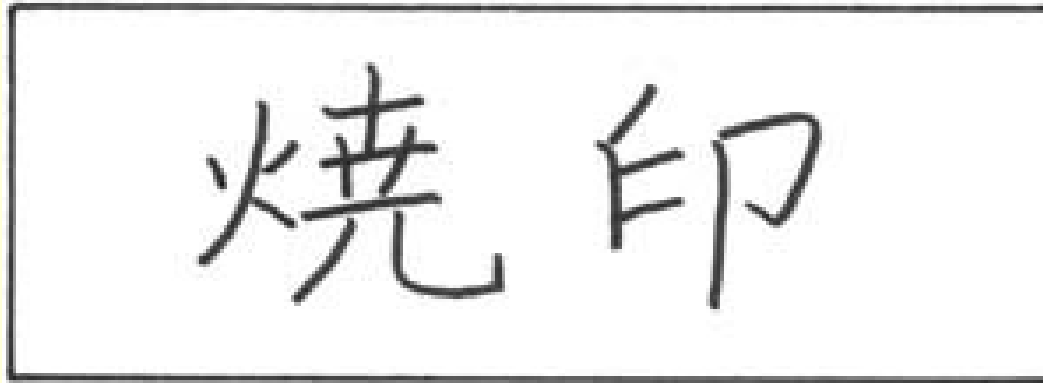


STIGMA, MENTAL ILLNESS, AND CULTURE



Dr. Patricia Sherman

April 3, 2007

*Why is it when we
talk to God, we're
said to be praying,
but when God talks
to us, we're said to
be schizophrenic?*

ORIGINS OF STIGMA

- Ancient Greece – means “mark;” marks were placed on slaves to identify their position in the social structure and indicate they were of lesser value

- People have always needed to determine where they are in relation to others
- Reassuring to believe that someone is beneath you in the “pecking order”

ERVING GOFFMAN (1963)

- Suggested that stigma had two major components: public one (reaction of general public to people with mental illness) and self-stigma (prejudice that people with mental illness tend to turn towards themselves)

- Stigma comes in three forms
 - Overt or external deformations
 - Deviations in personal traits (mental illness)
 - Tribal stigmas – traits of a race, nation, or religion that deviate from the normative race, nationality or religion

- The more visible the stigmatizing mark or condition, the more society believes the individual should be able to control it and the greater the negative impact of not being able to do so

- List ten groups that are stigmatized
- When have you been stigmatized?
- When have you stigmatized someone else?

RESPONSE TO STIGMA

- Try to get rid of what is stigmatizing
- Make special efforts to compensate
- Refuse to accept societal norms

- Complete Attitude Scale for Mental Illness
- What was difficult to answer?
- What do you wish you could have answered differently?

FOUR COMPONENTS OF STIGMA

- Labeling people with a condition
- Stereotyping people with that condition
- Creating a division – “us” and “them”
- Discriminating against people based on their label

WHY IS MENTAL ILLNESS STIGMATIZED?

- Its name implies it is different from physical illness
- Sounds as if it's “all in one's head”
- Some people believe it results from poor choices

- Belief that people with mental illnesses are dangerous and unpredictable, less competent, unable to work, should be institutionalized, can never get better

SOME HEALTH AND SOCIAL CONSEQUENCES OF STIGMA

- Mental illness and addiction are common, but only 1/3 of those needing treatment seek it due to fear of discrimination
- People deny painful symptoms and are reluctant to seek help at an early, more treatable stage of illness

- The drop-out rate for psychiatric treatment is high because people do not want to be seen attending psychiatric clinics.
- People with mental illness often hold the same beliefs as society at large and blame themselves for their illness

- The major way people cope with stigma is to withhold information from those who could help them
- Consumers expect to be rejected by the community and, therefore, are reluctant to engage with others

- The effects of stigma and its resultant social withdrawal may have a greater impact on an individual than the illness
- Family members are also harmed by stigma and may be blamed for causing or contributing to the illness

- Community attitudes can negatively affect recovery rate
- Mental health professionals are also often stigmatized, holding a diminished status in the eyes of other health care professionals and making recruitment challenging

- Many mental health professionals share negative attitudes towards people with mental illness
- The diminished attitude towards consumers is applied to self-help and peer-support programs, negatively affecting the number of referrals

- People with mental illness are less likely to be appropriately diagnosed and treated for co-morbid medical conditions
- Institutions, governments, and policy makers contribute to stigma by systematically under-funding mental health services

- Discrimination towards people with mental illness leads to diminished employment opportunities, lack of career advancement, and hostility in the workplace
- Stigma contributes to the persistent under-funding of research and treatment services

- 74% of people with a mental illness reported they had experienced stigma in the last year
- 16% reported stigma in the workplace
- 13% from staff in a health service

(SANE, Australia, 2006)

- The elderly experience the double stigma of being old and mentally ill and are less likely to seek help; their illnesses may not be detected because of the belief that anxiety and depression are a normal part of aging

- Other groups also experience a double or triple stigma – LGBT, people of color, women (“The gay community stigmatizes us for being mentally ill, and the mental health community stigmatizes us for being gay”)

- Complete Scale of Social Distance
- Discuss in small groups
- Report out to larger group

MENTAL ILLNESS ACROSS CULTURES

- The expression of mental illness in many cultures is in bodily terms – headache, trouble sleeping, fatigue, stomachache, etc.
- Hallucinations and delusions will be culturally relevant

- Need to assess level of acculturation
- Mental illness compounded by immigration experience, conditions leading to immigration, poverty, lack of health insurance, language difficulties, loss of support system, lack of access to traditional healers

- Stigma extends to families
- Fear of not being able to marry
- Psychiatric illnesses are considered curse from God, punishment for sins in past lives, or manifestations of evil spirits

- In many parts of the world, spirit possession is common. This may be a way for disadvantaged people to gain status; lose status if symptoms are due to a chemical imbalance
- Could be misdiagnosed as schizophrenia

- The cultures that patients come from shape their mental health and affect the kinds of mental health services they use. Likewise the cultures of the clinicians and the service system affect diagnosis, treatment, and the organization and financing of services

THE MEDIA

- People with mental illness:
 - Are homicidal maniacs who need to be feared
 - Have childlike perceptions of the world and need to be taken care of, or
 - Are responsible for their illness due to weak character and should be blamed

- Newspapers and TV stations can print or broadcast statements about those with mental illness that would not be tolerated if they were said about any other minority group. Stigma insinuates itself into policy decisions, access to care, health insurance, employment discrimination, and in research allocation and priorities.

SOME WAYS TO FIGHT MENTAL ILLNESS STIGMA

- Avoid prejudging those with mental illness on the basis of media and societal stereotypes
- Learn more about mental illness

- Learn more about mental illness stigma and discrimination
- Speak up about mental illness stigma
- Listen to people who have experienced mental illness

- Watch your language – talk about people first, then their illness
- Talk openly about mental illness, especially your own or that of a loved one
- Provide support for organizations that fight mental illness stigma

SOME WAYS TO COPE WITH AND END STIGMA AS A CONSUMER

- Get appropriate treatment
- Surround yourself with supportive people
- Make your expectations known

- Don't equate yourself with your illness
- Share your own experiences
- Monitor the media
- Join an advocacy group

ADVOCACY WEBSITES

- <http://community-2.webtv.net/stigmanet/LINKSAntiStigma/>
- <http://www.stigmaresearch.org/>
- <http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4176/>

- http://www.nami.org/template.cfm?section=fight_stigma
- <http://uhaweb.hartford.edu/owahl/resources.htm>
- <http://www.stampoutstigma.org/>
- <http://www.mentalhealthstigma.com/>
- <http://www.adscenter.org/>

- Read Kay Redfield Jamison's statement

ACTION PLAN

- What will you do to combat stigma in your professional and/or personal life?
 - Goal:
 - Objective #1
 - Objective #2
 - Objective #3