The Persisting Stigma Behind Mental Illness

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Centuries ago, people with mental illnesses were labeled as crazy and often imprisoned for their differences that were considered dangerous. Around this time, there was little to no knowledge about mental health or mental diseases so when people acted out, they were considered lunatics and there was no one who could help them. A stigma surrounded these people because no one wanted to be with them for fear of being labeled crazy and dangerous as well. Today, we have so many scientific advances and so much knowledge about mental illnesses that we are able to diagnose and treat people instead of making them outcasts. This raises the question of, if we have the knowledge that we lacked centuries ago, why do we still have the stigma that was created from the lack of knowledge? This paper will focus on why the stigma is still around and methods that have been presented to decrease or limit the stigma in society. Through analysis we will look at how a “stigma” thrives in our society and why it is difficult to get rid of it, solutions that have been proposed, and if these propositions could make a difference.

Before understanding why the stigma still persists or possibly coming up with solutions, it is necessary to completely understand what a stigma itself is and what it means in relation to mental illnesses. A stigma is, “A deeply discrediting attribute; “mark of shame”; “mark of oppression”; devalued social identity.”\(^1\) While this term is widely used among researchers, it is not the favored term among people who have had to face the consequences of it who actually find that the word discrimination is more fitting for the harshness of its impact.\(^2\) In contrast the term discrimination means, “Behaviors that act to endorse and reinforce stereotypes, and disadvantage those labeled.”\(^3\) When comparing these two terms, we see the difference in the

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\(^2\) Id.
\(^3\) Id.
effect. Those who are different and feel the effect of the “stigma” or “discrimination” feel like they are at a disadvantage and being separated by a stereotype. The connotation of discrimination is much harsher than that of a stigma. While we will continue to use the term stigma as a description, it should be remembered that those who suffer feel that this term is not adequate to describe what they suffer.

After understanding what a stigma is, we have to think about why it is still relevant when we have the knowledge and capability to help people with illnesses. The article, “The Stigma of Severe Mental Illness” focuses specifically on the effect of providing people with information about people with severe mental illnesses (SMI) and on the primary emotion behind the stigma which tends to be fear instead of dislike or anger. This specific experiment introduced information to college-aged students on schizophrenia, an SMI, and recorded how this changed their perception of their dangerousness based on how much information they received. The results, “suggest that providing specific information on the relationship between violence and mental illness may impact individuals' fears about persons with schizophrenia” though the results also showed that there were limitations such as “providing information on the role of acute symptoms in initiating violent behavior appeared to increase subject fears.” If the root of the stigma was that people did not understand people who struggle with mental illnesses, then it would easily be assumed that educating them on one or a few mental illnesses would easily change the way they feel and possibly erase the fear. Not seeing that in this article shows that people are more difficult and stubborn and education is not the way to solve the situation. By looking at the conclusions of the study, educating people is not as successful as we assumed.

5 Id.
Instead, we have to take a step back and think about what actually will make a difference. This article is from twenty years ago so it makes sense that in the 1900s our medical advances were not where they are now, thus people were afraid of what they still did not know. This study is before the time of the diversity trainings that schools and even workplaces have in place now, so they did not know what we know now about how to make a difference and include people. In schools, we do diversity trainings that focus on educating people, but more importantly, they focus on how to include and immerse yourself and others so that there is an intermingling between people. Interaction between different people, in this case those with SMI’s and those without, is the best way to get over the stigma. While this study focused primarily on educating people to reduce this stigma and fear, the next study shows modern scientists have been more productive by being more creative than just providing people with information.

Using the conclusions from the previous study leaves us wondering how to integrate interaction between those fostering the stigma and those affected by it. The Me2/Orchestra is a project that creates music, makes a statement, raises awareness for issues pertaining to mental health, and creates a space where members could not be afraid to be themselves.6 This orchestra started as an experiment to see if community interaction would better eliminate the stigma as opposed to just providing people with information. With what has been researched about a stigma, it seems impossible to create a space without it because that would be creating an environment without influence from society. This cultural experiment works because there has been an idea that a public sphere can exist when a couple of people find a shared set of different views and values which forms a small mutual empowerment between them.7

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7 Id.
experiment has proved it works because, “By joining together through a shared, alternative perspective, it is therefore possible for a counterculture movement to eventually evolve and grow.”

This orchestra effectively removes itself from societal restraints and judgements and creates an actual safe space. It does this by also integrating what we realized from the last study, intermingling between different people is key to reducing the stigma. This orchestra does not just include those suffering from mental illnesses, but family members, friends, caregivers, and just those who support the orchestra or any members. In this way, we find a non-exclusive atmosphere where the mixing of many different people in not only allowed, but encouraged and those stigmas fade away because interaction with people is the only way to remove your judgements about them.

This experiment created a tiny judgement-free sphere which is relative in comparison to creating a stigma-free society completely. Although, it did do something important, which was to include those not directly affected by the stigma in the judgement-free zone. People with mental illnesses are obviously affected but so are their parents, or children, or other family members.

While it wouldn’t be assumed that these people are targeted, one article, “Adult Children of Parents with Mental Illness: Navigating Stigma,” looked at the effects of having a parent with a mental illness. These children that grew up with an ill parent were interviewed as adults, “adult children,” and revealed information about those close to someone with a mental illness and how they struggle. The interviews showed that these adult children were afraid to disclose information about their parent’s illness in fear of ridicule or embarrassment, in other words, in fear of the societal stigma.

The study also showed that “Children and adult children may

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8 Id.
experience second-hand social rejection and distancing in addition to self-stigma.”\textsuperscript{10} We see this in our lives which makes this study’s results understandable. When someone comes down with the flu, everyone in their house is automatically exposed to it. People that don’t live in the house may want to stay away from these people in fear of catching the flu. While this makes sense in the case of a contagious disease, it does not make sense when someone has something that is not catchable, such as a mental illness. Unfortunately, people close to the mentally ill person are still treated this way. This study shows where a stigma begins to move from one person to a scope of people. Instead of the one person with a mental illness suffering from the separation or discrimination from the rest of society, now their family members, care-givers, and friends are targets too. This essentially creates triple the amount of people experiencing the stigma for every one person suffering from a mental illness. When we look at the people affected in this way, the exponential growth of the people suffering is evident and soon if not now, there will be no person who is not related to or does not know someone struggling with a mental illness. If this is true, and it is universal that we all know someone struggling, why is the stigma around, if we are all slightly affected? The answer lies in why we and others also self-stigmatize. Imposing a stigma on one’s self seems to be a ridiculous idea because no one would want to deliberately discriminate and separate themselves from others, though it is a bigger issue than one can assume.

According to the next article, “Self-Stigma and Treatment Effectiveness in Patients with Anxiety Disorders,” self-stigmatizing can be worse than other types because of the effects it can have on treatment and recovery. This study looked at the effect that self-stigmatization had on the treatment and ability for recovery of those suffering from mental illnesses. Mental illnesses

\textsuperscript{10} Id.
are already difficult to handle but when the person suffering begins to separate themselves from others then they suffer more and it becomes a never-ending feedback loop. This study on self-stigma said, “When the individual stigmatizes himself, his self-esteem declines. Thinking that one is weak or inferior, the patient loses trust in oneself. A loss of a sense of mastery and hopelessness follow. As a result of the changes in self-concept, symptoms of anxiety and depression occur or are exacerbated.” According to this article, self-stigma increases anxiety and depression which makes it difficult for one to focus on treatment. Making treatment more difficult is where this stigma problem comes full circle and where the final realization that we need a complete resolution comes. If people facing judgement cannot fix the problem they are being judged for, then the stigma will never disappear and this loop will continue.

After learning about the detrimental effect of self-stigma we can look at this loop another way and try to understand how to correct the problem. Self-stigma, from previous studies, seems to be a result from the stigma and judgment faced by the individual from society. In this case, to help patients with their treatment, the self-stigma must decrease, which would mean the general stigma must decrease, if not disappear. By looking at these sources together, a pattern begins to appear that in order for treatment to work and children to seek help, a general stigma behind mental health will have to disappear. Knowledge would be assumed to be the thing that makes it disappear. However, studies have shown that simply educating people cannot fix the stigma-issue. As we saw above, providing the wrong information or not enough information can have the opposite effect and worsen the issue. Instead, immersion of people suffering with mental illness and those creating the stigma is one of the most viable ways to counteract the stigma that

is hurting so many. Organizations like the Me2/Orchestra have been successful in creating stigma-free atmospheres of the smallest level. If we can see the success on such a small level, then it must be possible on a larger scale with more effort and different settings. If we have this hope, we can hold out and keep trying to create a zone where people who suffer from a mental illness can feel like they are part of society and not like they are being separated from everyone else.