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
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)
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 and 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: 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
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
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”).
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)
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)
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 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)
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.
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


References (continued)


