

15 - Themes of stigma

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© SPMM Course 9. Stigma and prejudice Stigma is an attribute, trait or behaviour that that is considered shameful; that symbolically marks the possessor as unacceptable and inferior or dangerous. (Goffman) STIGMA TYPES Enacted stigma refers to a patient's actual experience of discrimination Felt stigma refers to a patient's fear of experiencing a discriminated act; it is more prevalent and more disabling than enacted stigma. Public stigma is the reaction that the general population has to people with mental illness. Self-stigma is the prejudice which people with mental illness hold against themselves; this internalized stigma develops from the prolonged societal response. Courtesy stigma refers to the stigmatization unaffected person experiences due to his or her relationship with a person who bears a stigma e.g. parents of children with psychiatric conditions.

Not In My Back Yard or NIMBY opposition refers to the vehement disapproval by local authorities, and social groups for localization of a community mental health facility in a geographic area due to the fear and stigma against the mentally ill. Mind (National Association for Mental health) organized a survey to measure NIMBY opposition wherein more than 2/3rd of mental health services faced such opposition in England and Wales. Fear of children's safety, falling house prices and violence were the main concerns for the opposers. Themes of stigma Hayward & Bright described 4 major recurring themes or beliefs behind the stigma against mental illness. These include: 1. Dangerousness 2. Attribution of responsibility 3. Poor prognosis 4. Disruption of social interaction These 4 themes formed the basis of an Office of National statistics survey in the UK measuring public attitudes towards mental illness. Schizophrenia and addictions were regarded most negatively; approximately 60% respondents thought addicted individuals have only themselves to blame for their problems. Most individuals knew the difference between various disorders and most felt that depression and anxiety are treatable. Little change was recorded over 10 years, with over 80% endorsing the statement that "most people are embarrassed by mentally ill people", and about 30% agreeing, "I am embarrassed by mentally ill persons" (Huxley, 1993).

© SPMM Course Surveys (e.g. Jorm et al., 1997) carried out on health professionals and the public with a case vignette show that: 1. Professionals give much higher rating than the public for the helpfulness of antidepressants for depression, and of antipsychotics and admission to a psychiatric ward for schizophrenia. 2. Public give much more favourable ratings to vitamins and minerals and special diets for both depression and schizophrenia, and to reading self-help books for schizophrenia 3. The beliefs that health practitioners hold about mental disorders differ greatly from those of the general public. Hagighat proposed a unifying theory of stigma, which states that stigma serves the selfinterest of the stigmatisers in different ways as follows: □ Constitutional origins: Quick and easy stereotypes at the expense of sophistication and depth. The human brain

weights negative evaluations preferentially to positive ones. Similarly, it is likely to interpret repeated episodes of violence by a few as independent episodes of violence committed by the 'mentally ill'. It links negative (rarer than neutral or positive) events with rare objects (e.g. minority groups). □ Psychological origins: Human tendency uses the example of the 'unfortunate other' to feel happier about themselves e.g. those rewarded the same as others feel less satisfaction than those in groups with others rewards less for the same work. Those with low self-esteem derogate others to bolster their self-esteem and sense of wellbeing. These psychological dividends benefit the stigmatisers in the presence of the stigmatised. □ Economic origins: To increase one's access to resources, stigmatisation of rivals is used as a weapon in the socio-economic competition. Stigmatisation is likely to be more intense in more competitive, self-seeking societies. □ Evolutionary origins: Stigmatisation may have an evolutionary advantage in some way. A strong discrimination includes avoiding such discriminated population from being chosen as mates of sexual function. How does stigma evolve? (Link and Phelan 2001) 1. Labelling: people distinguish and label human differences. 2. Stereotyping: dominant cultural beliefs are used to group and categorise labelled persons to undesirable characteristics— to negative stereotypes. 3. Separation: the labelled persons are placed in distinct categories with an observable degree of separation of "us" from "them."

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