Stigma of Mental Illness

Y M Lai, C P H Hong, C Y I Chee

ABSTRACT

Background: Psychiatric patients carry the additional burden of stigma.

Methods: The views of 300 psychiatric out-patients and day-patients and 100 mental health workers concerning stigma were sought. The control group comprised 50 cardiac out-patients.

Results: A fair proportion of patients with schizophrenia or depression perceived that stigma had a negative effect on their self-esteem, relationships and job opportunities. The majority felt a need for an increase in public awareness of mental illness. In contrast, the cardiac patients reported very little stigmatization.

Conclusions: The diagnostic label of mental illness may render the person vulnerable to stigmatization. Possible causes of stigma and ways of reducing stigma are discussed.

Keywords: mental illness, negative perception, stigma

INTRODUCTION

The diagnosis of mental illness comes with the additional burden of a negative label. Reviews of the literature suggest that the community reacts adversely towards the mentally ill[1-3]. Stigmatization affects employability[4-6] and social acceptability[7-9]. This study sought to survey the perceived impact of stigma on psychiatric patients as well as their views on what they saw as contributing to the stigma of mental illness.

METHODS

A questionnaire was designed to elicit the patients' opinions on different forms of social discrimination and rejection. Questions fell into one of several categories. First of all, there were several questions asking subjects about the possible effects of stigma on self-esteem, relationships, job opportunities and insurance coverage. Next, subjects were requested to give their opinions on whether the mass media portrayed mental illness negatively. Finally, subjects were asked to indicate if they felt that increased public awareness of mental illness would be helpful.

Three hundred psychiatric patients participated in the study. They were either out-patients attending the psychiatric out-patient clinic at the National University Hospital (a general hospital) or day patients attending the day care programme at Balestier Care Centre and East Coast Care Centre (mental health day centres for patients with major mental illness).

The patients in the control group were fifty cardiac patients with ischemic heart disease attending the cardiac out-patient clinic at the National University Hospital. They were given a similar questionnaire, except that the words "mental illness" were substituted with "heart disease".

A second questionnaire was designed to clarify the stigma attached to mental health workers. The respondents were asked if their line of work had been laughed at, whether they had been discouraged from joining the mental health profession, and whether they would choose the same career again.

One hundred mental health workers were surveyed. They were working as psychiatrists or psychiatric nurses in either the state psychiatric hospital (the Institute of Mental Health/Woodbridge Hospital) or a general hospital setting (the National University Hospital).

Several limitations of our survey are immediately apparent. The first limitation is that we assume that the out-patients and day-patients are in remission or not severely ill. We have not actually measured the severity of illness to see if there is a relationship with the perception of stigma.

Secondly, in the course of the survey, we found that our questionnaire items did not cover the more subtle ramifications of stigma. We asked about the effects of stigma on extra-familial relationships, but overlooked the more damaging manifestations of stigma within the family. It also became more apparent to us that there were many shades of stigma. The questionnaire item phrased social rejection in terms of being avoided by others. The patients, however, experienced stigma in other ways. They reported that people treated them

Department of Psychological Medicine National University Hospital
5 Lower Kent Ridge Road Singapore 119074

Y M Lai, MBBS, MMed (Psych) Registrar

Department of Psychological Medicine Faculty of Medicine National University of Singapore
5 Lower Kent Ridge Road Singapore 119074

C P H Hong, MBBch, BAO, MMed (Psych) Clinical Research Fellow

Woodbridge Hospital/Institute of Mental Health
10 Buangkok Green Singapore 539747

C Y I Chee, MBBS Medical Officer

Correspondence to:
Dr Lai Yew Min

differently, in a condescending manner that diminished their personhood, or ignoring them and making them feel devalued.

Similarly, we had not thought of exploring the angle of social avoidance. For instance, the fear of stigma might stop patients from going to social events or entering into steady relationships with the opposite sex.

Finally, the questionnaire item on low self-esteem did not distinguish between the actual experience of stigma and the patients' own fears of stigma. It is possible that the patients themselves have their own views of mental illness and they project their ideas and feelings of diminished self-esteem onto society.

RESULTS

Characteristics of Respondents

Psychiatric Patients

There were 187 women (62%) and 113 men (38%). Among the respondents, the two largest groups suffered from depression (44%) and schizophrenia (24%). The largest group of respondents (25%) were in the 20-29 year-old age range.

Cardiac Patients

There were 42 men and 8 women. The two largest groups of men were in the 40-50 and 50-60 year-old age range.

Mental Health Workers

The majority of the respondents (81%) were female. There were 79 psychiatric nurses and 21 psychiatrists. The two largest groups of workers were in the 30-39 and 40-49 year-old age range.

Perceived Impact of Stigma on Psychiatric Patients

Table I summarises responses to items concerning the specific perceived impact of stigma on psychiatric patients.

Among patients with schizophrenia, the negative impact of stigma most often cited was difficulty in finding a job (73%). In addition, 52% of patients with schizophrenia thought less of themselves because of their illness; 47% felt ashamed of their illness. 51% of them thought that neighbours and colleagues would avoid them if they knew of their illness.

Among patients with depression, lowered self-esteem (57%) and difficulties in getting a job (44%) were cited as significant problems.

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 favourable 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; however, they did describe feeling "vulnerable" and were "fearful of exerting themselves lest they should succumb to sudden death". Only 20% of them thought that their illness might affect their employment adversely; the rest who were working described how their employers had been accommodating towards them by lightening their work load.

Perceived Contribution by Mass Media to Mental Illness Stigma

Table II shows the concern of psychiatric patients that the mass media may give a negative portrayal of mental illness.

89% of the patients watched television, 85% of the patients read the newspaper and 81% of them listened to the radio. They saw stigma as coming from television programmes, newspaper reports and jokes on the radio. Some were concerned that the mentally ill were stereotyped as violent and dangerous, or different and laughable.

Proportionately more patients with schizophrenia viewed the various mass media as contributing to stigma, than patients with depression.

Table I. Perceived Impact of Stigma on Psychiatric Patients.

Questionnaire Item	Percentage of patients with schizophrenia answering affirmatively	Percentage of patients with depression answering affirmatively
Lowered self-esteem	52%	57%
Feel ashamed of illness	47%	33%
Expectation of social rejection	51%	28%
Difficulty in getting a job	73%	44%
Rejected for insurance coverage	40%	10%

Table II. Perceived Contribution by Mass Media to Mental Illness Stigma.

Questionnaire Item	Percentage of patients with schizophrenia agreeing	Percentage of patients with depression agreeing
Do you think that the mass media give a negative image of mental illness?		
Television	46%	34%
Newspapers	44%	24%
Radio	38%	15%

Table III. Stigma associated with the Mental Health Profession.

Questionnaire Item	Percentage of Psychiatrists responding affirmatively	Percentage of Psychiatric nurses responding affirmatively
Laughed at for working with psychiatric patients	67%	58%
Discouraged by family from joining profession	29%	31%

The cardiac patients felt that the mass media educated the public on the facts of heart disease. None of them felt that the mass media attached any stigma to heart disease.

Perceived Need for Increased Public Awareness
Most of the patients felt that there was a lack of information about mental illness. 77% of patients with schizophrenia and 88% of patients with depression saw a need for increased public awareness of mental illness.

Stigma Associated with the Mental Health Profession
Table III shows the societal responses encountered by mental health workers. Around 60% of them reported that others had laughed at their line of work. About 30% had been discouraged by family members from joining the mental health profession. In response to the questionnaire item on whether they would choose the same profession again, 51% of psychiatric nurses and 15% of psychiatrists indicated that they would make a different choice.

Bearing in mind the limitations noted earlier, the results cited may be coloured by the severity of the patients' illness. For example, a depressed patient may have feelings of diminished self-worth which they attribute to the impact of stigma. A patient with schizophrenia may have unrealistic expectations of their work performance and attribute their difficulty in obtaining a job to prejudice against mental illness.

DISCUSSION

The term stigma refers to any persistent trait of an individual or group which evokes negative or punitive responses. In his 1963 work, *Stigma*, Goffman[10] has made the salient point that it is not the functional limitations of impairment which constitute the greatest problems, but rather the *perceptions* of negative difference (deviance) and their evocation of adverse social responses (stigma). He argues that a person is not a deviant until his acts or attributes are perceived as negatively different.

Social scientists have tried to shed light on the causes of stigma. One fundamental problem is that disability so often overshadows personal identity. The person who has an impairment is lost to awareness and only the impairment itself is seen. The psychological underpinning to this appears to be that normals exaggerate the difference between disabled persons and themselves because disability symbolically represents that which normals fear or dread themselves becoming[11].

In addition to the psychological perspective, researchers have also focused on the symbolic associations of medical labels and media images. Phillips[12] says that society views disabled persons as damaged, defective, and less socially marketable than non-disabled persons. Furthermore, she argues that this perception of damaged goods is part of a process where medical labels assign a particular social status to a particular disease. Media portrayals are of great interest to researchers because they reflect and perpetuate stereotypical ways of thinking about disabled people.

Research into the social encounters between normal and disabled people shows that normal people often feel uncomfortable and uncertain when interacting with persons who are disabled. Goffman contends that normals experience ambivalent feelings towards stigmatized individuals and seek to avoid having stigma spread to them by avoiding close association with a disabled person. It is important to note that although disabled people know of their stigma, they can refuse to internalize the negative societal attitudes towards them in their self-valuations. Goffman observes that stigma bearers are often unable to successfully challenge imputations of negative difference in part because they themselves accept the premises and values which underlie their discredited social identities.

In taking a closer look at the problem of stigma in mental illness, it becomes clearer that there are many layers to the issue. We shall discuss schizophrenia and depression in turn.

Patients with schizophrenia may behave abnormally during the acute phase of their illness. The aberrant behaviour may cause them to be labelled as "bizarre" or "unstable". The diagnosis of a mental illness may lead to their being stereotyped as "unpredictable", "dangerous", "strange" or "useless". The community's reaction may be strongly influenced by media coverage of crimes by mentally ill people, which encourage a public perception that people with mental illnesses are violent. The public remains largely uninformed about the course of schizophrenia, and many imagine that patients lose their minds permanently. Even when in complete remission, in the absence of aberrant behaviour, patients with schizophrenia may find themselves being shunned or derided. Undeniably, there are patients with schizophrenia who remain chronically ill and disabled. However, there are also those whose symptoms remit, leaving them with minimal impairment, but who find themselves subjected to social discrimination and rejection.

Depression is associated with stigma as well. Patients with depression may lose their drive at work, and have difficulty with concentration or making decisions. They may not be able to perform previously manageable tasks at work. However, they may find themselves being blamed for being "emotionally weak", "inefficient", "unproductive", and "lazy". Patients with severe depression who have attempted suicide risk being judged

as "bad", "unbalanced", or "disturbed" while those who have received electroconvulsive treatment may hear hurtful whispers about their being "really mad" and having "drastic treatment to render them zombies".

In this study, it is highly interesting to note that the stigma appears to stem from the psychiatric label and not the presence of a chronic illness per se. The cardiac patients were virtually free of stigma. The diagnosis of cardiac disease appeared to carry the connotation of "fragile", "handle with care", and the cardiac patients received well-meaning exhortations to avoid exerting themselves from sympathetic friends and colleagues.

What can be done to reduce the stigma of mental illness? We come to the concept of normalization, which carries two different meanings. It can be taken to mean adjusting to society[13], and, as such, hiding the disability. For example, the use of atypical antipsychotics is beneficial as the extrapyramidal side-effects are much less obvious, so that others would not guess that the person was on treatment. In contrast, Phillips[13] discusses normalization as a way for disabled people to interact with normals *without* denying their handicap. Levitin[14] relates how disabled persons promote self-definitions which state "this deviance will *not always* be me" or "this deviance is *not all* of me". Indeed, normals commonly assume that mental illness is a permanent state and recovery is uncertain or that the patient who showed violent behaviour will always be violent.

An important component of efforts to reduce stigma would be the dissemination of basic knowledge about mental illness to the general population. Research suggests that individuals who have more information about mental illness are less prejudiced against the mentally ill[15-17]. For instance, sharing facts about the relationship between violent behaviour and acute relapses may allay fears that the mentally ill patient can be violent at any time. The mass media would be extremely helpful as a means of educating the public about the realities and myths of mental illness. Newspapers could perhaps feature excerpts from memoirs of those who have written about their personal experiences of mental illness. Accounts of mental illness and mental recovery would give positive and accurate portrayals of mental illness.

This is a pilot study on the stigma of mental illness. Further studies could expand on the areas of stigmatization effects, the relationship between the severity of illness and the perception of stigma and the difference between the stigma of mental illness and that of physical illness. It would also be useful to get the public to articulate their beliefs and fears of mental illness, so that specific information could be provided to reduce negative beliefs about mental illness.

There is a possibility that some patients share negative societal attitudes towards the mentally ill and stigmatize themselves when they are diagnosed to have mental illness. Mental health professionals may wish to address this issue directly with mentally ill persons to help them challenge their own distorted views of themselves.

CONCLUSION

Stigma can pose a threat to the self-esteem, relationships and job opportunities of psychiatric patients. However, the meaning of mental illness is a social, and therefore changeable, construction. Adequate information may demystify mental illness and help to reduce the fear and prejudice surrounding it.

ACKNOWLEDGEMENTS

REFERENCES

1. Johannsen W. Attitudes towards mental patients: A review of empirical research. Mental Hygiene, 1969; 53:218-27.
2. Rabkin J. Public attitudes towards mental illness: A review of the literature. Schizophrenia Bulletin 1974; 1 (Experimental Issue No.10):9-33.
3. Link BG, Cullen FT, Frank J, Wozniak JF. The social rejection of former mental patients: Understanding why labels matter. American Journal of Sociology 1987; 92:1461-500.
4. Olshansky S, Grob S, Malmud IT. Employers' attitudes and practices in the hiring of ex-mental patients. Mental Hygiene 1958; 42:391-401.
5. Farina A, Felner RD. Employment interviewer reactions to former mental patients. Journal of Abnormal Psychology 1973; 82:268-72.
6. Link BG. Mental patient status, work, and income: An examination of the effects of a psychiatric label. American Sociological Review 1982; 47:202-15.
7. Farina A, Ring K. The influence of perceived mental illness on interpersonal relationships. Journal of Abnormal and Social Psychology 1965; 70:47-51.
8. Farina A, Allen J, Saul BC. The role of the stigmatized person in affecting social relationships. Journal of Personality 1968; 36:169-82.
9. Piner KE, Kahle LR. Adapting to the stigmatizing label of mental illness: Foregone but not forgotten. Journal of Personality and Social Psychology 1984; 47:805-11.
10. Goffman E. Stigma: Notes on the Management of Spoiled identity. Prentice-Hall, Englewood Cliffs, NJ. 1963.
11. Stein HF. Rehabilitation and chronic illness in American culture. J. Psychol. Anthr 1979; 2:153-76.
12. Phillips MJ. Damaged goods: oral narratives of the experience of disability in American culture. Social Science & Medicine 1990; 30:849-57.
13. Phillips MJ. "Try harder": the experience of disability and the dilemma of normalisation. Soc. Sci. J. 1985; 22:45-57.
14. Levitin TA. Deviants as active participants in the labelling process: the visibly handicapped. Soc. Problems 1975; 24:548-57.
15. Roman PM, Floyd HH. Social acceptance of psychiatric illness and psychiatric treatment. Social Psychiatry 1981; 16:21-9.
16. Link BG, Cullen FT. Contact with the mentally ill and perceptions of how dangerous they are. Journal of Health and Social Behaviour 1986; 27:289-303.
17. Brockington IF, Hall P, Levings J, Murphy C. The community's tolerance of the mentally ill. British Journal of Psychiatry 1993; 162:93-9.