Aspects of Stigma

http://www.world-schizophrenia.org/stigma/aspects.html

Stigma and discrimination towards people with schizophrenia and other mental illnesses, and even towards their families, is a huge problem. But until we can define what we are dealing with when we talk of stigma and discrimination we may not be able to do anything very much. Below are some ideas put together as a result of the stigma discussion at the Jerusalem conference and other discussions about stigma we have had. If you have something to add that may help people in their creation of anti-stigma and anti-discrimination programs please email or write us.

STEREOTYPING

1. Grouping or categorizing persons under one heading and attributing characteristics to all the individuals under that heading
2. Making generalizations about groups of people
3. Making judgments based on how people look
4. Being unable to see people as individuals with individual characteristics
5. Using stereotypes on which to base film or TV suspense movie plots

REINFORCING THE STEREOTYPE

1. Untreated people who are visible on our streets present an image that people respond to with fear and avoidance
2. In some societies eccentricity is well accepted, in others people must conform for acceptance.

HISTORICAL ASSOCIATIONS

1. The idea that psychiatric disorders have to do with the supernatural
2. An almost innate feeling of fear among many members of society
3. A fear of associating with anyone who has a mind disorder
4. Society's recollection of the "madhouse" as demonstrated in films like "The Snake Pit" back in the 40s.
5. A human being's distrust of the unpredictable

IGNORANCE

1. The lack of knowledge and the public unawareness of how these disorders affect people
2. Attributing logical and reasoned thought to the actions of people in psychosis
3. A susceptibility to make fun of mental illness
4. Government and societal discrimination against people with these disorders in matters of employment, travel (visas), etc.
5. The mental health workforce is largely untrained and ignorant of current knowledge in the field

ABUSE

1. Persons recovering from or unstable with illnesses of the mind are very vulnerable to unscrupulous individuals who would dupe or otherwise abuse them.
2. Persons angered by the behaviour of people with illness may physically abuse them.
3. Vulnerability to coercion by religious cults, drug users and dealers and others

LANGUAGE
1. Using words that have unpleasant connotations
2. Using words which are downright offensive e.g. schizo; psycho. (Extraordinarily enough a group of consumers have adopted for themselves the term "the crazies")
3. Describing disorders using vivid adjectives e.g. "horrific; incurable"
4. Finding suitable terms to describe experiences
5. Using judgmental language
6. The pejorative connotation of words that were originally ways to describe people’s conditions e.g. mental illness
7. Discounting anything someone with experience of schizophrenia says as delusional thinking or not to be considered.

THE BENEFITS OF LANGUAGE

1. Finding more suitable expressions which put the hope back e.g. "treatable"
2. Being able to ask those who have experience of mind disorders whether they can suggest better ways of using language
3. Thinking before you speak. Putting yourself in the other persons position.
4. Listening to and conversing with persons with experience of schizophrenia

VALUING PEOPLE WITH DISORDERS

1. People should not be characterized by the disorders they suffer. There is more to a person than this.
2. Searching out people’s abilities is of more value than reinforcing notions about their disabilities

CHANGING THE EXPECTATIONS

1. Better medications and better management indicate that today recovery is a very real hope.
2. Better income provision for those with such disabilities may make them less vulnerable to discrimination.
3. There are many websites that deal with stigma. SANE Australia has a fully developed program.

Let's Not Reinforce Stigma

From The World Schizophrenia Fellowship Newsletter, 3rd Quarter, 1995

Every day in our lives we reinforce stigma. In our circle of friends, when someone forgets something, does something wrong, states an unacceptable opinion or even just misplaces an article, how do we respond? We respond with jokes which denigrate their behaviour: "They’ll be taking you to the funny farm soon", we say, laughing. And have we ever analyzed why we do this? Is it to cover embarrassment at something happening that is perceived as slightly out of the normal, correct behaviour? And why should our expectation be that everyone has to conform to some sort of "normal". When we laugh at our friends it is a way of making some sort of excuse for their action, a way of reducing their embarrassment at having said or done something unacceptable. What we should work on is accepting the imperfections that we all have, to a greater or lesser extent — encouraging acceptance and tolerance in all spheres of daily living.

It is no surprise that people who have a mental illness face the prospect of jokes and comments like those mentioned above, but these often have an edge to them which indicates ill will or insensitivity. The laughter can be derisive and difficult for a vulnerable person to handle.

It is small wonder that people with a schizophrenia tend to deny or try to ignore their diagnosis, given the fact that they are frequently verbally abused, derided or treated shabbily by society. This denial even extends to groups of people with mental illness who
themselves deride professionals for treating mental illness as a medical condition. These people have bought-into being stigmatized rather than buying into rejection of shame and blame in favour of recognition of a real medical condition.

Recognition of the real medical condition that is schizophrenia, with real etiology and real symptoms, as in any other disorder, will begin to bring understanding and eventually compassion. But attitudes are hard to change and first of all we have to change our own. Let’s promote tolerance in our everyday life. Let’s be slow to anger, slow to criticize; eager to learn; slow to blame; eager to listen and ready to accept. DF

http://www.sane.org/stigmawatch/what_is_stigma?.html

**What is Stigma?**

Stigma is the perception of a group of people as less worthy of respect than others. Stigma against people with a mental illness involves inaccurate and hurtful representations of them as violent, comical or incompetent – dehumanising them as objects of fear or ridicule. Stigma can lead to self-stigma, causing a reluctance to seek treatment. This untreated illness, in turn, contributes to suicidal thinking and behaviour. Stigma in the media is especially harmful, because of the effect this has on community attitudes.

**What is the difference between stigma and discrimination?**

When stigma is acted on, and someone is actually treated differently because of having a mental illness or other disability, then this may be discriminatory. Examples are discriminating against someone in education or accommodation, access to premises and membership of a club or association, or provision of services. This is unlawful under the DDA (Disability Discrimination Act, 1992).

For more information about the DDA or to make a complaint about discrimination, visit the website of the Australian Human Rights Commission.

**What are the effects of stigma?**

Stigma is still widespread in Australia. It is systemic, and can be seen in seven broad areas.

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<tr>
<th>Type of Stigma</th>
<th>Effect of stigma</th>
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<td>Political</td>
<td>Mental health services receive little political attention compared to other issues, and are not a priority area, despite the massive impact on people’s lives.</td>
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<td>Funding allocation</td>
<td>Australia’s spends around 8% of the health budget on mental health services. In comparable OECD countries, the proportion is 12% or more. This shortfall has a drastic effect on the capacity of services. Research funding in the area is also inadequate.</td>
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<td>Planning and service delivery</td>
<td>Despite good intentions, national decision-making on mental health services is poorly-coordinated. Other health areas are often given higher priority.</td>
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<td>Professional</td>
<td>Mental health professionals are focused on treating people when acutely ill – often ignoring the need for recovery-focused rehabilitation, and support for family and other carers. Some also treat people with a mental illness and their families in a disrespectful manner.</td>
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<td>Legislative</td>
<td>The Disability Discrimination Act 1992 does not protect people with a mental illness or other disability from vilification, as it protects other groups in society, on religious or racial grounds, for example.</td>
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<td>Media</td>
<td>While there have been improvements, some media persist in promoting stigmatising stereotypes of mentally ill people as violent, incompetent or objects of ridicule.</td>
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| Community           | Three-quarters (75%) of people with a mental illness feel that they have
personally experienced stigma. These include the attitudes of health and government workers, in the media, and in the general community.