Gove 2004). Further complicating this is the relationship between stigma and continued symptoms of depression and anxiety (Markowitz 1998). Additionally, Gove (2004) points out, the magnitude of disorder needed to maintain the definition of "ill" is often lower than that which is needed to initially define someone as ill, making it even harder to become "normal" again.

ANTI-STIGMA MEASURES

In order to improve the prognosis of people suffering from mental illnesses, there has been a considerable amount of research done on how we can reduce the stigma attached to such disorders. Three methods that have been shown to decrease the stigma against mental patients are increasing contact with mental patients, increasing the perceived variability of the stigmatized group, and emphasizing psychosocial causes of mental illnesses over biological causes.

There are three prominent strategies—protest, education, and contact approaches—that are used to reduce the negativity of public attitudes towards the mentally ill, as outlined by Reinke *et al.* (2004):

> Protest approaches highlight the injustice of specific stigmas and lead to a moral appeal for people to stop thinking that way: "Shame on you for holding such disrespectful ideas about mental illness!" Education strategies have largely focused on replacing the emotionally charged myths of mental illness with facts that counter the myths… Contact

> refers to a range of strategies that involve the public in meeting and otherwise interacting with people with mental illness (P. 378).

There is research supporting all of these approaches, however, while protest and education have only been proven to cause mild changes in attitudes, some controlled studies have found significant changes with contact approaches (Rienke *et al.* 2004). Read and Law also found that the strongest influence on a person's attitudes towards the mentally ill is the number of people they know who are identified as mentally ill, providing support for a contact model of anti-stigma discourse (1999). Similar effects have been found in both in person presentations of destigmatizing contact and videotaped presentations of the same content (Rienke *et al.* 2004).

In order for contact approaches to work, they must be at once convincing enough, yet not too convincing. In Reinke's study, they played taped testimonials of a man who had been diagnosed with schizoaffective disorder to varying groups of participants. There were three different tapes: one which focused only on the symptoms of his condition and problems he had associated with it (the little or no disconfirmation of stereotypes condition), a second where he focused on both the difficulties associated with his illness and his successes in overcoming it (the moderate disconfirmation condition), and finally, one focused on only his successes overcoming it (the high disconfirmation condition). Those who saw the second tape reported a change in opinions more pronounced than that of those who saw the first tape, while those who saw the third tape did not report a meaningful change of opinion (Rienke *et al.* 2004).

Ryan, Robinson and Hausmann (2001) identify three separate components of stereotypes: stereotypicality, variability, and prejudice. Stereotypicality is the perception of a group's central tendency; variability is the "extent to which the individual members of a group are thought to vary around the group's central tendency" (Ryan *et al.* 2001:409), and prejudice

is how positive or negative a group's attributes are thought to be (Ryan *et al.* 2001). Recent studies have led researchers to believe that the stereotypicality and prejudice aspects of stereotypes are difficult to change, though they have often been the focus of anti-stigma efforts. However, increasing the perceived variability of a group can help combat stigma. Ryan *et al.* describe studies which have found that, when people perceive more variability in a stigmatized group, they are less likely to associate the individual group members with the stereotypic qualities, and that they tend to consider qualities that are irrelevant to stereotypes more than those who perceive less variability (2001). It is for this reason that mental health professionals tend to seek training that increases their own perception of group variability (Ryan *et al.* 2001).

As was mentioned previously, there has been a tendency in recent years to promote biological causes of mental illnesses as a means of attempting to destigmatize them. Contrary to the intention of such approaches, however, biological explanations of illness can increase the public perception of the mentally ill as dangerous and unpredictable (Read and Law 1999). Because of this, Read and Law propose that emphasizing psychosocial aspects of mental illness will help decrease the stigma against mental illness (1999).

CONCLUSION

It's impossible to fully understand the stigma against mental illness that exists in society; the attitudes towards it are too inconsistent. This review only begins to explore some of the Western attitudes towards mental illnesses–the attitudes of other cultures may be vastly different than the ones detailed here. Some of the current research in the social implications of mental illnesses has tried to decrease the stigma of mental patients–to re-label them as non-

deviant. However, there is still a significant stigma against the mentally ill, which tends to worsen their chances of recovery and normal functioning.

ENDNOTES

[1] According to the American Heritage Dictionary, psychosomatic is "of or relating to a disorder having physical symptoms but originating from mental or emotional causes."

[2] It is believed that around 5% of the prison population are in need of hospitalization for mental disorders at any given time, and 20-30% are in need of some sort of mental health care.

[3] Demoralization is operationally defined as "a composite measurement of low self-esteem and symptoms of sadness, anxiety, and confused thinking" (Markowitz 1998:336).

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