The Mark of Madness: Stigma, Serious Mental Illnesses, and Social Work

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Overview

- This presentation is based on an article that examines stigma theory, the history of stigma, and the ways in which stigma affects people with mental illnesses. Stigma is a major barrier to recovery for people with mental illnesses, as it interferes with community living and attainment of resources, and damages self-esteem. The article also discusses the implications of stigma analysis for social work and makes recommendations for practice and research.

Stigma:

- The phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute (Goffman, 1963)
- Occurs when an individual is identified as deviant, linked with negative stereotypes that engender prejudiced attitudes, which are acted upon in discriminatory behavior
- Major barrier to recovery for people with mental illnesses

Social Work and Stigma

- Actions to reduce stigma are compatible with social work values (NASW, 2000):
  - Support social justice
  - Emphasize the dignity and worth of persons with mental illnesses
  - Enhance human relationships and connections between individuals with mental illnesses and others in the community

History of *Stigma*

- *Stigma* comes from the Greek – refers to a mark made by a pointed instrument or brand (The Oxford English Dictionary, 1933)
- A stigma was a sign, cut or burned into the body, indicating status of a discredited individual (e.g. slave, traitor, criminal)
- Stigma against people with mental illnesses has occurred over time
- Study of stigma and development of stigma theories began in the early 1900s

Social Psychology: Social Categorization, Stereotypes, Prejudice, and Stigma

- Stereotyping is part of the categorization process and has 5 important characteristics (Allport, 2000):
  1) forms large classes guiding actions
  2) assimilates as much as it can into each class
  3) enables one to quickly identify related objects
  4) everything within a category gets identical ideation and emotional flavor
  5) can be rational or irrational
- Over-categorization can lead to erroneous prejudgments (Allport, 2000)

Social Psychology (continued):

- Stereotyping is seen as a form of social categorization that serves particular functions (Tajfel & Forgas, 2000):
  - *social causality*: explains a complex and stressful large-scale social event
  - *justification*: provides reason for an otherwise unjust action committed against the stereotyped group
  - *differentiation*: provides clear distinction between the in-group an stereotyped group when the boundaries between them are eroding

Social Psychology (continued):

- Individuals with mental illnesses are stereotyped for purposes of *differentiation* and *justification*
  - By differentiating between the we “sane” and the they “insane” we minimize the anxiety and fear that mental illness can happen to anyone
  - By stereotyping people with mental illnesses as dangerous we can justify their involuntary treatment and restriction of human rights

Sociology : Deviance Theories and Stigma

- Sociology: initially focused on creation of "deviant status" (Day, 2003; Lemert, 2000)
  - Highly stigmatizing
  - Could be "cured" of this pathology through social reform
    - Social workers adopted this view in early 1900s
  - 1940s shift to creating categories of deviance (Falk, 2001)
    - Explored functions served by labeling certain individuals and groups as deviant

Sociology : Deviance Theories and Stigma (continued)

- Social reaction theory (late 1940s) (Lemert, 2000):
  - Primary deviance – individual outside the norm who requires social control
  - Secondary deviance – individual changes his/her behavior and self-definition to adapt to society's stigmatizing reaction to his/her deviance; person then begins to behave in "expected deviant" fashion

Sociology : Deviance Theories and Stigma
Social Interactionist work of Goffman (1963)

- "Virtual social identity" – what is expected of someone based on who, what, where s/he is
- "Actual social identity" – what s/he is in reality
- When virtual and actual identities conflict based on an attribute or a stigma, s/he is reduced to a tainted, discounted person
- "moral career" – stigmatized individual learns what it means to society to have a stigmatizing attribute

Power Struggles, Deviance, and Stigma

- Radicalism, reforms, and civil rights movements of 1960s brought literature linking stigma and deviance to power and politics (Schur, 1980)
  - one powerful group is threatened by another group and labels them deviant
  - power struggle in stigmatization involves the exerting of social control, or the process of doing things *to* people to address a "deviant" characteristic

Power Struggles, Deviance, and Stigma (continued)

- Deviance-defining or "Discourses of Power" (Foucault, 1980)
  - When certain populations are stigmatized, society is justified in *treating* their deviancy through social control

Power Struggles, Deviance, and Stigma (continued)

- Power blocks - Barriers to problem solving and access to resources and quality of life experienced by stigmatized groups (Solomon, 1976)
  - Direct power blocks – intentional oppression
  - Indirect power blocks – interaction with oppressive people teach stigmatized individuals society's negative views of them; these views are internalized and affect sense of self worth and ability to participate in society

Definition of the Stigma Process

- Stigma: A phenomenon that exists when 5 interrelated components converge (Link & Phelan, 2001):
  - 1) An attribute is deemed salient by society, such that individuals with this characteristic are grouped together and labeled.
    - Requires significant oversimplification of categories and reflects dominant values and power structures in the society.

Definition of the Stigma Process (continued)

- 2) Labeled characteristics are linked with negative stereotypes, making it easy to see labeled individuals as fundamentally different from the rest of society.
- 3) Differentiation of “us” and “them” occur; Stigmatized individuals are seen to “be” and are referred to by their label (e.g. “a manic-depressive” or “a schizophrenic”).

Definition of the Stigma Process (continued)

- 4) Individuals experience status loss and discrimination as a result of their label. Discrimination occurs on both a personal and structural level.
- 5) The stigma process is entirely dependent on the social, economic, and political power necessary to impose discriminatory experiences on the labeled individual or group.

Attitudes Towards People With SMI

- 3 elements that underpin attitudes towards people with SMI in the general public (Holmes et al., 1999):
  - 1) *authoritarianism*: people with SMI are worthless and unable to make life decisions
  - 2) *benevolence:* people with mental illness are helpless and childlike
  - 3) *fear and exclusion*: people with mental illness are dangerous and in need of segregation from society

Prevalence

- Negative attitudes toward people with mental illnesses have persisted over time
- Recent surveys have shown:
  - >70% of the population would not want a person with depression to marry into their family (Barnhardt, 2003)
  - only 19% of respondents said they would be comfortable around someone with mental illness (Harris, 1991)
  - 70% of respondents rated people with schizophrenia as dangerous (Crisp et al., 2000)
  - people with mental illness are viewed more negatively than are ex-convicts (Lamy, 1996)

Prevalence (continued)

- Stigmatizing portrayals of individuals with SMI in the media:
  - 73% of characters with mental illnesses in U.S. TV dramas were portrayed as violent (e.g. “mentally ill killer”) (Sayce, 2000)
  - In the general population, TV is one of the main sources of information on stigma (*Public attitudes towards people with chronic mental illness,* 1990)

Prevalence (continued)

- Stigmatizing characteristics of the U.S. mental health system, as identified by people with SMI (Reidy, 1993):
  - separate bathrooms and eating areas
  - having their opinions ignored in treatment planning and interventions
  - coercive and forced treatments
  - dehumanizing admission and treatment practices

Prevalence (continued)

- Stigmatizing characteristics of the U.S. mental health system, as found by people with SMI (continued):
  - being housed with others based only on diagnosis
  - lack of privacy
  - over interpretation of behavior

Impact

- Stigma of mental illness and resultant discrimination leads to:
  - unemployment rates as high as 85% (Garske & Stewart, 1999)
  - rejection by friends & family, losing social supports, difficulty forming new relationships (Reidy, 1993)

Impact (continued)

- Internal impacts:
  - revolve around expectation of rejection and stigmatization and internalized stigma
  - explained by “modified labeling theory”
    - Prior to their own diagnosis, people with SMI have internalized their culture’s negative representation of mental illness
    - once diagnosed with SMI they anticipate rejection, which leads to anxious & withdrawn behavior, which leads to further rejection by the public, which leads to further isolation, shame, and anxiety, which increases rejection

Interventions

- 3 types of interventions to attempt to change the underlying negative attitudes towards people with SMI (Corrigan, 2001):

  1) *protest:*

  - efforts to suppress negative attitudes towards SMI
  - No evidence that these efforts change attitudes and may *increase* awareness of negative stereotypes

Interventions (continued)

- 2) *Education*
  - Somewhat effective in changing attitudes towards SMI
  - Educational interventions specifically targeting fear of violence in people with SMI have been particularly effective
  - Effectiveness of education is mediated by previous contact with people with SMI (increased familiarity results in decreased stigma)

Interventions (continued)

- 3) *Contact*
  - Social contact has been used as an intervention to decrease stigma, especially direct contact with individual has had helpful treatment for mental illness
  - Contact that is personal and interactive & contact with people with SMI engaged in non-stereotyped role activities (e.g. work) have been shown to be effective in decreasing stigma

Interventions (continued)

- Reducing internalized stigma
  - Mental health professionals should address stigma in their assessment and in on-going work
  - Support and encouragement of other individuals with SMI who have successfully overcome internalized stigma

Social Work, Stigma, and SMI

- Social workers play prominent role in mental health service delivery to individuals with SMI (Offer, 1999)
- Stigma of SMI should be a significant concern for social work
- Stigmatization is an issue of disempowerment and social injustice
- Social work emphasizes strengths, resilience, empowerment, and inherent worth of all people – all values antithetical to stigma

Social Work, Stigma, and SMI (continued)

- Social work has focused on stigma and discrimination against people based on race, ethnicity, sexual orientation, gender, age, poverty
- Social work has NOT focused attention on the problem of stigma and discrimination against people with SMI (Mackelprang & Salsgiver, 1996; Mowbray & Holter, 2002)

Social Work, Stigma, and SMI (continued)

- A multi-level approach is needed to address stigma of people with SMI:
  - Stigma is a clinical/micro and community/macro problem
  - All action must happen in partnership with individuals with SMI
  - Social workers must address the stigma within our own discipline and within ourselves

Social Work, Stigma, and SMI (continued)

- In partnership between social workers and individuals with SMI, action must be taken in the areas of *research, policy, and practice.*

Social Work, Stigma, and SMI (continued)

- Research:
  - prevalence and impact of stigma for various groups of people with SMI
  - potentially effective interventions to decrease stigma
  - study of *stigma resilience* – phenomenon whereby some individuals with SMI avoid internalizing stigma and preserve their self-esteem, sense of identity & self-worth
  - study of *community resilience* - phenomenon whereby some communities reject the stigmatizing attitudes of society and welcome those with SMI

Social Work, Stigma, and SMI (continued)

- Policy:
  - Social work can partner with the consumer rights and recovery movement to enhance social capital and political power of people with SMI
    - Stigma can only occur in the context of a power differential (Link & Phelan, 2001)
    - By increasing the power of people with SMI, the possibility of stigma is decreased

Social Work, Stigma, and SMI (continued)

- Practice:
  - Community action
    - community education to general public and to targeted groups (e.g. media, local leaders, employers)
    - create opportunities for meaningful social contact between individuals with SMI and other community members (e.g. structured dialogues, community service projects, mutual information sessions)

Social Work, Stigma, and SMI (continued)

- Practice:
  - Individuals
    - empowerment approach
    - educate individuals with SMI about structures of oppression and stigma
    - address process of stigma internalization
    - build skills in stigma rejection and self advocacy

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