Mental Health Stigma Within Modern Society

As of recent years, stigma has been a notably controversial topic, and one that has gained much prevalence alongside our understanding of mental health and well being. To Fully understand stigma and its impact within society, it is important to understand what stigma is itself. Stigma is the process of which individuals are discriminated against in various ways due to characteristics and traits which are often out of their own control. Byrne (2000) defined stigma as ‘a sign of disgrace or discredit which sets a person apart from others’. By negatively associating traits and behavior with these individuals, the way that people are perceived becomes distorted due to these negative connotations, which may impact the lives of those being stigmatized, and can often be debilitating itself. Stigma is not just present within this form however; self-stigma is also a strongly influential factor, especially in regards to mental health within modern society. Self-stigma is when individuals begin to believe and agree with the negative connotations aimed towards them after becoming aware of them, and then concur with these evaluations (Corrigan, Rafacz & Rusch, 2011). Link & Phelan (2001) outlined a process with four stages which describes how stigmatization takes place.

The first process is focussed on labeling. Labeling theory has been acknowledged since the 1960’s within sociology, and refers particularly to the idea that having an illness not only has physical consequences for individuals, but societal consequences as well (Yuill, Crinson & Duncan, 2010). In this case however, labeling is referring specifically to categorizing (in this case) those with mental health difficulties into labels, such as ‘mental patient’. The societal consequences aforementioned occur throughout the following stages.

The second stage is stereotyping, in which negative connotations are applied to the labels given, for instance, associating bipolar people with being psychotic or ‘crazy’.

Following on from that, the third stage; seperation, occurs. Separation is the ‘us or them’ attitude that becomes prevalent, often causing people to dismiss others as different due to the label given to them. The final stage emphasizes the societal consequences those being stigmatized experience, namely discrimination and loss of status. Opportunities within society become denied, as well as rights in many cases.

To fully grasp the prevalence of stigma in society, it is important to not only understand stigma, but the consequences which follow as well. To exemplify, one of the significant consequences of stigma within mental health is the perception of those with mental health difficulties as ‘dangerous’. This is often displayed towards those who are schizophrenic. The assumption that those who are mentally ill (or in this case, schizophrenic) are unpredictable and dangerous becomes so inflated it influences avoidance of these people. So inflated that people maintain these beliefs despite schizophrenic patients being found much more likely to be a victim of violent crime as opposed to the perpetrator. Fourteen times more likely according to Brekke et al (2001).

Though this level of stigmatization may seem extreme (echoing that of discrimination we have outlawed in modern society), when considering mental health, this stigmatization is still very much present. Perception of danger is not the only consequence however, the limitation of

social networks becomes an increasing hindrance to the lives of those being stigmatized. To exemplify, the hiding of one's own diagnosis and struggling to make friends is reported by those experiencing psychosis. In fact, three quarters of those experiencing psychosis admitted to hiding their diagnosis, and around half were found to struggle to make friends (Thornicraft et al, 2009). It is also found that those with mental health issues, in comparison to the general population, are more likely to have smaller social networks (Howard et al, 2000). This may result in the individual having few friends, and therefore few people to talk about their mental health issues, leading to possible negative spiraling and low self esteem.

As with other demonstrations of stigma within society, such as racism, general xenophobia, classism, etc. - Harassment is a prominent issue; psychiatric patients were found to suffer not only verbal assaults, but also physical assaults at a disproportionately large level in comparison to the general population (MIND, 2007).

One of the most impactful consequences of stigma is the societal loss of valued roles. We can find examples of this throughout all of society; for instance, sufferers of mental illness are found to be swayed away from applying to jobs purely due to the fear of rejection they hold (Read & Baker, 1996). Not only that, but Read & Baker (1996) also found in many cases, one's own ability to parent is often found to be questioned if the individual is a sufferer of mental health difficulties. In regards to schizophrenia in particular, Thornicroft et al (2009) also found that discrimination towards both obtaining a job, and maintaining a job, was prevalent within 29% of individuals labeled with a schizophrenia diagnosis. These issues are likely due to the stigma those with mental health issues are subject to: with the underestimation of one's abilities and workplace discrimination being prominent.

Current manifestation of mental health stigma within modern society has largely been found within all forms of mass media today. Over reporting psychosis and linking it with violence occurs all to often, not just within newspapers (Corrigan et al, 2005) (Coverdale et al, 2002), but also television (Thornicraft, 2006). The disruption towards society stereotyped towards schizophrenic individuals is largely emphasized, we find this often within news, where articles will likely label individuals by their schizophrenic label as opposed to just themselves, for example, The Mirror's article entitled "Mum-of-two knifed to death in her own home by schizophrenic as husband listened helplessly on phone" (Hardy, 2016). Due to these accounts focussing on the individual's mental illness, those exposed to this article are more likely to demonize this illness itself and associate this sort of malicious behavior with those with schizophrenia, further normalizing the stigmatization of schizophrenic individuals. This over-generalization teaches media consumers to expect individuals with mental illness to portray the same characteristics as the disease itself (Saleh, 2019). Schizophrenic individuals are also portrayed to always experience hallucinations, yet it is actually 60-80% of schizophrenic patients that experience auditory hallucinations (Waters et al, 2014). Schizophrenia is not the only condition generalized within media however, in fact, most conditions are, for example those with depression are also characterized as suicidal more often than not.

This media over-generalization also disregards the fact that those with mental health difficulties are, for the most part, under no obligation to disclose the nature of their condition to those around them.

In contrast to that point however, not only is over-generalization, exaggeration and simplification of mental illnesses a prevalent issue within media, but trivialization and ignorance may also

result in negative impacts towards those with mental illness. Trivialisation within modern media downplays both the notability and the negativity present within these conditions (Myrick & Pavelko, 2017). Within media, it can be argued that difficulties such as anorexia, are often downplayed in severity, and many feel that the media does not show anorexic individuals in a nature as serious as it is in reality; celebrities who suffer with eating disorders are often portrayed in a positive light, especially within the modeling and music industry, as opposed to being shown as sufferers of a serious condition. Arcelus et al (2011), found through meta-analysis, that anorexia has the highest death rate of all eating disorders.

Not only is the downplay of severity within media common, but so is oversimplification of mental illness. To exemplify, OCD (Obsessive Compulsive Disorder) is often displayed purely as a larger than usual concern with perfectionism and cleanliness. More often than not, the cognitive processes and reasoning behind these traits is never explored or referenced.

In some cases, mental illness can be stigmatized by positive association. Though this seems unrealistic at first, media also stigmatizes individuals by portraying their illnesses as beneficial, not only does this also downplay the severity of these conditions, but it also can set unrealistic expectations for sufferers of said conditions, which may have negative consequences on the individuals; having high expectations set for oneself and being unable to live up to them can connect to other issues, such as: perfectionism; low self-esteem; fear of intimacy; fear of change and fear of failure (Blundell, 2016). This unrealistic portrayal is described by Myrick & Pavelko (2017) as a ‘stereotype that attributes magical, superhuman traits to people with disabilities’ and can be found within TV shows such as ‘monk’, where someone uses his attentiveness to detail from his OCD to help him solve crimes. Another common example is those with autism being portrayed as incredibly intelligent, seen on shows such as ‘The Big Band Theory’.

Other forms of media, such as social media channels, also present stigmatization in the form of mocking those with mental illnesses, trivialization and misuse of mental health conditions are commonly found on websites such as Twitter and Facebook. Using hashtags such as ‘#OCD’ to describe attention towards things such as detail, cleanliness or organization. The trivialization of mental health disorders is commonly found on social media, as people often use the names of disorders as synonymous with the adjective they should be using; ‘bipolar’ often replacing ‘indecisive’, ‘depressed’ replacing ‘sad’, etc.

When considering the stigmatization of mental health within modern media, it is important to acknowledge the role that movie and film plays. Schizophrenia also deserves significant acknowledgment within this topic, as the media stigmatization and portrayal of schizophrenia is not only significantly frequent, but largely excessive as well. Analysis of schizophrenia within film by Owen (2012) found that approximately one quarter of characters committed suicide, the majority of schizophrenic characters displayed violent behavior, with nearly one third exhibiting homicidal behavior.

Traits such as delusions, auditory hallucinations and visual hallucinations were also relatively frequent. This can be damaging as this overplays the more severe symptoms of schizophrenia without mention of the more common symptoms such as decreased motivation. Unrealistic perceptions of schizophrenic individuals are also reinforced by the film studied in the way of exaggerating the amount of schizophrenic individuals who are violent, suicidal and/or unpredictable. Not only that, but schizophrenia was also applied mostly to white males within

the media studied, which reinforces the ideology that certain demographics are unable to be schizophrenic, whereas in reality, a similar amount of both males and females are affected by schizophrenia, with the most common ethnicity being affected is African Americans (Schwartz & Blankenship, 2014).

Further evidence of the stigma regarding mental health still being manifested within today's society can surprisingly even be found within medical models; professionals within psychiatry can often inadvertently cause the stigmatization of their own patients. To expand, even diagnostic labels themselves can be considered stigmatizing (Sartorius, 2002), through labeling patients this way, an increase in pessimism generally, and in regards to potential recovery, may occur (Angermeyer & Matschinger, 1996). Read and Haslam (2004) also highlighted the likelihood of the individual's sociability becoming underestimated, whereas Sarbin & Mancuso (1970) found that this labeling and stigma may result in a larger risk of rejection from others.

As aforementioned, the schizophrenic label experiences a particularly hyperbolic level of stigma, in which both the odds of social isolation/exclusion, and an inflated sense of risk or dangerousness is emphasized (Angermeyer & Matschinger, 2003).

Following on from the label resulting from the diagnosis, the actual diagnoses themselves can be argued as stigmatizing; the implication that mental health issues are a 'disease' is impactful alone. This is due to this ideology implying that an individual has something wrong inherently. The comparison between mental health and normal illness may act as a catalyst for negative stigma and attitudes as it disregards factors such as life experiences and one's past, of which may contribute to ill mental health (Read et al, 2006). The biological understanding of mental illness and the promotion of this understanding can be argued to encourage stigma towards sufferers of mental illnesses. This may occur due to spreading the previously mentioned ideology that a faulty brain/genes is responsible resulting in the increase of: perceptions of dangerousness (Walker & Read, 2002), and reluctance to form friendships (Read & Harre, 2001).

The diagnoses aren't the only forms of stigma within the medical industry however; individuals diagnoses and labeled as schizophrenic often reported that their complaints go ignored by medical professionals, and that these professionals do not actually believe them (Gonzales-Torres et al, 2007).