

Mental Illness and Stigma

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The word “Stigma” comes from the Greek word “*stizen*” which means to tattoo or to brand. In ancient Greece, they branded or cut into the flesh of slaves or criminals so that others could identify them as less-valued members of society. Broadly speaking “stigma” is a negative evaluation of a person tainted or discredited on the basis of attributes such as mental disorder or mental illness, race, ethnicity, drug misuse or physical disability¹.

The difference between a normal and a stigmatized person is a question of perspective, not reality. Stigma (like beauty) is in the eyes of the beholder and the fundamental reason behind the “stigmatization” of mental illness is due to concept of stereotypes. Stereotypes are about selective perceptions that place people in certain categories, exaggerating differences between groups (‘them and us’) in order to obscure differences within groups. Some of the stereotypes of mental illnesses are “unpredictable and danger”; “mental illness reflects weakness of character”; “feigned or imaginary”; “psycho killers”; “poor outcome”; “disorder incurable”².

The media plays important role in perpetuating stigma of mental illness. They strengthen the stereotypes, giving public narrowly focused views of mental illness. Few popular notions and misconceptions (violence and unpredictability) are so pervasive and stigmatizing as the belief, they cannot be easily discounted. Hardly a month goes by without the media reporting the sad story of yet another horrendous crime allegedly committed by a patient with mental illness. Even when these crimes have been reported conscientiously and accurately, they arouse fear and apprehension in the general public leading to all patients with mental illness bearing the brunt of impact of actions of the few³.

Sensational media reports lead to more stigmatization of not only people with mental illness but also with mental health professionals who treat them, especially psychiatrists. Negative stereotypes portray psychiatrists as “eccentric buffoons”, “evil minded”, and “repressive agents of social system” and in case of female psychiatrists as “loveless” and “sexually unfulfilled”⁴.

Mental illness stigma existed long before psychiatry developed as a field of medicine or development of psychiatric institution. The ubiquity of stigma and the lack of language to describe its discourse have led to delay for the campaign against stigma. Racism, religious bigotry, homophobia all have recognized prejudiced descriptions but there is no word for mental illness. Introduction of term “PSYCHOPHOBIC” to describe any individual who continued to hold prejudicial attitude about mental illness regardless of rational contrary evidence. The rise of “politically correct” language has been a key factor in the success of campaigns opposing discrimination based on gender, age, religion, colour, size and same applies against mental illness⁵.

Stigma can be tackled at professional level, service level and at individual practitioner level. It is important to examine our own attitudes and to consider how these might affect our clinical practice⁶. During our medical training, due to framework of syllables, we tend to make distinction between “mind” and “body”. This leads to artificial separation that thoughts, feelings and emotions are separate from our physical body but which in fact comes from the part of our body-the brain. This ingrained separation has been the beginning of stigmatization of mental illness. If we recognize patients as “unique individuals” regardless of diagnosis, not as illnesses, it will become harder to stereotype and hold negative attitudes towards mental illness. “Mental illness”, though being disorder of thought, feeling and emotion after all, at root, stems from “physical abnormalities”- the biological equivalent of “faulty wiring in the brain.

References

1. Goffman E. Stigma: Notes on the management of spoiled identity; 1963.
2. Byrne N, Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment*. 2000; 6:65-72.
3. Arboleda-Flórez J. Consideration on the stigma of the mental illness (Guest Editorial) *Canadian J. of Psychiatry*. 2003; 48(10):645-650.
4. Gabbard GO, Gabbard K. Cinematic stereotypes contributing to the stigmatization of psychiatrists. In: Fink PJ, Tasman A, editors.

Stigma and Mental Illness. Washington (DC): American Psychiatric Press; 1992.

5. Thomson N, Thomson T. Discrimination against people with experiences of mental illness. Wellington: Mental Health Commission; 1997.
6. Bolton J. Reducing the stigma of mental illness. Student BMJ. 2003; 11:104-105.