Mental Illness Stigma

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Mental health is abstract and invisible to the eye, but that does little to minimize the enormous effects that come from one’s state of mental health. While some people are able to properly function with their mental capacities, there are others who are hindered mentally and physically due to their lack in mental capabilities. Research has consistently proven that there is a severe lack of societal knowledge regarding the reality of mental health issues, and researchers have further investigated and studied the negative effects that stem from this ignorance. The misunderstanding of mental illness permeates the lives of those with mental disabilities and causes not only hardship in their livelihoods, but also takes a toll on their mental state as a whole. This issue affects our entire society, from the lives of patients negatively affected to the minds of citizens miscomprehending this essential knowledge. By simply educating ourselves and others of the reality of mental illness we can not only combat and disprove the common stigmatization of mental illness, but we can also further our knowledge of others and move our society forward in a positive direction. If social awareness proves to be ineffective or not enough, it is safe to take a step further by implementing mental health education into our schooling systems. This is an issue deemed significantly harmful to our country by researchers and scholars alike; change must come, but it begins with the doors opened by education.

The misunderstanding of mental health issues is a historically prevalent issue that has remained largely unsolved. In order to desensitize our country to the stigmatization of mental illness, we must first disprove the stigmatized perspective of mentally ill individuals. It is all too common for mentally ill characters to be depicted as physically violent and as aggressive in popular forms of media, while also casting a sense of hopelessness or displacement on the lives of played characters. Movies such as the popular 1960 release of *Psycho* provide a detrimental image of mental illness to the public, enforcing the idea that mental health patients are crazy or psycho and should be feared by the public due to their dangerous unpredictability caused by their illness, which is a largely inaccurate representation. TV shows aired in recent years such as *Monk* and *Me, Myself, and Irene* portray characters with mental health issues as having a child-like disposition or as being mentally incapable of taking care of themselves. Not only is this displayed misinformation detrimental to the image of the mental health community, it is also completely untrue. As stated in an article published by *Psychology Today*, “Despite the myth that people with a mental illness are more likely to be violent,
research shows this is not the case. In fact, according to the U.S. Department of Health and Human Services website, those with severe mental illnesses are over 10 times more likely to be the victims of violence than the general population” (Abrams, 2017). The portrayal of mentally ill individuals as dangerous induces a public attitude encompassing fear and anger towards the victims of this misattribution.

In addition to the façade of danger, mental illness is on screen associated as being an overbearing problem that prohibits patients from living normal lives, making them seen as untrustworthy or unpredictable. These incorrect demonstrations of mental illness disrupt social interaction between mentally ill persons and members of society but can also cause prejudices and discrimination towards mentally ill persons. According to the results of a study published in Acta Psychiatrica Scandinavica, people with mental health disorders received negative attitudes from the many people due to misconceptions of their mental disorder and were often discriminated against in the face of public interaction or treated severely and without humanity. “Labelling as mental illness has an impact on public attitudes towards people with schizophrenia, with negative effects clearly outweighing positive effects. Endorsing the stereotype of dangerousness has a strong negative effect on the way people react emotionally to someone with schizophrenia and increases the preference for social distance.” (Angermeyer & Matschinger, 2003, p. 307). In accordance with this quotation is an article published by Bruce Link, Lawrence Yang, Jo Phelan, and Pamela Collins wherein social interaction with mental health patients was describes as: “Interaction with people with mental illness is sometimes experienced as disruptive by others because of a fear or unexpected behavior by individuals with mental health disorders” (Link, Yang, Phelan, & Collins, 2004, p. 511). Furthermore, published in Singapore Medical evaluated the differences in which physically ill and mentally ill patients are treated socially, with the results being conclusive with the idea that mentally ill individuals in particular are on the receiving end of hate and discrimination due to their unpreventable illnesses.

The difference in social treatment between those with mental illness and those without also related to the way that the patients felt about themselves and their illnesses; patients with mental illness reported that they felt rejected or devalued in instances of social interaction due to the public attitude towards their illnesses, whereas physically ill patients reported the opposite: “The responses of the cardiac patients contrasted markedly with those of the psychiatric patients. None of the cardiac patients reported social rejection; in fact, some of them had experienced favorable responses, such as receiving gifts as a show of sympathy or words of concern. The cardiac patients did not think less of themselves because of their illness” (Lai, Hong, & Chee, 2000, p. 112). The social response to psychiatric
patients is one bred from ignorance, blossoming into discriminatory attitudes and actions.

Along with the lack of understanding mental illness comes the minimization of mental illnesses amongst younger citizens. Issues such as depression or social anxiety disorders are often overlooked or attributed to the average struggles that come with adolescence. With depression in particular, there is a social misconception on what exactly depression entails or what it is caused by, with social media being a popular outlet in which misinformation is shared. Commonly shared incorrect ideas include depression simply being a state of sadness or loneliness due to outside causes, as well as the idea that depression is caused by a fixable chemical imbalance in the brain. Though depression affects ten percent of our country, it is still widely misdiagnosed, which in turn affects the mental state of psychiatric ill persons. The denigration directed towards mental illness causes those suffering from mental illness to be ashamed of needing help and can prohibit them from seeking mental assistance at all. As said by Psychology Today: “According to Mental Health America (MHA) 43.7 million Americans struggle with a mental health condition annually. One out of five of these individuals will not receive the treatment they need. There are many reasons for the gap in care, but stigma and discrimination fall high on that list,” citing social stigma and the discrimination that comes with it as two of the main reasons that mental patients refuse to seek the necessary help that they need (Abrams, 2017). Not only do these stigmas prohibit patients from getting help, they can also cause detrimental effects on the emotional capacity of these individuals: “A fear of rejection can have serious negative consequences. It is undoubtedly threatening and personally disheartening to believe that one has developed an illness that others are afraid of. Expecting and fearing rejection, people who have been hospitalized for a mental illness may act less confidently or more defensively, or they may simply avoid contact altogether.” (Link et al., 2004, p. 22). The minimization of the issues pervading the lives of those battling issues such as depression can cause them to feel negatively towards themselves and their illness, causing further resistance to seeking treatment as well as breeding an internal judgement within patients that can heighten the severity of their depression and its effects. The misunderstanding of mental illnesses is an issue traceable in its effects on the lives of the patients affected, as well as in the lack of reason behind this social discrimination.

A pervasive problem stemming from social stigma comes self-stigma, and while it doesn’t necessarily affect the general public, it undoubtedly detracts from the livelihoods of psychiatric patients. A study done by Bruce Link and his research team was done to evaluate the ways that social stigma effected mental health patients, resulting in self-stigma and self-doubt. The study published in the Psychiatric Services concluded that: “Contrary to the claim that stigma is relatively
inconsequential, our results suggest that stigma strongly influences the self-esteem of people who have mental illness” (Link et al., 2001, p. 1657). Self-stigma in mental health patients is a result of the shame that they feel caused by the social attitudes geared towards their illnesses as well as the lack of available resources. Self-stigma encompasses a lack of confidence as well as a refusal to seek help with mental issues for fear of ridiculing or rejection. Patients in the study were asked a series of questions about the way that they felt about their mental illnesses as well as how their lives were affected by the social conception of mental illness. The disheartening responses to the posed questions support the claim that the stigmas of mental health negatively affect the mental image of one’s self in the face of mental illness. For example:

Baseline responses to items in the self-esteem scale indicated that low self-esteem was a significant problem for a substantial minority of study participants. For example, 38 participants (54 percent) agreed or strongly agreed with the statement “You feel useless at times,” and 26 (37 percent) agreed or strongly agreed with “All in all, you are inclined to feel that you are a failure.” (Link et al, 2001, p. 1623)

An enormously problematic effect of self-stigma includes the reduced likelihood of psychiatric patients seeking or receiving help dealing with their illnesses. Refusal to admit that they need help or are sick is a common disposition of the mentally ill due to fear of judgement, and not only does this effect the relationships in the lives of patients, but it can also commonly lead to other mental issues such as depression due to the lack of supportive response and the isolation of one’s health issues. As concluded in Link et al.’s study, patients with psychiatric issues were found likely to distance themselves from others due to fear of being misunderstood or for fear of being victim to the social prejudices geared towards mental illness. The journal stated that: “The results also indicate that study participants endorsed withdrawal as a means of coping with the possibility of rejection. When the participants who agreed and those who strongly agreed were grouped together, 44 (63 percent) indicated they would avoid a person if they believed that person thought less of them because they had received psychiatric treatment,” (Link et al, 2001, p. 1623). Though there are multiple factors that push psychiatric patients away from receiving help it is beneficial to patients and society alike that they do. It is impossible to understand mental illness and advance psychological science without being able to evaluate patients and the effects of their illnesses. Websites such as The Mayo Clinic urge patients to seek help in despite social pressures and stigmas that may push them to do otherwise: “You may be reluctant to admit you need treatment. Don't let the fear of being labeled with a mental illness prevent you from seeking help. Treatment can provide relief by identifying what's wrong and
reducing symptoms that interfere with your work and personal life” (Mayo Clinic Staff, 2017). This is a message that needs to be widespread and heard by all.

The misunderstanding and misrepresentation of psychiatric patients can be resolved by pushing for the social education of mental illness. The public stigmas noted earlier stem from common misconceptions on the reality of mental health issues, which can all be disproven by simply educating the public on the real factors regarding and causing mental illness. Patients and scholars alike have cited that education and social interaction are undoubtedly the ways to combat social ignorance, but first there must be outlets created in which correct information is presented through. Websites such as The Mayo Clinic and Psychology Today provide vital information of mental health, from the causes and effects of mental illnesses to the stigmas surrounding them with the initiative of educating the public; however, this information is only sought after by public health officials or by patients of mental illnesses themselves. There needs to be a social acknowledgement of the stigmas pervading our country in order for social education to be effective. Making mental illness a socially communicated topic instead of a brushed under the rug issue will further the awareness of the importance of understanding mental health. Published in World Psychiatry is an article by Patrick Corrigan and Amy Watson, two psychologists who researched possible ways to combat the social ignorance regarding mental illness. The pair evaluated the social structure of the United States and found a lack of social protection for mentally ill patients; there are very few laws or implementations protecting psychiatric patients from discrimination. They found a severe lack of available resources helping mental health patients and found little to no protection for victims of mental health discrimination. It was concluded that “Stigma is evident in the way laws, social services, and the justice system are structured as well as ways in which resources are allocated. Research that focuses on the social structures that maintain stigma and strategies for changing them is sorely needed” (Corrigan & Watson, 2002, p.17). Implementing regulations and controls to help protect mental health patients from discrimination is vital in the process of normalizing the topic of mental illness. This will in turn make it easier for mentally ill individuals to seek the help that they need by erasing the need for fear of mistreatment due to mental disabilities. In agreement with this solution is an article published in Psychiatric Services, citing that “This concern brings us back to the grassroots goal, namely that stigma is a local issue shaped by the experience of mental illness in a variety of social contexts. Hence, stigma change, and evaluation of this change, must be conducted at the local level” (Morris, 2012, p. 970). Making mental health awareness a publicly known necessity will increase the likelihood of public advocates and campaigns fighting to erase and combat current social stigmas of mental health; “Protest is a reactive strategy; it attempts to diminish negative attitudes about mental illness but fails to promote more positive attitudes that are
supported by facts. Education provides information so that the public can make more informed decisions about mental illness.” (Corrigan & Watson, 2002, p. 17). Presenting mental health awareness as a norm extends the acceptance of mentally ill patients which in effect would result in the increase of psychiatric patients seeking help with their illnesses, leading to scientific development as well as the lessening of hardships in the lives of patients.

Providing the public with correct information regarding the reality of mental health will eliminate the stigmatized idea of mental health patients and will render the public fear towards mental health patients futile, creating a healthier relationship between psychiatric patients and common citizens. Social interaction with mental health patients exposes the reality of mental illnesses and furthers the acceptance of mental illnesses. Corrigan and Watson examined the effects of sociality between average citizens and mental health patients, concluding that “Stigma is further diminished when members of the general public meet persons with mental illness who are able to hold down jobs or live as good neighbors in the community. Research has shown an inverse relationship between having contact with a person with mental illness and endorsing psychiatric stigma (54, 57).” (Corrigan & Watson, 2002, p. 17). Normalizing the social interaction with mental health patients and making advocacy for mental health awareness present in society will in time erase and deface the stigmatized image of mental health patients and effectively solve this pressing issue.

In the case that the public education of mental health is ineffective or is not enough, systematic education is certainly the next effective solution. Creating mandatory mental health classes in the education system will not only educate citizens of mental health but will also cause the cessation of any further mental illness stigmas. States such as New York and Virginia have already implemented mandatory mental health courses into their curriculum, making mental health education just as important as sex ed and drug education. Students are taught nine key factors of mental health including how to identify mental health issues as well as how to help themselves or others in the case of experiencing a mental illness. When law makers were asked the pushing force behind these mandated courses they claimed that “When young people learn about mental health and that it is an important aspect of overall health and well-being, the likelihood increases they will be able to effectively recognize signs and symptoms in themselves and others and will know where to turn for help - and it will decrease the stigma that attaches to help-seeking” (Keatos, 2018). Many New York citizens argued that mental health should not be regarded as a pressing issue and was not worth the extra funding that it would take to implement mental health education in schools. Nonetheless, the state proceeded to establish it into law, making it mandatory that every child be educated about the reality of mental health. There are endless studies and researches pushing the
importance of mental health education, as concluded in *Psychiatric Services*: “Documents were located through review of PubMed, gray literature, and the Internet; psychological databases (PsycNET) and replication studies were excluded. They concluded that education and contact conditions seem to have positive effects on attitudes.” (Morris, 2012, p. 964). Applying mental health education into the national education system will effectively eliminate room for error when understanding mental illness, leaving little to no room for incorrect stigmas regarding mentally ill individuals.

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Mental health stigma is a pervasive issue that affects the character and attitude of our country while also hardening the lives of those with mental illness. Psychiatric stigma detracts from all citizens of our country alike but can be combatted by simply opening way for communication. Advocating for those effected by the stigmas surrounding mental illness is the best way to create awareness of this issue and by educating the public we create a fairer, more just, and correctly educated nation. Following suit with New York, our nation should take state and local initiatives to create an environment where mental health communication is normalized and accepted by all. Though not all may have mental health issues we are all characterized by how we treat these illnesses and those affected; it is our duty to educate ourselves and others of this matter.
References


