

Mental Health Stigma

RESOURCE LIST

Our Consumer Place is Australia's Mental Health Resource Centre run entirely by people diagnosed with 'mental illness'

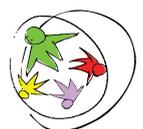


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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

Our Consumer Place acknowledges the support of the Victorian Government



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Mental Health Stigma Resource List

Published by Our Community Pty Ltd

Melbourne Victoria Australia

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ISBN 13: 978-1-876976-19-4

First published May 2019

Cartoons: Simon Kneebone



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Introduction

This is a set of references which introduce some of the very many areas of interest in relation to 'stigma' and mental illness, oppression and prejudice.

They are grouped below in categories that seem to make sense but are not absolute

1. I have spent less time avoiding academic works with restricted or expensive access. Last volume I tried to do this but more consumers seem to have access to organisational and academic reference accounts.
2. We still apologise to people who can't access some of this material.
3. We are hoping to run some workshops which might be useful for people who would like guidance and support in how to find and interpret more formal references.
4. This material includes: personal accounts, the grey or informal literature, book chapters, academic papers and BLOGs. However, in this list, academic material has been prioritised.
5. The predominant academic disciplines are psychiatry, psychology and sociology.
6. The material refers to 'stigma', 'oppression', 'labelling' and 'deviance'.
7. Of note, the history section. This is not just about known historical events (e.g. deinstitutionalisation), but it is interesting to see what could be written about stigma and mental health in the 1960s, 70s and 80s and which is rarely seen today. What has changed?
8. Positivism is **the** philosophical base upon which contemporary science of biological medicine is grounded, espousing its 'logical' ways and this will be obvious in titles and abstracts of papers, usually with the inclusion of 'background', 'methodology', 'results' and 'conclusion'. This is about assumptions of 'science' and scientific reasoning and is worth thinking about. Despite apparent self-confidence it doesn't actually make it 'better' knowledge.
9. It's interesting to compare the disciplines of psychology and sociology. Different interests about stigma, coming up with different conclusions which may be inevitable when very different questions are asked.
10. I found little good-quality qualitative research into stigma. This is worth exploring.
11. I found myself avoiding overt self-promoting :
 - Some Blogs and other internet offerings;
 - Organisations like beyondblue, SANE, MIND and many overseas sites;
 - Very angry material;
 - Psychiatrists' material claiming superiority in an area where psychiatrists know no more than anyone else (stigma);

I was hesitant to include a lot of material from these sources but it is easy to find if you want it.

12. Sometimes I searched for hours trying to find something I thought was basic, but apparently others don't. I was frustrated by this. Included in this category:
 - Not much on prejudice in health & mental health settings & accident departments;
 - Not enough on clinical psychologists and other clinical narratives about stigma;
 - Not enough on language and stigma;
 - Almost nothing on the stigma experienced by those who can't get a diagnosis;
 - Almost nothing on the stigma associated with being refused services and the rhetoric that justifies this;
 - Almost nothing on the stigma attached to people who have physical ill health deemed non-existent by medicine/science;
 - Few links between childhood trauma, adult service refusal and prejudice;
 - Limited number of contemporary narrative accounts describing the lives of people experiencing prejudice and who don't fit into categories of despair other than illness or socially determined like culture or social class.
13. I found a lot on schizophrenia and depression and less on other labels.
14. There's a good amount on labelling theory and deviance which is important. I learnt that you need to look at stigma and prejudice beyond the mental health context to get the best of it.
15. 'Intersectionality' is here. I have included articles on the idea of intersectionality as well as some specific interfaces which are important.
16. It was fascinating that certain words like '*perception*' were used every time certain groups (particularly consumers and family carers but also lower-ranked staff members) had knowledge to share. This word was, in itself, stigmatising when one person's or group's knowledge is '*perception*' and another person's (or group's) is regarded as '*fact*' or, at least, '*fact-like*' or maybe '*worthy to now commentate on the other*'.
17. There was a lot on self-stigmatisation, but I resisted collecting this as there seems to be a suggestion that we somehow are *guilty* of being stigmatised or, at least, not resilient enough to resist it. I found this offensive, others might not. There is quite a lot of it and it's easy to find.
18. I have tried to balance different types of academic papers: discursive, research, discussion, reflective pieces... It is true that dominant discourses (especially medical/scientific ones) are easier to find and searching for difference is really important.
19. Some authors, e.g. Patrick Corrigan, have published an amount of material which tends to be quite different in content but very similar in choice of topic and carrying the same assumptions and parameters. 'More' doesn't mean (more) diverse.
20. Research is predictably funded; for example, the Australian Research Council, National Health & Medical Research Council as well as pharmaceutical companies

do much of the funding in medicine in Australia. This influences what we can find and it also influences what we can't find in the way of important knowledge.

21. I might not have had access to some material that would have been exciting or might have failed to locate the magic search engine. This is an initial broad sweep. Every reference may start someone else on an adventure in the stigma direction they choose.

Authors to Remember: Graham Thornicroft, Patrick Corrigan, Dianna Rose, Mad in America, Marie Yeh, David Pilgrim, Anne Rogers, Émile Durkheim, Erving Goffman, Thomas Scheff, Wulf Rössler, Liz Sayce, Franco and Franca Basaglia, Joanna Moncrieff, Tony Jorm, Sandi Timini, Bernice Pescosolido, Flick Grey, Peter Beresford, David Cooper, Michel Foucault, Gilles Deleuze, Félix Guattari, R.D. Laing, Thomas Szasz.

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We don't believe you, like you or want to take you seriously. Wasting government money. Waste of space. Go away.

1. Pioneers

ÉMILE DURKHEIM¹ (5 APRIL 1858 – 15 NOVEMBER 1917)

David Émile Durkheim formally established the academic discipline of social science as a contemporary of Max Weber² and Karl Marx³. He was considered the grandfather of modern social theory. Labelling theory had its origins in Durkheim's treatise *Suicide* in which he elaborated about people whose behaviour deviated from 'normal'. He argued that crime is not so much a violation of a penal code as it is *an act that outrages society*. He was the first to suggest that deviant labelling satisfies that function and satisfies society's need to control that behaviour.

His work focused on human behaviour as shaped by social structures and physical environmental factors, rather than genetic and personal characteristics. The labelling theory suggests that people obtain labels from how others view their tendencies or behaviours. Each individual is aware of how they are judged by others because he or she has attempted many different roles and functions in social interactions and has been able to gauge the reactions of those present.

Publications include:

- The Division of Labor in Society (1893, tr. 1933),
- The Rules of Sociological Method (1895, tr. 1938),
- Le Suicide (1897), and
- The Elementary Forms of Religious Life (1912, tr. 1915)

Durkheim E. *The Rules of Sociological Method* Edited with an Introduction by Steven Lukes; Transl. W. D. Halls https://monoskop.org/images/1/1e/Durkheim_Emile_The_Rules_of_Sociological_Method_1982.pdf

This volume contains the first English translation of Emile Durkheim's *The Rules of Sociological Method* that does justice in terms of accuracy and elegance to the original text. It also brings together his more interesting subsequent statements (most of them hitherto untranslated) on the nature and scope of sociology and its method. They take various forms, including contributions to debates and letters and show him confronting critics and seeking to clarify his positions. They cover the period between his first major book "*The Division of Labour in Society*" (1893) and his last, "*The Elementary Forms of the Religious Life*" (1912).

¹This summary is largely taken from Wikipedia

² A summary of Max Weber's contribution <https://www.thoughtco.com/max-weber-relevance-to-sociology-3026500>

³ A summary of Karl Marx's contribution <https://www.thoughtco.com/karl-marx-contributions-to-sociology-3026477>

Fossick B. Critical Review of Emile Durkheim's 'Suicide' in Academia Papers https://www.academia.edu/12383622/Critical_Review_of_Emile_Durkheim_Suicide

This is an in-depth analysis of Durkheim's work, *Suicide*, using seven dimensions but concentrating on how the work does and does not stay relevant today. The author attempts to contextualise the work historically, culturally and referencing other theorists working at the time.

GEORGE HERBERT MEAD⁴ (FEBRUARY 27, 1863 – APRIL 26, 1931)

As a contributor to American Pragmatism and later a member of the Chicago School, George Herbert Mead posited that the self is *socially constructed* and reconstructed through the interactions which each person has with social life. The labelling theory suggests that people obtain labels from how others view their tendencies or behaviours. Each individual is aware of how they are judged by others because he or she has attempted many different roles and functions in social interactions and has been able to gauge the reactions of those present.

Straus Anselm (ed.) *George Herbert Mead on Social Psychology- Selected Papers Edited and with Revised Introduction*. University of Chicago Press 1977 <https://www.amazon.com/George-Herbert-Mead-Psychology-Sociology/dp/0226516652>

Review: One of the most brilliantly original of American pragmatists, George Herbert Mead published surprisingly few major papers and not a single book during his lifetime. Yet his influence on American sociology and social psychology since World War II has been exceedingly strong. This volume is a revised and enlarged edition of the book formerly published under the title *The Social Psychology of George Herbert Mead*. It contains selections from Mead's posthumous books: *Mind, Self, and Society*; *Movements of Thought in the Nineteenth Century*; *The Philosophy of the Act*; and *The Philosophy of the Present*, together with an incisive, newly revised, introductory essay by Anselm Strauss on the importance of Mead for contemporary social psychology.

ERVING GOFFMAN⁵ (11TH JUNE 1922 – 19TH NOVEMBER 1982)

Erving Goffman described stigma as a phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Goffman saw stigma as a process by which the reaction of others spoils normal identity. More specifically, he explained that what constituted this attribute would change over time. *"It should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself."*

4 This summation draws on Wikipedia

5 This description relies on Wikipedia

Publications include:

- The Presentation of Self in Everyday Life (1956)
- Asylums (1961)
- Stigma (1963)
- Interaction Ritual (1967)
- Frame Analysis (1974)
- Forms of Talk (1981)

Burns T. *Erving Goffman*. Routledge London 1992 file:///C:/Users/Merindz/Documents/Downloads/9780203205501_googlepreview.pdf

Burns examines Erving Goffman's work and arranges the theorist's writings into a series of themes such as 'Social Order*', 'Acting Out', 'normalisation', 'abnormalisation', 'grading and discrimination' and 'realms of being'. This is a useful device because it brings out the richness and diversity of Goffman's preoccupations which are often lost in secondary accounts that insist on labelling Goffman as a sociologist of face-to-face encounters or a 'symbolic interactionist'.

Manning P. Erving Goffman and Modern Sociology. Polity Press 2007 https://books.google.com.au/books?hl=en&lr=&id=PbNNCAAAQBAJ&oi=fnd&pg=PP1&dq=erving+goffman+sociologist&ots=eFCIJvYiV-&sig=VOXxl9_vfTnrAG9RxVvascDYrv8#v=onepage&q=erving%20goffman%20sociologist&f=false

Goffman's work pulls against the influences of 'grand theory', the psychoanalytic work of Sigmund Freud and the positivist and quantitative trend in social research and theory. Beyond methodology Goffman stayed interested in mental illness. Starting in 1950s when he conducted ethnographic research at a large hospital in Washington D.C., he considered the study of everyday interaction and the study of mental illness as two sides of the same coin. The intellectual context of Goffman's work was both the narrow sociological concerns of the 1950s and 1960s and the broad scholarly concerns of this era.

Crossman A. *Stigma: Notes on the Management of Spoiled Identity: An Overview of the Book by Erving Goffman*, December 2018 <https://www.thoughtco.com/stigma-notes-on-the-management-of-spoiled-identity-3026757>

Stigma: Notes on the Management of Spoiled Identity was written in 1963 about the idea of stigma and what it is like to be a stigmatised person. Goffman takes us into the world of people considered abnormal in society. For Goffman, stigmatised people are those who do not have full social acceptance and are constantly striving to adjust their social identities: physically deformed people, people with mental illness, drug addicts, prostitutes etc.

Tyler I. & Slater T. *Rethinking the sociology of stigma*. The Sociological Review; June 12th 2018 vol. 66(4):721 – 743 <https://journals.sagepub.com/doi/abs/10.1177/0038026118777425?journalCode=sora>

Stigma is not a self-evident phenomenon but like all concepts has a history. The works of Erving Goffman underlie much writing and thinking about the concept of stigma especially his book, *Stigma: Notes on the Management of Spoiled identity* (1963). This article argues that the conceptual understandings of stigma inherited from Goffman is

a micro/individualised/psychologised understanding of stigma which neglects analysis and questions about how stigma is produced, by whom and for what purposes.

Smith R. J. *Goffman's interaction order at the margins: stigma, role and normalization in the outreach encounter*. *Symbolic Interaction* 34 (3):357-376 (2011) <https://www.jstor.org/stable/10.1525/si.2011.34.3.357?seq=1/analyze>

This article discusses Goffman's thesis in relation to three aspects of the 'outreach encounter': the accomplishment of role and motive; the sequential phases of the outreach encounter; and "the normalisation ritual." The paper also introduces the idea of 'wilful dis-attention.'

Pescosolido B.A. *Erving Goffman: The Moral Career of Stigma and Mental Illness*. Collyer F. (ed.) *The Palgrave Handbook of Social Theory in Health, Illness and Medicine*. Palgrave Macmillan, London: 273–286 (2015) https://link.springer.com/chapter/10.1057/9781137355621_18

Goffman began the development of his basic concepts about how culturally and socially defined 'difference' shapes the status, roles, rewards and penalties of mental illness. The book '*Asylums*' looked at the ways that people negotiate the positive and negative reorientations of self – about how we respond to chosen and necessary roles including the role of mental patient. In '*Stigma*' Goffman addresses how we respond to being in negatively valued status where identities are devalued by society.

Shalin D.N. *Goffman on Mental Illness: Asylums and "The Insanity of Place" Revisited*. *Symbolic Interaction*, Vol. 37 (1):122–144 (2013) <https://onlinelibrary.wiley.com/doi/pdf/10.1002/symb.84>

This discussion focuses on Erving Goffman's treatment of mental illness. The argument rests on family situation and personal experience.

Waterstone M. & Stein A. *Disabling Prejudice* William & Mary Law School Scholarship Repository 2008 <https://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1095&context=facpubs>

This is a scholarly in-depth look at the ways people with certain sorts of disabilities are systematically disabled.

2. Who Knows? Ways of Knowing

MIRANDA FRICKER⁶ (12TH MARCH 1966) EPISTEMIC INJUSTICE

Fricker is most well known for her exploration of "*epistemic injustice*," the act of wronging someone "in their capacity as a knower." In her 2007 *Epistemic Injustice*, she argues that in addition to social or political injustices faced by women (and minority groups), there can be epistemic injustices as well. She identifies two forms of epistemic injustice: *testimonial* injustice and *hermeneutical* injustice. *Testimonial* injustice consists in prejudices that cause one to "give a deflated level of credibility to a speaker's word" whilst *hermeneutical* injustice is "a kind of injustice in which someone is wronged specifically in her capacity as a knower"; e.g. in mental health, this is when our knowledge is demoted to be simply a 'perception.'

Fricker M. *Epistemic Injustice: Power and the Ethics of Knowing*. Clarendon Press 2007 <https://global.oup.com/academic/product/epistemic-injustice-9780198237907?cc=gb&lang=en&>

In this exploration of new territory between ethics and epistemology, Miranda Fricker argues that there is a distinctively epistemic type of injustice, in which someone is wronged specifically in their capacity as a knower. Fricker adjusts the philosophical lens so that we see through to the negative space that is epistemic injustice. The book explores two different types of epistemic injustice, each driven by a form of prejudice, and from this exploration comes a positive account of two corrective ethical-intellectual virtues. The characterization of these phenomena casts light on many issues, such as social power, prejudice, virtue and the genealogy of knowledge, proposing a virtuous epistemological account of testimony.

Fricker M. *Feminism in epistemology* in M. Fricker & J. Hornsby (eds.) *The Cambridge Companion to Feminism in Philosophy* (Cambridge Companion Philosophy) 24th Jan. 2005 https://www.goodreads.com/book/show/641241.The_Cambridge_Companion_to_Feminism_in_Philosophy

Someone might wonder how there can be feminist epistemology - '*knowledge is simply knowledge, regardless of gender, and that's all there is to it*'. There are philosophers of a relativistic mindset, some feminists among them, who would challenge the idea that knowledge is 'simply' knowledge, believing it to be both less and more than it seems. Those, for instance, who regard 'true' as an '*empty compliment*' that we pay to propositions we want to endorse, or as part of a philosophical 'discourse of legitimation', will regard 'knowledge' too as a metaphysically empty stamp of approval. Metaphysically speaking, then, they believe knowledge to be less than it seems. But politically speaking, they believe it to be

⁶ This description uses Wikipedia

more than it seems; for once their view of knowledge is in place, it is only a small step to the suggestion that propositions approved as knowledge are likely to reflect the perspectives and even serve the interests of those whose social power shapes the practices of approval.

Dotson K. *Conceptualising Epistemic Oppression*. *Social Epistemology* 28 (2):115-138 (2014) <https://www.tandfonline.com/doi/abs/10.1080/02691728.2013.782585>

Epistemic oppression refers to persistent epistemic exclusion that hinders one's contribution to knowledge production. The tendency to shy away from using the term "*epistemic oppression*" may follow from an assumption that epistemic forms of oppression are generally reducible to social and political forms of oppression. While I agree that many exclusions compromising one's ability to contribute to the production of knowledge can be reducible to social and political forms of oppression, there still exists distinctly irreducible forms of epistemic oppression. In this paper, the author claims that a major point of distinction between reducible and irreducible epistemic oppression is the major source of difficulty one faces in addressing each kind of oppression, i.e. epistemic power or features of epistemological systems.

Dotson K. *Tracking Epistemic Violence, Tracking Practices of Silencing*. *Hypatia* 26(2):236-257 (2011) <https://philpapers.org/rec/DOTTEV>

Too often, identifying practices of silencing is a seemingly impossible exercise. Attempting to give a conceptual reading of the epistemic violence present when silencing occurs can help distinguish the different ways members of oppressed groups are silenced with respect to testimony. I offer an account of epistemic violence in the failure, owing to pernicious ignorance, of hearers to meet the vulnerabilities of speakers in linguistic exchanges. Ultimately, I illustrate that by focusing on the ways in which hearers fail to meet speaker dependency in a linguistic exchange, efforts can be made to demonstrate the different types of silencing people face when attempting to testify from oppressed positions in society.

Ficker M. "*Powerlessness and Social Interpretation*" *Episteme: A Journal of Social Epistemology* Vol. 3(1-2):96-108 (2006) <https://www.cambridge.org/core/journals/episteme/article/powerlessness-and-social-interpretation/FA8C52ECB5514A9324DC6F5713FF6292>

Our understanding of social experiences is central to our social understanding more generally. But this sphere of epistemic practice can be structurally prejudiced by unequal relations of power, so that some groups suffer a distinctive kind of epistemic injustice—hermeneutical injustice. I aim to achieve a clear conception of this epistemic-ethical phenomenon, so that we have a workable definition and a proper understanding of the wrong that it inflicts.

Goetze T.S. *Hermeneutical Dissent and the Species of Hermeneutical Injustice* *A Journal of Feminist Philosophy* Vol. 33(1):7-90 <https://onlinelibrary.wiley.com/doi/pdf/10.1111/hypa.12384>

Critics have claimed that Fricker's account ignores or precludes a phenomenon I call hermeneutical *dissent*, where marginalized groups have produced their own interpretive tools for making sense of those experiences. I clarify the nature of hermeneutical injustice to make room for hermeneutical dissent, clearing up the structure of the collective hermeneutical resource and the fundamental harm of hermeneutical injustice.

3. What is Stigma? Do we Know?

Byrne P. *Stigma of mental illness and ways of diminishing* Advances in Psychiatric Treatment vol. 6: vol. 6:65–72 (2000) <https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/stigma-of-mental-illness-and-ways-of-diminishing-it/EF630432A797A5296D131EC0D4D5D7AD>

Stigma is defined as a sign of disgrace or discredit, setting a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. Sociological interest in psychiatric stigma was given added vigour with the publication of *Stigma – Notes on the Management of Spoiled Identity* (Goffman, 1963).

Holmes L. *Let's Call Mental Health Stigma What It Really Is: Discrimination: Society's attitude toward psychological disorders needs to change*. Healthy Living 11th Oct. 2018 https://www.huffingtonpost.com.au/entry/mental-health-discrimination_n_57e55d07e4b0e28b2b53a896

Typically, we refer to this dissonance as stigma, but we have been wrong to do so. The negative stereotypes that shame those with mental illness and prevent them from seeking help don't just constitute stigma – they're discrimination. It's a blatant, prejudicial outlook on a certain population.

Clair M. '*Stigma*' in *Core Concepts in Sociology*, Ryan M.J. (ed.) 2019:318-321 https://scholar.harvard.edu/files/matthewclair/files/stigma_finaldraft.pdf

Research has identified how stigma reproduces social inequality through the maintenance of group hierarchies. Future research should bridge levels of analysis, compare the micro- and macro-level causes and consequences of stigma among different social groups and identify the conditions that foster de-stigmatization.

Sheehan L. et al. *Structures and Types of Stigma in The Stigma of Mental Illness – End of story?* In Gaebel W. et al. (eds.) Springer Publishers 2017 <http://www.bookmetrix.com/detail/book/6dbf154e-79c5-48aa-8b8b-4bce18f05456>

Stigma is a complex phenomenon described by the intersection of structures and types. In this chapter, we describe components of these structures, which largely derive from social psychological research, and types, which reflect mechanisms of stigma and mental illness. This includes a discussion of stigma as experienced by family members and more implicit forms of stigma.

Tyler I. & Slater T. *Rethinking the Sociology of Stigma*. The Sociological review, June 12th 2018 <https://journals.sagepub.com/doi/10.1177/0038026118777425>

Stigma is not a self-evident phenomenon but like all concepts has a history. The conceptual understanding of stigma which underpins most sociological research has

its roots in the ground-breaking account by Erving Goffman in his book *Stigma: Notes on the Management of Spoiled Identity* (1963). In the 50 years since its publication, Goffman's account of stigma has proved a productive concept, in terms of furthering research on social stigma and its effects, on widening public understandings of stigma, and in the development of anti-stigma campaigns. However, this introductory article argues that the conceptual understanding of stigma inherited from Goffman, along with the use of micro-sociological and/or psychological research methods in stigma research, often side-lines questions about where stigma is produced, by whom and for what purposes.

Kurzban R.L. et al. *Evolutionary origins of stigmatization: The functions of social exclusion*. *Psychological Bulletin*, Vol. 127(2):187-208 Mar 2001 <https://psycnet.apa.org/buy/2001-16969-001>

A re-conceptualisation of stigma is presented that shifts emphasis from the devaluation of an individual's identity to the process by which individuals satisfying certain criteria come to be excluded from various kinds of social interactions. Human beings possess cognitive adaptations designed to cause them to avoid poor social exchange partners, join cooperative groups (for purposes of between-group competition and exploitation), and avoid contact with those who are differentially likely to carry communicable pathogens. The evolutionary view contributes to the current conceptualization of stigma by providing an account of the ultimate function of stigmatization and helping to explain its consensual nature

Corrigan P. & Fong W.M. *Competing perspectives on erasing the stigma of illness: what says the dodo bird?* *Social Science & Medicine* 103:110-117 (2014) <https://www.ncbi.nlm.nih.gov/pubmed/23787069>

The dodo bird is an Alice in Wonderland character who, at the end of a race, concludes "Everybody has won and all must have prizes". We divide the multiple approaches to stigma change into sets of competing or complementary perspectives and examine both the benefits and the negative unintended consequences of examples. We consider the effects of education versus contact on stigmatisers (public stigma), the stigmatised (self-stigma), and the social sphere in which the two groups engage (structural stigma).

Lund E. et al. & Boggero I.A. Sick in the head? *Pathogen Concerns Bias Implicit Perceptions of Mental Illness*. *Evolutionary Psychiatry* 12(4):1014 <https://journals.sagepub.com/doi/full/10.1177/147470491401200403>

Biases against the mentally ill are historically and cross-culturally pervasive, suggesting they may have an evolutionary basis. The prevailing view is that people seek to distance themselves from the mentally ill because they are perceived as dangerous, violent and incompetent. However, because of similarities between sickness behaviours and symptoms of some mental disorders, it was hypothesized that mental illness stigma could be partially explained as a function of behavioral immune system biases designed to avoid potential sources of contagion.

Corrigan P. *At Issue: Stop the Stigma: Call mental Illness a Brain Disease*. *Schizophrenia Bulletin*, vol. 30(3):477-478 (2004) <https://www.ncbi.nlm.nih.gov/pubmed/15631240>

Educating the public that mental illness is a brain disease is a popular strategy for combating mental illness stigma. Evidence suggests that while such an approach reduces blame for mental illness, it may unintentionally exacerbate other components

of stigma, particularly the benevolence and dangerousness stigmas. Conversely, psychosocial explanations have proven promising, yet they ignore growing evidence regarding genetic and biological factors.

Thornicroft G. et al. *Stigma: ignorance, prejudice or discrimination?* The British Journal of Psychiatry 190(3):192-193 (2007) <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/stigma-ignorance-prejudice-or-discrimination/E6F23CE48666A53C8E99870F0474E1AA>

The term stigma refers to problems of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination). Most research in this area has been based on attitude surveys, media representations of mental illness and violence, has only focused upon schizophrenia, has excluded direct participation by service users and has included few intervention studies.

Pescosolido B.A. *The Public Stigma of Mental Illness: What Do We Think: What Do We Know: What Can We Prove?* Journal of Health and Social Behaviour. Jan. 16th 2013 <https://journals.sagepub.com/doi/abs/10.1177/0022146512471197?journalCode=hsbb>

Classic work on mental illness stigma and labeling theory reinforced that the “mark” of mental illness created prejudice and discrimination for individuals and family members. Claims that stigma was dissipating were made, while others argued that intervention efforts were needed to reduce stigma. Yet the contemporary scientific foundation underlying both claims was weak.

Busfield J. *Rethinking the sociology of mental health.* Sociology of Health & Illness Vol. 22(5):543-558 (2000) <https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-9566.00219>

There are a number of reasons for the current predominance of genetic and biochemical understandings of mental disorder. First, and most obviously, the significant advances in these sciences during recent years, not least the progress in decoding the human genome, have drawn professional and media attention to the role of genetic factors in mental health and illness. Second, doctors still tend to be powerful, if not always the most powerful professionals within the mental health field, and since medical training is still largely oriented towards the natural sciences, doctors usually give primacy to ideas and understandings based on the natural sciences over those from the human and social sciences. And third, explanations and understandings of mental disorder in terms of physical processes often have a number of attractions for other actors, including those with mental health problems, the lay public and politicians.

Pajević I. & Hasanović M. *Antipsychiatry as the Stigma.* Department of Psychiatry Zagreb, Croatia; vol. 29(5):890-894 (2017) http://www.psychiatria-danubina.com/UserDocs/Images/pdf/dnb_vol29_sup5/dnb_vol29_sup5_890.pdf

The authors present their perspectives on the relationship between antipsychiatry and the stigma of mental illness, aiming to provide a short review of the basic principles of the antipsychiatry movement and to discuss the attitudes of its most important theorists.

Curran S. *Every family in the land: Understanding prejudice and discrimination against people with mental illness.* [Review of the book. Every family in the land; Understanding prejudice and discrimination against people with mental illness. Revised edition. Ed. A. H. Crisp]. Primary Care Psychiatry, 9(3):112 (2004) <https://psycnet.apa.org/record/2004-22381-013>

Includes: history of stigmatisation, user and carer perceptions; the origins of stigmatisation; the relationship between different disorders and stigmatisation; legal aspects; creativity; spirituality and some strategies to tackle stigmatisation and discrimination.

Sarbin T. R., & Mancuso J. C. *Paradigms and moral judgments: Improper conduct is not disease*. *Journal of Consulting and Clinical Psychology*, 39(1):6-8. (1972) <https://psycnet.apa.org/record/1973-02292-00>

There is little, if any, evidence to contradict previous conclusions that a high negative social value is declared on those labelled "mentally ill." Attempted refutations of these conclusions and of the implications girding them appear to be derived from an unrecognized submission to the disease paradigm, an overworked and no longer appropriate guide to the study of deviant behaviour.

Phelan J.C. *Genetic bases of mental illness - a cure?* *Trends in Neuroscience*: 430-431 2002 www.sciencedirect.com/science/article/pii/S0166223602022099

An increased emphasis on biological causes of mental illness has been viewed as having the potential to significantly reduce stigma. From this perspective, the current genetics revolution can be seen as a source of hope. However, some have argued that biological attributions could increase stigma, for example by making the ill person seem 'defective' or 'physically distinct' – 'almost a different species'.

Griffith L. & Kohrt B.A. *Managing Stigma Effectively: What Social Psychology and Social Neuroscience Can Teach Us*. *Academic Psychiatry* 2016 Apr; 40(2): 339–347. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4957814/>

This is very much an article by clinicians. Interesting in its simplicity, it searches neuroscience to find answers and concentrates on 'treating patients with stigma', including learning how to anticipate the stigma that is coming, helping patients to deal with the stigma they have been dealt by society, dealing with prejudice amongst clinical colleagues and working with patients to overcome their stigma so they will find services more attractive.

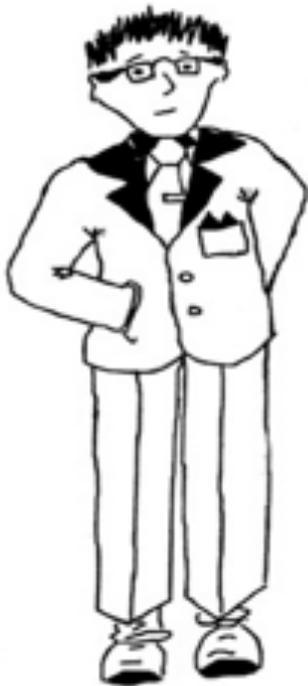
Hinshaw S.P. *The mark of Shame: Stigma of mental Illness and an Agenda for Change*. Oxford University Press. Oxford 2007 <https://books.google.com.au/books?hl=en&lr=&id=1boVDAAAQBAJ&oi=fnd&pg=PR7&dq=mental+illness+%27middle+class+stigma%27+meritocracy+protestant&ots=ICWOU20Frc&sig=M5X8DODgXgsH8SNNolLQOP9fa7s#v=onepage&q&f=false>

This is a comprehensive look at the idea of stigma and its effect on the lives of people diagnosed with mental illness and those about them. It contains theoretical approaches and practical descriptions as well as focussing on old debates about the nature of stigma and its impact. Concerns are floated about the utility of the concept and ideas of how knowledge can make practical changes to people's lives. It's a comprehensive look at stigma.

Phelan J. et al "Stigma and Prejudice: One Animal or Two?" *Social Science in Medicine* 67(3):358-367 (2008) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007574/>

The authors reviewed models in order to explore commonalities and possible distinctions between prejudice and stigma. They made two conclusions. First, the two sets of models have much in common (representing "one animal"); most differences are a matter of focus and emphasis. Second, one important distinction is the type of human characteristics as the primary focus of models of prejudice (race) and stigma (deviant behaviour and identities and disease and disabilities).

4. Norms and Normal



CHRONICALLY
NORMAL



ACUTELY
BATTY

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2011

Wolfensberger's Social Role Valorisation (2000) theory states that an individual's value is determined by what a person has to offer society. Wolf Wolfensberger was a German-American academic who influenced disability policy and practice through developing a North-American-based Normalisation and Social Role Valorisation theory, extending the work of his colleague Bengt Nirje in Europe on the normalisation of people with disabilities. The theory is based on the idea that society tends to identify groups of people as fundamentally '*different*' and of less value than everyone else. It catalogues the methods of this 'devaluation' and analyses its effects. It may be used by those seeking to counteract these methods and effects. Some papers discuss the flaws of trying to make everyone 'normal', which is not what Wolfensberger intended as he realised the frailty of using familiar language and easily mistaken for its colloquial meaning.

Wolfensberger R. *The Principle of Normalisation in Everyday Life* (Full text available on web) https://digitalcommons.unmc.edu/wolf_books/1/

Normalisation originated in the Scandinavian countries in the late-1960s and was first applied only to 'mentally retarded' people. Its 1969 formulation by the Swede Bengt Nirje called for "*making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns*

of the mainstream of society." The idea of "normalisation" proved to be a problem: it was so simple that people assumed automatically that they knew what it meant, not even exposing themselves to teaching or reading the literature on it. In order to make sure that its name would not give the impression that it was very simple, he called it Social Role Valorization or SRV. SRV was defined as "the enablement, establishment, enhancement, maintenance, and/or defence of valued social roles for people-- particularly for people at value-risk--by using, as much as possible, culturally valued means."

Wolfensberger, W.P. (2013) *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people and for structuring human services* (4th ed.) Plantagenet Ontario: Valor Pres <https://wolfwolfensberger.com/life-s-work/social-role-valorisation>

Wolfensberger W. & Tullman S. (1982) *A brief overview of the principle of normalization* Rehabilitation Psychology 27(3):131-145. <https://psycnet.apa.org/record/1983-08693-001>

Discusses the normalisation principle that despite its wide applicability to human service settings, has not been systematically incorporated into the training of psychologists and other rehabilitation professionals. The principle of normalisation is defined and ways in which it can help prevent, minimize, or reverse the psychological and behavioural manifestations of being viewed as different from society as a result of a physical, mental, or emotional handicap are discussed.

Osburn J. (1998) *An Overview of Social Role Valorization Theory* The International Social Role Valorization Journal/La revue internationale de la Valorisation des rôles sociaux 3 (1):7-12. <https://cheshire.ie/userfiles/file/infobank/servicedesign/Social%20Role%20Valorization%20Theory.pdf>

The major goal of Social Role Valorisation is to create or support socially valued roles for people in their society; if a person holds valued social roles, s-he is highly likely to receive from society the good things in life that are available to that society and that can be conveyed by it, or at least the opportunities for obtaining them. In other words, all sorts of good things that other people are able to convey are almost automatically apt to be accorded to a person who holds societally-valued roles, at least within the resources and norms of his/her society. The question is whether this can be artificially constructed against the pressure of society to create deviants and isolate them.

Martin J. K. et al. *Rethinking Theoretical Approaches to Stigma: A Framework Integrating Normative Influences on Stigma* (FINIS) Social Science in Medicine 67(3):431-440 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2587424/>

Focusing on the case of mental illness but drawing from theories and studies of stigma across the social sciences, the authors propose a framework that brings together theoretical insights from micro-, meso- and macro-level research.

Scheff T. J. *Shame and Conformity: The Deference-Emotion System* American Sociological Review Vol. 53 (3):395-406 https://www.jstor.org/stable/2095647?seq=1#page_scan_tab_contents

[People] perceive this system (society) as compelling conformity to norms exterior to self by informal but persuasive rewards (outer deference and its reciprocal, inner pride) and punishments (lack of deference and the inner shame that is reciprocal). Asch's study of conformity and independence illustrates the role of shame in compelling conformity to exterior norms.

Scheff T.J. *Shame and the Social Bond: A Sociological Theory* Sociological Theory 18(1):84-99 (2000) <https://philpapers.org/rec/SCHSAT-48>

Emotion has long been recognised in sociology as crucially important, but most references to it are generalised and vague. In this essay shame is nominated specifically as the premier social emotion. First individualized treatment of shame in psychoanalysis and psychology and the absence of social context is reviewed. Then contributions to the social dimensions of shame by six sociologists (Georg Simmel, Charles Cooley, Norbert Elias, Richard Sennett, Helen Lynd, Erving Goffman) and a psychologist/psychoanalyst (Helen Lewis) are considered.

Tyler I. and Slater T. *Rethinking the Sociology of Stigma* The Sociological Review, June 2018 <https://journals.sagepub.com/doi/abs/10.1177/0038026118777425?journalCode=sora>

Stigma is not a self-evident phenomenon but like all concepts has a history. The conceptual understanding of stigma which underpins most sociological research has its roots in the ground-breaking account of Erving Goffman. This introductory article argues that the conceptual understanding of stigma inherited from Goffman, along with the use of micro-sociological and/or psychological research methods in stigma research, often side-lines questions about where stigma is produced, by whom and for what purposes. As Simon Parker and Robert Aggleton argue, what is frequently missing is social and political questions, such as '*how stigma is used by individuals, communities and the state to produce and reproduce social inequality*'. This collection has been specifically motivated by: (1) how reconceptualising stigma might assist in developing better understandings of pressing contemporary problems of social decomposition, inequality and injustice; (2) a concern to decolonise the discipline of sociology by interrogating its major theorists and concepts; and (3) a desire to put class struggle and racism at the centre of understandings of stigma as a classificatory form of power.

Hogan N. "*We're All Mad Here*": *Power and Identity in the Modern Era of Mental Illness* Intersect vol. 10(1) 2016 <file:///C:/Users/Merindz/Documents/Downloads/899-Article%20Text-3977-1-10-20161222.pdf>

Mental illness is the modern term for the classification of conditions originally referred to as madness prior to the Enlightenment; madness was then identifiable by the outwardly deviant behavior of individuals acting out of unreason. This definition manifested in the absence of expert knowledge or organised efforts to study the nature of the condition. During this time, madness was seen as a condition of divine origins with the afflicted being blameless. This perception changed during the Enlightenment when madness became associated with moral error. By recognising conditions as often transient in nature and existing within a continuum, publics can empower the mentally ill while providing psychiatric care to those who would typically not receive its benefits.

Kusow A.M. *Contesting Stigma: On Goffman's Assumptions of Normative Order* Symbolic Interaction vol.27(2):179-197 (2004) https://www.jstor.org/stable/10.1525/si.2004.27.2.179?seq=1#page_scan_tab_contents

According to Erving Goffman, three forms of social stigma exist: 1. Overt or external deformations, such as scars, physical manifestations of anorexia nervosa, leprosy (leprosy stigma), or of a physical disability or social disability, such as obesity. 2. Deviations in personal traits, including dropping out of school, working a low wage job, single parenthood, bankruptcy, unemployment, welfare dependency, adultery, mental disorder, teenage pregnancy, drug addiction, alcoholism, and criminal

background are stigmatized in this way. 3. "Tribal stigmas" are traits (imagined or real) of ethnic group, nationality, or religion deemed to be a deviation from the prevailing normative ethnicity, nationality or religion.

Smith R. J. *Goffman's Interaction Order at the Margins: Stigma, Role and Normalization in the Outreach Encounter* Symbolic Interaction vol. 34(3):357-276 (2011) https://www.jstor.org/stable/10.1525/si.2011.34.3.357?seq=1#page_scan_tab_contents

This article considers Goffman's conceptualization of interaction order at the margins of society in encounters between urban welfare workers and their clients. Observations from these encounters demonstrate practices relating to the situated management of stigma and identity and the accomplishment of role within these service encounters.

Moncrieff J. (2008) *Neoliberalism and biopsychiatry: a marriage of convenience* Liberatory Psychiatry Eds. C. Cohen & S. Timimi CUP 235-257 <https://psycnet.apa.org/record/20071>

Psychiatry has become a more confident and biologically inclined profession. These developments in psychiatry parallel profound social and economic changes, referred to here as "neoliberalism," that have occurred to varying degrees throughout the world. The question the author addresses in this chapter is whether these two developments are related. Does a newly invigorated biologically-oriented psychiatry help to create the social and cultural milieu favoured by neoliberal policies?

Lemay R. (1995) *Normalization and Social Role Valorization* in A. E. Dell Orto and R. P. Marinelli (eds.) *Encyclopedia of Disability and Rehabilitation* (515-521) New York: Simon & Schuster Macmillan http://www.socialrolevalorization.com/images/documents/SRV_theory/Lemay_1995_Social_Role_Valorization_Theory_and_the_Principle_of.pdf

SRV theory, being strongly grounded in empiricism, provides effective ways and means for pursuing more valued social roles for people at value risk. Social role valorisation is intended to address the social and psychological wounds that are inflicted on vulnerable people because they are devalued, that so often come to define their lives and that in some instances wreak lifelong havoc on those who are close to them.

Pachankis J.E. *The Psychological Implications of Concealing a Stigma: A Cognitive-Affective-Behavioral Model* Psychological Bulletin Vol. 133(2):328-345 (2007) https://www.researchgate.net/profile/John_Pachankis/publication/6467365_The_Psychological_Implications_of_Concealing_a_Stigma_A_Cognitive-Affective-Behavioral_Model/links/0f3175311f71146ec4000000.pdf

Many assume that individuals with a hidden stigma escape the difficulties faced by individuals with a visible stigma. However, recent research has shown that individuals with a concealable stigma also face considerable stressors and psychological challenges.

Heatherton T.F. et al. *Introduction and Overview. The Social Psychology of Stigma* The Guildford Press 2003:1-28 https://books.google.com.au/books?hl=en&lr=&id=--a5c_Q0COYC&oi=fnd&pg=PA153&dq=social+class+stigma+mental+illness+protestant+work&ots=E3PD0GEFVG&sig=jxy7MbUgnd9LjfN-KB9I9MMLL4QE#v=onepage&q=social%20class%20stigma%20mental%20illness%20protestant%20work&f=false

Stigma is a word that slips easily off the tongue but has huge consequences for the people who we stigmatise. This chapter offers an introduction to understanding

stigma with conceptual understandings and disciplined theories about both the stigmatisers and the stigmatised. Psychological in its orientation, it tends to be mainstream but ambitious.

Anderson M. and Harkness S.K. *When Do Biological Attributions of Mental Illness Reduce Stigma? Using Qualitative Comparative Analysis to Contextualise Attributions* Society and Mental Health Vol. 8(3):175-194 (2018) <https://journals.sagepub.com/doi/abs/10.1177/2156869317733514>

Individuals increasingly have encountered messages that mental illness is explained by biological factors, such as chemical imbalance or genetic abnormality. Many assumed this “biological turn” would lessen stigma toward mental illness, but stigma generally has remained stable or even increased. Given how non-biological illness explanations (e.g. the way one is raised, bad character, life stressors) often are endorsed even among those who support biological explanations, we contend that combinations or configurations of beliefs integrating distinct types of explanation may hold a key to understanding why biological beliefs have not succeeded in lessening stigma.

Avasthi A. *Are social theories still relevant in current psychiatric practice?* Indian Journal of Social Psychiatry 31(1) 2016 <http://www.indjsp.org/article.asp?issn=0971-9962;year=2016;volume=32;issue=1;spage=3;epage=9;aulast=Avasthi;type=0>

Current psychiatric practice is being influenced by advances in the field of molecular biology, genetic studies, neuro-imaging and psychopharmacology and the approach has become “biological.” Social theories of mental illness had once revolutionised the field of psychiatry and are currently being somewhat ignored under the dazzle of biological sciences. Main social theories are functionalism, interpersonal theory, attachment theory, stress theory, and labeling theory. Each theory has its own limitations and critique. Still, for a holistic approach to treat persons with mental illness, it is essential to take a biopsychosocial approach based on an understanding of the contribution and relevance of social theories.

5. Deviance/ Labelling

Conrad P. et al. *Mental Illness as a Form of Deviance: Historical Notes and Contemporary Directions* The Handbook of Deviance, Chapter 24 July 2015 <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118701386.ch24>

The stigma associated with mental illness arises from the public perception and the lack of understanding of mental illness in society today. Those who suffer from a major mental illness are often considered to be dangerous and a threat to society. To a large extent, deinstitutionalisation was a policy failure. Many mental patients got little or no post-hospital treatment, often becoming part of the homeless population. The social response to mental illness can be called the “pharmaceuticalization” of mental illness.

Markowitz F.E. & Engelman F. *Mental Illness and Labeling Theory* John Wiley and Sons 2014 <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118410868.wbehibs328>

The stigma associated with mental illness results in discrimination, loss of socioeconomic status, lowered sense of self-worth and increased symptoms. Labelling theory is an explanatory framework accounting for these effects. Recent research integrates modified labelling theory with the reflected appraisals process of identity formation to understand how attitudes toward mental illness affect recovery through their effects on the self-concept.

Markowitz F.E. The “Own” and the “Wise”: Does Stigma Status Buffer or Exacerbate Social Rejection of College Students with a Mental Illness? *Deviant Behavior* 38(7):744 (2017) https://www.researchgate.net/publication/307630854_The_Own_and_the_Wise_Does_Stigma_Status_Buffer_or_Exacerbate_Social_Rejection_of_College_Students_with_a_Mental_Illness

Applying Goffman’s stigma-status framework and using data from a survey administered to college students (N = 556), we find that respondents who have been diagnosed with a mental illness (the “own”) or who know a family member or friend with a mental illness diagnosis (the “wise”) express lower desired social distance from persons with a mental illness than other respondents (“normals”). Also, informally labelling symptoms as “mental illness” reduced social distance among those similarly diagnosed. However, perceived dangerousness did not vary across stigma status and the socially-distancing effects of perceived dangerousness were more pronounced among the “own.”

Timimi S. *No more psychiatric labels: Why formal psychiatric diagnosis systems should be abolished* *International Journal of Clinical and Health Psychology* vol. 14(3):208-215 (2014) <https://www.sciencedirect.com/science/article/pii/S169726001400009X>

The use of psychiatric diagnosis increases stigma, does not aid treatment decisions, is associated with worsening long-term prognosis for mental health problems and imposes Western beliefs about mental distress on other cultures. This article reviews the evidence, focusing in particular on empirical findings in relation to aetiology, validity, reliability, treatment and outcome, prognosis, colonialism and cultural and public policy impact.

Wright A. et al. *Labelling of mental disorders and stigma in young people* Social Science & Medicine vol.73 (4):498-506 <https://www.sciencedirect.com/science/article/abs/pii/S0277953611003716>

Mental disorders are common in young people, yet many do not seek help. The use of psychiatric labels to describe mental disorders is associated with effective help-seeking choices and is promoted in community awareness initiatives designed to improve help-seeking. However, these labels may also be coupled with stigmatising beliefs and therefore inhibit help-seeking: lay mental health or non-specific labels may be less-harmful. We examined the association between labelling of mental disorders and stigma in youth.

Brown P. *The Name Game: Toward a Sociology of Diagnosis* Journal of Mind and Behaviour vol.11 (3/4) SPECIAL ISSUE: Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System: 385-406 (1990) <https://www.jstor.org/stable/43854099?seq=1/subjects>

Although diagnosis is integral to the theory and practice of psychiatry, social scientists have not developed a comprehensive approach to diagnosis. This paper presents a preliminary outline of the issues which a sociology of diagnosis should integrate. These include bias and social control in psychiatric diagnosis, diagnosis as part of a new extension of the bio-psychiatric medical model, and flaws in contemporary diagnostic categorisation.



6. Understandings of Stigma

Pescosolido B.A. & Martin J.K. *The Stigma Complex* Annual Review of Sociology 41(1) (87) (2015) <https://www.annualreviews.org/doi/abs/10.1146/annurev-soc-071312-145702>

Building on conceptual and empirical work, the recent period clarifies new types of stigmas, expansion of measures, identification of new directions and increasingly complex levels. Standard beliefs have been challenged, the relationship between stigma research and public debates reconsidered and new scientific foundations for policy and programs suggested. Drawing from complex and systems science, we propose a stigma complex, a system of interrelated, heterogeneous parts bringing together insights across disciplines to provide a more realistic and complicated sense of the challenge facing research and change efforts.

Miers D. *Positivist Victimology: A Critique* International Review of Victimology 1(1):3-22 Sept. 1989 https://www.researchgate.net/publication/284706920_Positivist_Victimology_A_Critique

The article argues that there are significant limitations to positivism in relation to the study of victims and victimising. The second part argues that this process performs a central role in social life; it is a principal means by which societies maintain their values and identify the limits of non-compliance with them. Critical victimology argues that as the process of labelling individuals as victims involves a statement of values, it is essential to analyse how, when and why some who sustain injury are labelled victims, and others not. The article draws on work within social psychology to explain the main parameters of these decisions.

Morrill Z. *Anti-Stigma Campaigns Enable Inequality, Sociologists Argue* Mad in America July 2018 <https://www.madinamerica.com/2018/07/anti-stigma-campaigns-enable-inequality-sociologists-argue/>

Tyler and Slater in their article in the Sociological Review Monographs (2nd September 2018) contextualize recent campaigns to end the stigma around mental health and urge readers to rethink how the concept of stigma is being used. Their article takes aim at the Heads. Together campaign in the UK which relies heavily on personal testament asking questions such as "Where is stigma produced?" "By whom?" and "For what purposes?"

Pescosolido B. *The Public Stigma of Mental Illness: What Do We Think; What Do We Know; What Can We Prove?* Journal of Health and Social Behaviour 54(1):1-21 2013 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437625/>

By the 1990s, sociology faced a frustrating paradox. Classic work on mental illness stigma and labelling theory reinforced that the "mark" of mental illness created prejudice and discrimination for individuals and family members. Yet that foundation, coupled with deinstitutionalisation of mental health care, produced contradictory responses. Claims that stigma was dissipating were made, while others, paradoxically, argued that intervention efforts were needed to reduce stigma.

Pescosolido B.A. & Martin J.K. (2007) 'Stigma and the Sociological Enterprise' in Avison W.R., McLeod J.D. and Pescosolido B.A. (eds.) *Mental Health, Social Mirror*. Springer: New York (307–328) https://link.springer.com/chapter/10.1007/978-0-387-36320-2_13

There would appear to be no question about the continued importance of stigma in the sociology of mental health. The question we ask here directly addresses the charge of reflection, rather than relevance. In particular, we are concerned with the interplay between general sociological theory and relevant concepts which surround the social consequences of mental illness.

University of Pennsylvania "Americans Show Little Tolerance For Mental Illness Despite Growing Belief In Genetic Cause." *Science Daily*, 29 August 2008 (see below, Schnittker) <https://www.sciencedaily.com/releases/2008/08/080829135352.htm>

Schnittker J. *An Uncertain Revolution: why the rise of a genetic model of mental illness has not increased tolerance* *Journal of Social Science and Medicine* 67(9):1370-81 (2008) <https://www.ncbi.nlm.nih.gov/pubmed/18703264>

This article attempts to address why tolerance of the mentally ill hasn't increased along with the rising popularity of a biomedical view of its causes. His study finds that different genetic arguments have, in fact, become more popular but have very different associations depending on the mental illness being considered.

Moncrieff J. *Co-opting psychiatry: the alliance between academic psychiatry and the pharmaceutical industry* *Epidemiology Psychiatric Society* July-Sept 2007 16(3):192-6 <https://www.ncbi.nlm.nih.gov/pubmed/18020190>

The industry and the psychiatric profession both gain advantages by promoting biomedical models of psychiatric disturbance and pharmacological treatment. This confluence of interests has led to the exaggeration of the efficacy of psychiatric drugs and neglect of their adverse effects and has distorted psychiatric knowledge and practice. Academic psychiatry has helped the industry to colonise more and more areas of modern life in order to expand the market for psychotropic drugs. Persuading people to understand their problems as biological deficiencies obscures the social origin and context of distress and prevents people from seeking social or political solutions.

Bhattacharjee D. et al. *Sociological Understanding of Psychiatric Illness: An Appraisal Delhi Psychiatry Journal* Vol. 14(1) April 2011 <http://medind.nic.in/daa/t11/i1/daat11i1p54.pdf>

This is a useful introduction to ideas and theories around the social construction of mental illness and why there are dividends for society in maintaining order through norms of behaviour and creating the 'other'.

7. Language

Rose D. et al. *250 labels used to stigmatise people with mental illness* BMC Health Services Research 7:97 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1925070/>

The stigma against people with mental illness is a major barrier for young people to help-seeking for mental health problems. The objective of this study was to investigate the extent of stigma in relation to treatment avoidance in 14 year-old school students in England in relation to how they refer to people with mental illness.

Sayce L. *Stigma, Discrimination and social exclusion: What's in a word?* Journal of Mental Health vol. 7(4):331-343 1998 <https://www.tandfonline.com/doi/abs/10.1080/09638239817932>

One of the key concepts used to investigate the problems that users of mental health services face in their relationships to other people and to society at large is 'stigma'. This concept is used to frame questions of public attitudes about mental illness, users' self-perceptions and the unfavourable treatment they receive. It is often stated or implied that if we can break down 'stigma' we can transform users' position in society, their opportunities and wellbeing. This paper examines the limitations of both the concept of 'stigma' and the way it is applied and reviews the growing literature on discrimination, which is seen as a more promising model on which to base social change.

8. Oppression

Holley L.C. et al. *Reconceptualising Stigma: Toward a Critical Anti-Oppression Paradigm* Stigma Research and Action University of Amsterdam, vol. 2(2) 2012 <http://stigmaj.org/article/view/46>

Informed by critical theories and oppression literature (e.g. Freire P. *Pedagogy of the Oppressed*, The Continuum International Publishing 2003), this paper offers theoretical arguments for replacing the current stigma model with a critical anti-oppression paradigm. It expands our lens to emphasise transforming the power dynamics inherent in system-level arrangements and structures that privilege those who are perceived as not having mental illnesses while disadvantaging others who are perceived to have mental illnesses.

Lian K.L. *Understanding Oppression in mental Health* Social Dimensions 105 2011 <https://www.social-dimension.com/2011/10/understanding-oppression-in-mental-health.html>

Mary Rogers (1997), in sharing on feminist ideas, defines oppression as “an experiential notion” and refers to “*how people in the lower reaches of social hierarchies react over time by way of their identities and emotions*”; and a measure of “*the toil of social hierarchies and systems of domination on the more dominated*”. The concept of the dichotomy of men and women parallels the concept of abnormality and sanity. The ‘sane’ persons often dominate persons who are deemed to be ‘abnormal’ due to their mental state.

Amala O. *Mental health and social oppression: seeing the connection* Equity, Diversity and Inclusion London School of Economics and political Science 2011 <https://blogs.lse.ac.uk/equityDiversityInclusion/2012/10/mental-health-and-social-oppression-seeing-the-connection/>

In recent years, the way we understand and perceive mental health (and illnesses) has undergone major changes, mostly for the better. However, mental health is still, according to psychotherapist Olukemi Amala, very ‘individualised’. As a black bisexual disabled woman, Olukemi feels the system does not allow the experience of social oppression to be discussed as relevant to mental health. She proposes a radically new approach that acknowledges and takes into account social oppression when developing mental health services.

Benbow S. *Societal abuse in the lives of individuals with mental illness* Canadian Nurse 105(6):30-32 <https://www.ncbi.nlm.nih.gov/pubmed/19583050>

Societal abuse refers to the disadvantages that a group experience as a result of unjust social structures. People with mental illness are among the most marginalised, oppressed, devalued and stigmatised populations in our society. They experience a range of societal abuses, including barriers to health care, lack of employment,

difficulty accessing and maintaining adequate housing and discrimination. Nurses are in a unique position to address social inequity and societal abuse as advocates for health and well-being.

Rössler W. *The stigma of mental disorders: A millennia-long history of social exclusion and prejudices* Science and Society Embo Reports vol. 17(9):1250-1253 (2016) <https://onlinelibrary.wiley.com/doi/full/10.15252/embr.201643041>

Stigmatisation of the mentally ill has a long tradition and the word itself indicates the negative connotations; in ancient Greece, a "stigma" was a brand to mark slaves or criminals. For millennia, society did not treat persons suffering from depression, autism, schizophrenia and other mental illnesses much better than slaves or criminals: they were imprisoned, tortured or killed. Structural discrimination of the mentally ill is still pervasive and stigmatisation of mental illness is still an important societal problem, the general population largely ignorant about it and fear of the mentally-ill remains prevalent.

Reidy D. E. *Stigma is Social Death. Mental Health Consumer/Survivors Talk about Stigma in their Lives* February 1993 <http://www.freedom-center.org/pdf/debreidystigma.pdf>

Forty-six people were interviewed to determine their views on the topic of stigmatising aspects of mental health programs. Of the 46, 34 identified themselves as current or former consumers/survivors. Some were also mental health practitioners or professional advocates. Ten participants were family members or professionals who did not identify themselves as consumers/survivors. Respondents then described the effects of these stigmatising attitudes, beliefs and practices, their comments focussing especially on "internalized stigma" and its consequent effects on behaviour and self-esteem: low motivation, anger, depression, heightened sense of vulnerability, social isolation and stifling of growth and productivity.

Scull A. *The Sociological Study of Mental Illness: A Historical Perspective* Mad in America 20th July 2016 <https://www.madinamerica.com/2016/07/the-sociological-study-of-mental-illness-a-historical-perspective/>

Mental illness, as the eminent historian of psychiatry Michael MacDonald (1981:1) once aptly remarked, "*is the most solitary of afflictions to the people who experience it; but it is the most social of maladies to those who observe its effects*". It is precisely the many social and cultural dimensions of mental illness, of course, that have made the subject of such compelling interest to sociologists. It is naturally the social aspects and implications of mental disturbance for the individual, for his or her immediate interactional circle, for the surrounding community and for society as a whole, that have been the primary intellectual puzzles that have drawn attention.

9. From Stigma History

Star, Shirley A. (1952) "What the Public Thinks About Mental Health and Mental Illness" paper presented at the annual meeting of the National Association for Mental Health (Nov. 1952) http://www.norc.org/PDFs/publications/StarS_What_Public_Thinks_1952.pdf.

This is a 1952 talk about the finding of a research project into public attitudes: "... people's ideas about mental illness are ill-defined, confused, shifting and contradictory. When we start off our attempt to get people to talk about mental illness by asking, "When you hear someone say that a person is 'mentally-ill', what does that mean to you?", most people have great difficulty verbalizing at all about the concept.

Rössler W. A *Millennia-long history of social exclusion and prejudices* Embo Rep. Sept. 17(9):1250–1253 (2016) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007563/>

Stigmatisation of the mentally ill has a long tradition and the word "stigmatisation" itself indicates the negative connotations: in ancient Greece, a "stigma" was a brand mark identifying slaves or criminals.

Weinstein R.M. *Labeling Theory and Attitudes of Mental Patients: A Review* Journal of Health and Social Behavior vol.24 (1):70-84 (1983) https://www.jstor.org/stable/2136304?seq=1#page_scan_tab_contents

This is a paper written in 1983 which reviews 35 studies looking at patients' attitudes to being labelled and ex-patients' attitudes towards the stigma or effects of being labelled.

Angrist S.S. *Mental Illness and Deviant Behaviour: Unresolved Problems* The Sociological Quarterly vol.7 (4):436-448 (1966) <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1533-8525.1966.tb01706.x>

This paper discusses debates around what mental illness actually is. It was written in 1966. The author presents four primary schools of thought: (1) Mental illness is deviant behaviour; (2) mental illness is disease; (3) Some mental conditions are deviance and some are diseases and (4) specifications of the definers of behaviour according to social status and power.

Reidy D.E. "Stigma is Social Death" *Mental Health Consumers/Survivors talk about Stigma in their Lives* Feb. 1993 <http://www.freedom-center.org/pdf/debreidystigma.pdf>

This is a long paper written in 1993 but still quoted; 46 people with mental illness were interviewed in depth. It is written from a critical perspective and argues that the community is a long way off the acceptance of people with mental illness. It details how stigma works, how it affects people and suggests creating a Centre for Stigma Studies – a recommendation not acted upon. This report begs the reader to contemplate how much of this has changed.

10. Global Themes

Babyar J. *Equitable health: let's stick together as we address global discrimination, prejudice and stigma* Archives of Public Health 76:44 2018 <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-018-0291-3>

Tackling discrimination permanently in healthcare is not insurmountable. It is achievable. Discrimination is costly in lives, in healthcare delivery and waste, in human capital, in financial resource. A global plan to address discrimination and bias in healthcare must be consistent, accountable and be shaped around standardised tools and measures. The idea that one individual is better or more important than another has no place in today's world, particularly in health.

Stuart H. *Fighting the stigma caused by mental disorders: past perspectives, present activities, and future directions* World Psychiatry 7(3):185-188 (2008) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2559930/>

In light of these important developments and the growing public health interest in stigma reduction, this paper reflects on the past perspectives that have led us to our current position, reviews present activities and accomplishments and identifies challenges that the Section members will face in their future efforts to reduce stigma about mental disorders.

Arthur C.M. et al. *Mad, sick, head nuh good: mental illness stigma in Jamaican communities* Transcult. Psychiatry 47(2):252-75 (2010) <https://www.ncbi.nlm.nih.gov/pubmed/20603388>

Stigma may be an important factor in mental health service seeking and utilization. However, little work on stigma has been conducted in developing nations in the Caribbean, including Jamaica. We explored mental illness stigma in Jamaica by conducting focus groups with 16 community samples. Four overarching conceptual themes are discussed: (1) community members' definitions of stigma; (2) emotional responses towards those with mental illness, such as fear and love; (3) behavioral responses towards those with mental illness, including avoidance and cautious approach; and (4) perceptions of and beliefs about mental illness, including a distinction between "madness" and "mental illness."

Pescosolido B.A., Medina T.R., Martin J.K. & Long J.S. (2013) *The "Backbone" of Stigma: Identifying the Global Core of Public Prejudice Associated with Mental Illness* American Journal of Public Health 103(5):853–860. <https://www.ncbi.nlm.nih.gov/pubmed/23488508>

Data from 16 countries using a nationally representative sampling strategy, international collaboration for instrument development and case vignettes with Diagnostic and Statistical Manual of Mental Disorders (4th Ed.) depression and schizophrenia criteria. We measured knowledge and prejudice with existing questions and scales and employed exploratory data analysis to examine the public response to the different diagnoses.

Egbe C.O. et al. *Experiences and effects of psychiatric stigma: Monologues of the stigmatisers and the stigmatized in an African setting* *Transcultural Psychiatry* 47(2):252-275 (2010) <https://www.ncbi.nlm.nih.gov/pubmed/20603388>

This paper presents narrative monologues portraying the experiences and effects of psychiatric stigma and discrimination on PWMI in South Africa. These narratives voice the concerns of the stigmatisers (specifically family members and significant others of PWMI) and the stigmatised in a poetic fashion. Society is still not very sympathetic to the plights of PWMI and this affects their general health and well-being. Traditional beliefs and prejudice still drive public attitude towards PWMI especially in African settings.

11. Many Cultures

Wilke M. *Weak, crazy or witchcraft? Mental illness and cultural stigmas* *Health* 24 31st Oct. 2017 <https://www.health24.com/Mental-Health/Living-with-mental-illness/weak-crazy-or-witchcraft-mental-illness-and-cultural-stigmas-20171031-2>

Our community; How we are raised; those symptoms are labelled as witchcraft, some say you are lazy, they may say anything to bring u down and make you ignore the problem, not get any help. We are expected to be strong, patient, take care of the baby, the husband and maybe other kids then smile while doing it.

Ciftci A. *Mental Health Stigma in the Muslim Community* *Journal of Muslim Mental Health* vol. 7(1) Stigma 2012 <https://quod.lib.umich.edu/j/jmmh/10381607.0007.102/-mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext>

In this paper, we discuss mental illness stigma and its related constructs, describe the current state of understanding mental illness stigma in Islam and summarise critical considerations to address stigma in this community.

Yang L.H. et al. *Culture, Threat and Mental Illness Stigma: Identifying Culture-Specific Threat among Chinese-American Groups* *Social Sciences in Medicine* 88:56-87 (2013) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4043281/>

We incorporate anthropological insights into a stigma framework to elucidate the role of culture in threat perception and stigma among Chinese groups. Prior work suggests that genetic contamination jeopardising the extension of one's family lineage may comprise a culture-specific threat among Chinese groups. The identification of this culture-specific threat among Chinese groups has direct implications for culturally-tailored anti-stigma interventions. Further, this framework might be implemented across other conditions and cultural groups to reduce stigma across cultures.

12. Intersectionality

Hulko W. *The time-and-context-contingent nature of intersectionality and interlocking oppressions* Affilia: Journal of Women and Social Work 24:44-55 2009 <https://journals.sagepub.com/doi/10.1177/0886109908326814>

This article addresses the theoretical paradigm of intersectionality and interlocking oppressions, focusing on its evolution over time and place and application to the everyday lives of women. The objective is both to honour the roots of intersectional scholarship and to demonstrate the temporal and spatial nature of oppression and privilege. Theoretical concepts are illustrated by narratives from women who have crossed different sociocultural contexts and phases of the life course.

Canadian Centre for Disability Studies Goffman *Theory Course, Understanding the Intersectional Forms of Discrimination Impacting Persons with Disabilities* (2018) <http://www.disabilitystudies.ca/assets/ccds-int-dis--151110-final-report-en-full.pdf>

The goal of this report is to promote understanding of the intersectional forms of discrimination impacting persons with disabilities in Canada. The report will focus on cross-disability issues addressing the complexities of diverse human social positions across the lifespan inclusive of gender, sexuality, ethnicity, mental health and ability.

Anglin D. M. et al. "Racial Differences in Stigmatizing Attitudes Toward People with Mental Illness" *Psychiatric Services* 57 (6):857–62 (2006) <https://pdfs.semanticscholar.org/b89b/40614ff440ed0c7e4a484be94a3a1d144ad9.pdf>

Stigma is a significant impediment to the successful treatment of individuals with mental illness, especially among racial minority groups. Although limited, the literature suggests that African Americans are more likely than Caucasians to believe that people with mental illnesses are dangerous. The study highlights the complexity of the stigma process and emphasizes the need to consider racial differences in developing interventions targeted to improve public attitudes.

Petersen J., Atr M. & Etta A. *Creating Community and Shattering Stigma: Collaborative Arts Interventions for the Forensic Population* Canadian Art Therapy Association Journal 2017 vol. 30:2 <https://www.tandfonline.com/doi/abs/10.1080/08322473.2017.1381511>

This article looks at the societal roles of marginalised people in a forensic setting and how art and music can assist in reducing stigma, creating community and providing valuable social roles. People with mental illness and a criminal history face a dual stigma, making it difficult for others to place societal value on them; arts and music therapists at Kerrville State Hospital, a forensic psychiatric facility, work together to build a community of artists and musicians.

Belcher J.R. & DeForge B.R. *Social Stigma and Homelessness: the Limits of Social Change* Journal of Human Behavior in the Social Environment vol. 22(8) 2012 <https://www.tandfonline.com/doi/abs/10.1080/10911359.2012.707941?src=recsys&journalCode=whum20>

We examine the issues around the stigmatisation of homelessness and how it links to capitalism. Society focuses on the individual as the cause of his/her own state of homelessness, blaming the victim rather than focusing on the larger antecedent social and economic forces, such as unemployment, limited affordable housing and breakdowns in kinship networks. Social stigma occurs in situations with unequal social, economic, and political power and an opportunity to label, stereotype, separate (us versus them), lose status and discriminate.

Corrigan P. et al. *What lessons do coming out as gay men or lesbians have for people stigmatized by mental illness?* *Community Mental Health Journal*, 45:366-374 2009 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698841/>

Goffman distinguished stigmatised groups as discredited (with relatively obvious marks such as people of colour or gender) or discreditable (without obvious marks, causing stigma to be largely hidden). Like gay men and lesbians, people with various mental illnesses can opt to stay in the closet about these conditions to avoid prejudice and discrimination.

Staiger T. et al. *Barriers and facilitators of help-seeking among unemployed persons with mental health problems: a qualitative study* *BMC health services research* 17(1):39 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28095844>

Unemployed people with mental health problems often do not use mental health services and therefore do not benefit from available therapies. As unemployed individuals outside the healthcare system are hard-to-reach, barriers to and facilitators of mental health service use are poorly understood. The purpose of this study was to identify barriers to and facilitators of help-seeking and service use based on experiences of unemployed people with mental health problems.

Williams S.M. et al. *Exploring lived experience in gender and sexual minority suicide attempt survivors* *American Journal of Orthopsychiatry* 88(6):691-700 (2018) <https://www.ncbi.nlm.nih.gov/pubmed/30124305>

Gender and sexual minorities (GSM) are at a higher risk of victimisation, discrimination and emotional distress. GSM also face unique stressors that contribute to negative mental health outcomes, such as family and interpersonal rejection, ostracism, isolation and internalised gender and sexual stigma. Suicide attempt survivors often experience similar stigma and isolation after an attempt. However, little is known about the specific experiences of GSM individuals who attempt suicide.

Crinson I. *Social capital and social epidemiology* Section 11 in Martino L. (ed.) *Concepts of Health, Wellbeing and Illness* 2007 <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness>

The theoretical perspectives and methods of enquiry of the sciences concerned with human behaviour; illness as a social role; concepts of primary and secondary deviance; stigma and how to tackle it; disability and handicap; social and structural iatrogenesis; role of medicine in society; explanations for various social patterns and experiences of illness (including differences of gender, ethnicity, employment status, age and social stratification); the role of social, cultural, psychological and family relationship factors in the aetiology of illness and disease; social capital and social epidemiology.

Rodriguez S. et al. *Impact of stigma on veteran treatment-seeking for depression* American Journal of Psychiatric Rehabilitation 17(2):128-146 (2014) <https://www.tandfonline.com/doi/abs/10.1080/15487768.2014.903875?src=recsys&journalCode=uapr20>

The Veterans Health Administration (VHA) mandates annual depression screening in primary care; however, veterans often delay seeking treatment after screening positive, which can increase the severity and impact of depression. Evidence from interviews suggests that stigma may play a larger role in decisions about treatment seeking, which was not quantitatively evident.

Bourke L. & Waite C. *"It's not like having a disability or anything!" Perceptions of disability and impairment among young, rural people* Disabilities Studies Quarterly Vol. 33(3) 2013 <http://dsq-sds.org/article/view/3261/3265>

Understandings of disability and impairment among the general public influence how people without disability interact with those with disability. This paper explored how disability and impairment are understood by young people living in six rural communities in southeast Australia, including the perspectives of those with and without a disability.

Balon R. *Stigma and empathy: Sex Workers as educators of Medical Students* Academic Psychiatry, vol. 39(3):239-24 <https://link.springer.com/article/10.1007/s40596-015-0338-5>

The article by Robitz and colleagues in this issue of Academic Psychiatry describes an entirely medical student-driven educational project, the Women Leading Healthy Change (WLHC). In this program, medical students at the University of Cincinnati partnered with a community organization to "educate and empower women who have survived commercial sexual exploitation, homelessness, substance dependence and mental illness". Their program was created with two missions: to empower sex workers with co-occurring mental illness and substance dependence and to teach medical students.

Thachuk A.K. *Stigma and the politics of biomedical models of mental illness* Special Issue: Feminist Perspectives on Ethics in Psychiatry vol. 4(1):140-163 https://www.jstor.org/stable/10.2979/intjfemappbio.4.1.140?seq=1#page_scan_tab_contents

In contemporary society stigma is attached to one's social standing, personality traits or psychological makeup. *"People are no longer physically branded; instead they are societally labelled—as poor, as criminal, homosexual, mentally ill, and so on. These labels influence public perceptions and behaviour and lead to devaluation and denigration of those who are so labelled"* (Wahl 1999, 11–12). The modern usage of the term stigma is discussed within a feminist framework.

Ditchman N. et al. *Stigma and intellectual disability: potential application of mental health research* Rehabilitation Psychology May 2013 58(2):206-216 <https://www.ncbi.nlm.nih.gov/pubmed/23713731>

Stigma is an issue of social justice impacting the lives of individuals with intellectual disability, yet there remains virtually no systematic framework applied to the understanding of the stigma process for this group. Future research can draw on the stigma models developed in the mental illness literature to guide more rigorous research efforts and ultimately, the development of effective, multilevel stigma-change strategies.

Metzl J.M. et al. *Structural Competency Meets Structural Racism: Race, Politics and the Structure of Medical Knowledge* AMA Journal of Ethics Viewpoint September 2014 <https://journalofethics.ama-assn.org/article/structural-competency-meets-structural-racism-race-politics-and-structure-medical-knowledge/2014-09>

Attention to matters of diversity in clinical settings has been shown to affect a number of factors central to effective diagnosis and treatment. Yet an emerging educational movement challenges the basic premise that having a culturally competent or sensitive clinician reduces patients' overall experience of stigma or improves health outcomes. This movement, called "structural competency", contends that many health-related factors previously attributed to culture or ethnicity also represent downstream consequences of decisions about larger structural contexts, including health care and food delivery systems, zoning laws, local politics, urban and rural infrastructures, structural racisms, even the very definitions of illness and health.

Garb H.N. *Race bias, social class bias, and gender bias in clinical judgement* Clinical Psychology, Science and Practice 4(2):99-120 (1997) https://www.researchgate.net/publication/281246442_Race_bias_social_class_bias_and_gender_bias_in_clinical_judgment

Replicated findings include race bias in the differential diagnosis of schizophrenia and psychotic affective disorders, gender bias in the differential diagnosis of histrionic and antisocial personality disorders, race bias and gender bias in the prediction of violence and social class bias in the referral of clients to psychotherapy. Recommendations for decreasing bias are: being aware of when biases are likely to occur and adhering to diagnostic criteria.

Grocetti G. et al. *Psychiatry and Social Class* Social Psychiatry September 1976 Vol. 11(3):99-105 https://www.researchgate.net/publication/227133564_Psychiatry_and_social_class

The role patients' social class plays in the diagnoses they are given and the treatments recommended for them has been of continuing interest to the mental health profession. Charges of "bias" have not been infrequent. Examination of this issue was the primary focus of this study. Thirty psychiatrists in private practice and 38 experienced clinicians from a community mental health centre were presented with 4 psychiatric case descriptions. They were asked for their diagnoses and treatment recommendations. Each case description contained upper- or lower-class cases. This paper reports on the diagnoses made and the treatment modalities recommended by private and public practitioners, using social class as the independent variable.

Jackson Best F. & Edwards N. *Stigma and intersectionality: a systematic review of systematic reviews across HIV/AIDS, mental illness and physical disability* BMC Public Health July 2018:919 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5861-3>

Stigma across HIV/AIDS, mental illness and physical disability can be co-occurring and may interact with other forms of stigma related to social identities like race, gender and sexuality. Stigma is especially problematic for people living with these conditions because it can create barriers to accessing necessary social and structural supports, which can intensify their experiences with stigma.

Holman D. *Exploring Relationships between social class, mental illness stigma and mental health literacy using British national survey data* Health (London) 19(4):413-29 (2015) <https://www.ncbi.nlm.nih.gov/pubmed/25323051>

The relationship between social class and mental illness stigma has received little attention in recent years. At the same time, the concept of mental health literacy has become an increasingly popular way of framing knowledge and understanding of mental health issues. Regression analyses were undertaken which centred on depression and schizophrenia vignettes, with an asthma vignette used for comparison. Overall, class variables showed a stronger relationship with mental health literacy than stigma.

Buchman D.Z. et al. *The Epidemic as Stigma: The Bioethics of Opioids* The Journal of Law Medicine & Ethics 45(4):607-620 (2017) <https://journals.sagepub.com/doi/abs/10.1177/1073110517750600>

In this paper, we claim that we can only seek to eradicate the stigma associated with the contemporary opioid overdose epidemic when we understand how opioid stigma and the epidemic have co-evolved. Rather than conceptualizing stigma as a parallel social process alongside the epidemiologically and physiologically defined harms of the epidemic, we argue that the stigmatised history of opioids and their use defines the epidemic. We conclude by offering recommendations for disrupting the burden of opioid stigma.

Aedy R. CLASS ACT – *We do live in a society where class makes a difference* Series on ABC Radio National BIG IDEAS April 2018 <https://www.abc.net.au/radionational/projects/class-act/>

This is a fantastic series re-introducing important concepts and understanding about social class. It refines class structures to include a difference between those who have access to and knowledge about technology and those who don't. Understanding the influence of social class is fundamental to understanding how mental health stigma works.

Aedy R. *There's a lot to be learned in the egalitarian project* – Transcript ABC RADIO NATIONAL PODCAST April 5th 2018 http://www.andrewleigh.com/there_s_a_lot_to_be_learned_in_the_egalitarian_project_transcript_abc_radio_national_podcast

Australia is an egalitarian country. We sit upfront with the cab driver and we don't put on airs. And it means that some people will tell you we don't have a class system. Which is a really comforting idea, just not a true one. We have a class system; we just don't talk about it. Inequality has been growing in Australia for three and a half decades. It's reinforcing class divisions while we're not looking. So on Class Act, we take a look at class in Australia. And we ask some questions: What are the divisions? How do we arrive at this point? What can we do about inequality? And why are we so weird about class?

Brondani M. O. et al. *Stigma of addiction and mental illness in healthcare: The case of patients' experiences in dental settings* Mental Illness in Healthcare May 2017 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177388>

When associated with stigma, mental illness and addictions have negative implications for accessing health and dental care. From participants' perspectives, the lack of understanding about their life conditions by the healthcare professionals was the origin of stigma. Increased social awareness of these health issues among current and future health and dental care professionals improves care experiences for this marginalised population.

Whiteford L.M. & Gonzalez L. *Stigma: The hidden burden of infertility* Social Science in Medicine 40(1):27-36 <https://www.ncbi.nlm.nih.gov/pubmed/7899919>

For some infertile women, those interventions also transform infertility from a private pain to a public, prolonged crisis. Our research focuses on 25 U.S. women who sought medical treatment for infertility and describes their perception of the stigma associated with infertility. We apply a critical, feminist perspective to our analysis of the women's lived experiences within the social and medical contexts in which they occur.

Hartwell S. *Triple Stigma: Persons with Mental Illness and Substance Abuse Problems in the Criminal Justice System* Criminal Justice Policy Review Vol. 15(1):84-99 March 1 2004 <https://journals.sagepub.com/doi/10.1177/0887403403255064>

This article offers a review of the literature that exists on individuals with dual diagnosis and discusses policies creating the trajectories for mentally ill individuals with substance abuse problems and their community re-entry after involvement with the criminal justice system. The differences between offenders with mental illness and the dually diagnosed are pronounced.

Huggett C. et al. *A qualitative study: experiences of stigma by people with mental health problems.* Psychological Psychotherapy Sept. 2018 91(3):380-397 <https://www.ncbi.nlm.nih.gov/pubmed/29345416>

An example of qualitative methods; interesting, because it looks at stigma experienced by people with mental illness involved in treatment in non-statutory (not forced or potentially forced) ways.

Nakleeran N. & Nakleeran B. *Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference* Health Research Policy and Systems 2018 16 (Suppl.1):97 <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0366-1>

This paper focuses on inequities in health in the context of disability, mental health, sexual orientation and gender identity. These are dimensions that lead to health inequity primarily through the pathways of stigma and discrimination. The aim here is to distinguish the unique characteristics of these groups and thereby try and articulate a new understanding of health and health equity with identity and difference in the foreground.

Ontario Human Rights Commission *Ableism, negative attitudes, stereotypes and stigma* Jan. 31st 2014 <http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions/5-ableism-negative-attitudes-stereotypes-and-stigma>

People with mental illness in our society have suffered from historical disadvantage, have been negatively stereotyped and are generally subject to social prejudice. Because of stigma around mental illness and addiction, people may be afraid to disclose their disability to others. They may worry about being labelled, experiencing negative attitudes from others, losing their jobs or housing, or experiencing unequal treatment in services after disclosing a mental health issue or addiction. Fear of discrimination can also result in people not seeking support for a mental health issue or addiction. A person's experience is complicated by race, sex, sexual orientation, age or another type of disability, etc. People with psychosocial disabilities are also more likely to have lower incomes than people without psychosocial disabilities, and many people live in chronic poverty.

Ontario Human Rights Commission *Policy on preventing discrimination based on mental health disabilities and addictions* Jan. 31st 2014 <http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions>

This is an easy to read Canadian Report that possibly will surprise no-one. The Executive Summary starts: *People with mental health disabilities or addictions have faced considerable and longstanding discrimination, stigmatisation and social exclusion in Canada and across the world. In recognition of this, the Supreme Court of Canada has said: There is no question but that the mentally ill in our society have suffered from historical disadvantage, have been negatively stereotyped and are generally subject to social prejudice.*

Amala O. *Mental health and social oppression: seeing the connection* London School of Economics and Political Science Equity, Diversity and Inclusion BLOG <https://blogs.lse.ac.uk/equityDiversityInclusion/2012/10/mental-health-and-social-oppression-seeing-the-connection/>

Mental health is still, according to psychotherapist Olukemi Amala, very 'individualised'. As a black bisexual disabled woman, Olukemi feels the system does not allow the experience of social oppression to be discussed as relevant to mental health. She proposes a radically new approach acknowledging and taking into account social oppression when developing mental health services.

Bhattacharjee D. et al. *Sociological Understanding of Psychiatric Illness: An Appraisal* Delhi Psychiatry Journal Vol. 14(1) 2011 <http://medind.nic.in/daa/t11/i1/daat11i1p54.pdf>

All aspects of human life functioning and growth are deeply intertwined with the society and its various elements. Social conditions may include interrelationship patterns among people, race, socio-economic status, gender, elements of culture, value and belief system of the society, societal attitude for providing care, support and nurturance to people, etc.

Lemus-Mogrovejo *Anti-Stigma Mental Health Campaigns Often Ignore Our Realities: Rooted in Rights* Aug. 8th 2018 <https://rootedinrights.org/anti-stigma-mental-health-campaigns-often-ignore-our-realities/>

Lemus-Mogrovejo argues from personal experience that anti-stigma campaigns do not reflect diversity: *"Because of these experiences, I can't help but also think of the other Queer and Trans people of colour (QTPOC) who are struggling to find affordable therapy services. For QTPOC searching for therapy services near them, **a lack of insurance and accessible transportation** can make or break any hopes of processing trauma in therapy. Furthermore, considering how often I have heard many of them discuss racism and sexism they experience from practitioners coming from such a white-dominated healthcare sector, I can't help but feel many anti-stigma campaign promises come off as insincere"*

Schomerus G. et al. *The stigma of alcohol dependence compared with other mental disorders: a review of population studies* Alcohol, Alcohol 2011 Mar-Apr 46(2):105-12. <https://www.ncbi.nlm.nih.gov/pubmed/21169612>

Stigma is likely to aggravate the severe medical and social consequences of alcohol dependence. We explore the characteristics of the alcohol dependence stigma by comparing it with the stigma of other conditions. Alcoholism is a particularly severely stigmatised mental disorder. Cultural differences are likely, but under-researched. Possible reasons for the differences between the stigma of alcoholism and of other mental diseases and the consequences for targeted anti-stigma initiatives are discussed.

13. Stigma in Medicine

Crinson I. *Concepts of Health, Wellbeing and Illness* (revised 2017 by Martino L.) Section 7 *Social and Structural Iatrogenesis* <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section5>

There are several approaches to the subject of the social basis of medical knowledge and power found within the medical sociological literature. Beginning with an outline of Jewson's (1976) now classic work on 'medical cosmologies', this section will also examine Foucault's social constructionist analysis of medical discourse as well as Illich's equally influential notion of 'medicalisation'.

Ahmedani B.K. *Mental Health Stigma: Society, Individuals and the Profession* *Journal of Social Work Values Ethics* 2011 (2):4.1-4.16 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3248273/>

Mental health stigma operates in society, is internalised by individuals and attributed by health professionals. This ethics-laden issue acts as a barrier to individuals who may seek or engage in treatment services. The dimensions, theory and epistemology of mental health stigma have several implications for the social work profession.

Horsfall J. et al. *Stigma in Mental Health: Clients and Professionals* *Journal of Issues in Mental Health Nursing* Vol.31(7) 2010 <https://www.tandfonline.com/doi/abs/10.3109/01612840903537167>

Stigmatising attitudes are not uncommon among mental health professionals who may be less than optimistic about outcomes for people with long-term mental health problems. These perceptions are probably related to the professionals' experiences, such as those working in the public sector dealing with clients in the most disturbed phases of mental illness. We provide an overview of stigma and contemporary stigma conceptualisations and explore some stigma-reducing strategies for mental health professionals.

Aviram R. B. et al. *Borderline Personality Disorder, Stigma and Treatment Implications* *Harvard Review of Psychiatry* vol.14:15 2006 <https://www.tandfonline.com/doi/abs/10.1080/10673220600975121>

Borderline personality disorder (BPD) is often viewed in negative terms by mental health practitioners and the public. The disorder may have a stigma associated with it going beyond those associated with other mental illnesses. This distancing may be especially problematic in treating patients with BPD; in addition to being unusually sensitive to rejection and abandonment, they may react negatively (e.g. by harming themselves or withdrawing from treatment) if perceiving such distancing and rejection. The extent to which therapist distancing is influenced by stigma is an important question highlighting the possibility that stigma associated with BPD can have an independent contribution to poor outcomes.

Balon R. *Stigma and empathy: Sex Workers as educators of Medical Students* *Academic Psychiatry* vol. 39(3):239-24 <https://link.springer.com/article/10.1007/s40596-015-0338-5>

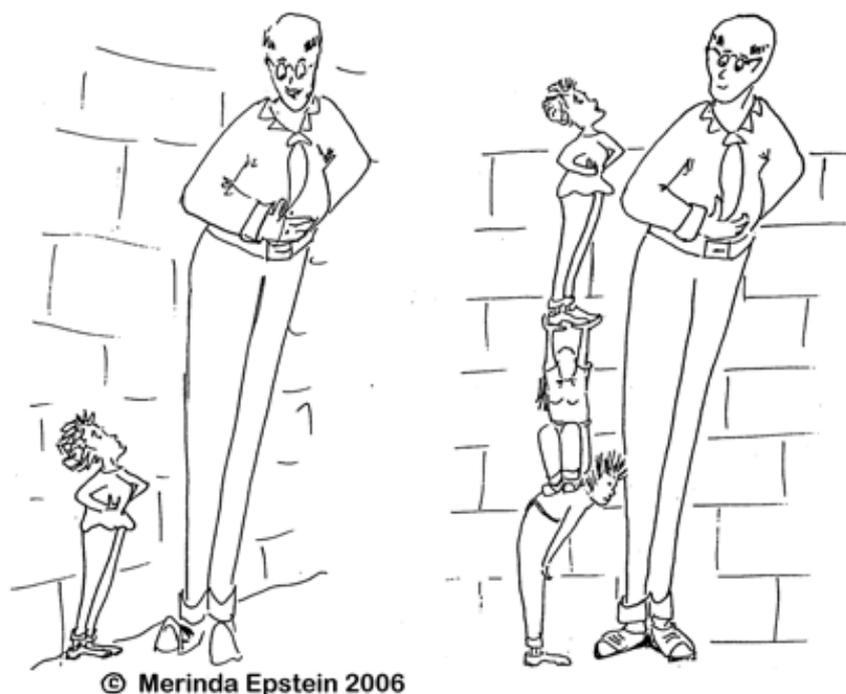
The article by Robitz and colleagues in this issue of Academic Psychiatry describes an entirely medical student-driven educational project, the Women Leading Healthy Change (WLHC). In this program, medical students at the University of Cincinnati partnered with a community organization to “educate and empower women who have survived commercial sexual exploitation, homelessness, substance dependence and mental illness”. Their program was created with two missions: to empower sex workers with co-occurring mental illness and substance dependence and to teach medical students.

Gray B. *Psychiatry and Oppression: A Personal Account of Compulsory Admission and Medical Treatment* Schizophrenia Bulletin vol. 35(4):661–663 1st July 2009 <https://academic.oup.com/schizophreniabulletin/article/35/4/661/1906967>

The author is an academic and researcher in the mental health field and was diagnosed with schizophrenia in 2003, spending a total of 12 months in a mental health hospital. In this article, he relates his personal experience and story to make a polemical and admittedly one-sided case against traditional psychiatry and compulsory medical treatment.

Thesen J. *From oppression towards empowerment in clinical practice – offering doctors a model for reflection* Scandinavian Journal of Public Health 33(Suppl. 66):47–52 (2005) <https://journals.sagepub.com/doi/pdf/10.1080/14034950510033372>

This article presents an Oppression Model describing how and explaining why doctors sometimes take up the role of oppressor in clinical practice and to create change by proposing alternatives. The model is intended to increase awareness of power issues in medical practitioners, thus creating an urge for empowering practices. The Oppression Model describes a staircase built on a foundation of objectifying, proceeding to stereotypes, prejudice and discrimination up to the final step of institutionalised oppression.



Gold K.J. "I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis... General Hospital Psychiatry September 2016 https://www.researchgate.net/publication/308276183_I_would_never_want_to_have_a_mental_health_diagnosis_on_my_record_A_survey_of_female_physicians_on_mental_health_diagnosis_treatment_and_reporting

Physicians have high rates of suicide and depression. Most state Medical Boards require disclosure of mental health problems on physician licensing applications, which has been theorized to increase stigma about mental health and prevent help-seeking among physicians. Almost 50% of women believed that they had met the criteria for mental illness but had not sought treatment. Women physicians report substantial and persistent fear regarding stigma which inhibits both treatment and disclosure. Licensing questions, particularly those asking about a diagnosis or treatment rather than functional impairment may contribute to treatment reluctance

Vaswani A. "Frequent Flyers" – How Implicit Bias Can Impact Clinical Care: Implications for the integration of technology in healthcare in Mad in America Oct. 20 2016 <https://www.madinamerica.com/2016/10/frequent-flyers-implicit-bias-can-impact-clinical-care/>

A group of researchers recently published a commentary in the Journal of the American Medical Association on one of the ways implicit bias about persons diagnosed with 'mental illness' creeps into the seemingly neutral space of patient electronic health records. They focus on the group of clients who tend to be high utilizers of services at emergency departments and psychiatric crisis centres and who "often have financial problems and present with chronic or untreated comorbid psychiatric and substance use disorders".

Clay R. *Free Speech Vs. patient care: Psychologists are battling a growing trend that allows students to opt out of diversity training.* American Psychological Association July/Aug. 2013 vol. 44(7):40 <https://www.apa.org/monitor/2013/07-08/free-speech>

Julia Ward was a student in a Master's-level counselling program at Eastern Michigan University when she was assigned to counsel a gay client. While she was prepared to counsel the client on issues unrelated to sexual orientation, she did not want to address issues that might involve a same-sex relationship, which violated her religious beliefs. She sought advice from faculty regarding the situation, explaining that her religious faith prohibited her from affirming homosexuality and suggesting that the client be referred elsewhere before the counselling began. The program did not agree with her proposed solution and suggested remediation. After declining to participate in remediation, Ward was eventually expelled.

Morrison P. *Using narrative ideas to learn about mental illness in the classroom: Current Narratives Embracing Multiple Dimensions* Vol 1(2) 2010 <https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1012&context=currentnarratives>

Narrative ideas provide an interesting basis for teaching health practitioners. The specific notions discussed here have been referred to as reflecting teams and as outsider-witness practices. The paper offers an example of classroom work linked to student assignments, designed to help general nursing students learn about people with mental health problems. The assignments focused on the media representations of people with a mental disorder. The notions of reflecting teams and outsider-witnesses were used in a classroom exercise to witness the stories described in the assignments. The primary aim was to help students to develop richer understandings of people with mental health problems that might lead to more caring ways of practising nursing.

Gormley D. & Quinn N. *Mental Health Stigma and Discrimination: The Experience Within Social Work Practice: Social Work in Action* vol. 21(4) 2009 [https://www.google.com/search?q=Gormley+D+%26+Quinn+N.+Mental+Health+Stigma+and+Discrimination%3A+The+Experience+Within+Social+Work.+Practice%3A+Social+Work+in+Action+vol+21+\(4\)+2009&oq=Gormley+D+%26+Quinn+N.+Mental+Health+Stigma+and+Discrimination%3A+The+Experience+Within+Social+Work.+Practice%3A+Social+Work+in+Action+vol+21+\(4\)+2009&aqs=chrome..69i57.3754j0j8&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=Gormley+D+%26+Quinn+N.+Mental+Health+Stigma+and+Discrimination%3A+The+Experience+Within+Social+Work.+Practice%3A+Social+Work+in+Action+vol+21+(4)+2009&oq=Gormley+D+%26+Quinn+N.+Mental+Health+Stigma+and+Discrimination%3A+The+Experience+Within+Social+Work.+Practice%3A+Social+Work+in+Action+vol+21+(4)+2009&aqs=chrome..69i57.3754j0j8&sourceid=chrome&ie=UTF-8)

The stigma experienced by mental health service users has been examined by many authors but is rarely found within the social work literature. Through interviews with mental health service users and social workers, the paper explores the stigma experienced by service users in a social work context. The study considers the strategies employed by individuals and groups seeking to challenge the effects of stigma, highlighting the need to include social work in this debate.

Fitzgerald C. & Hurst S. *Implicit bias in healthcare professional: a systematic review* in *BMC Medical Ethics* Vol. 18(19) 2017 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/>

Implicit biases involve associations outside conscious awareness leading to a negative evaluation of a person based on irrelevant characteristics such as race or gender. This review examines the evidence that healthcare professionals display implicit biases towards patients.

Bil J.S. *Stigma and the architecture of mental health facilities* *The British Journal of Psychiatry* 208(5):499-500 (2016) https://www.researchgate.net/publication/297451144_Stigma_and_architecture_of_mental_health_facilities

Stigma associated with mental illness is very common. Patients face prejudices, stereotypes, misunderstanding, discrimination and self-stigma. They are afraid of being labelled. Another fear is the fear of mental health services, which makes patients avoid taking up treatment. Apprehension of treatment increases when a patient has to be treated in a psychiatric hospital. Fear of stigma associated with a facility appears. For many patients, hospitals become their home for weeks or months. Despite all improvements introduced to mental health facilities, they are still labelled and stigmatised.

14. Pragmatics – Logistics of a Campaign



Evans-Lacko S. *Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English Population in 2003-13: an analysis of survey data* The Lancet- Psychiatry vol. 1(2):121-128 (2014) [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70243-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70243-3/fulltext)

The positive effects of *Time to Change* seem to be significant and moderate. Although attitudes are probably more at risk of deterioration during times of economic hardship, anti-stigma programs might still play an active part in long-term reduction of stigma and discrimination, especially in relation to prejudice and exclusion of people with mental health problems.

Keane L. *Five Mental Health Campaigns that Made a Difference* Global Web Index <https://blog.globalwebindex.com/marketing/mental-health/>

For the 2018 Mental Health Awareness Week, we look at how 5 of the most impactful mental health campaigns have drawn on powerful consumer insights to create messages that resonate.

Yeh M. A. & Jewell R. D. *The Myth/Fact Message Frame and Persuasion in Advertising: Enhancing Attitudes Toward the Mentally Ill* *Journal of Advertising* 44 (2):161–72 (2015) <https://www.tandfonline.com/doi/abs/10.1080/00913367.2015.1018466>

This article examines the information processing implications of the myth/fact message. Two studies that recipients of the MFMF tend to assess message content using peripheral processing, calling into question its persuasiveness in changing misconceptions about mental illness. More persuasive messaging can occur by removing the myth and presenting the message in a fact-only frame.

Yeh M. et al. *The Stigma of Mental Illness: Using Segmentation for Social Change* *Journal of Public Policy and Marketing*, April 2017 <https://journals.sagepub.com/doi/abs/10.1509/jppm.13.125?journalCode=ppoa>

The stigma that surrounds mental illness serves as a barrier to treatment and recovery, leading to serious negative consequences such as school failure, job loss and suicide. While many large-scale social marketing efforts have found some success in reducing stigma, the authors contend that the recommended approaches utilising the input of people with mental illness and those close to them are inadequate and that deeper understanding of those who stigmatise is needed. This research provides a comprehensive examination of the components comprising stigma and uses them to segment the general population.

Angermeyer M.C., Beck M. & Matschinger H. *“Determinants of the Public's Preference for Social Distance from People with Schizophrenia”* *Canadian Journal of Psychiatry* 48:663-68 2003 <https://www.ncbi.nlm.nih.gov/pubmed/14674048>

The objective of this research was to examine the extent to which the public's desire for social distance from people with schizophrenia is influenced by beliefs about the disorder and stereotypes about those suffering from it. As expected, respondents who identified the disorder depicted in the vignette as mental illness, those who blamed the individual for its development and those who anticipated a poor prognosis expressed a stronger desire for social distance. Endorsing biological factors as a cause was also associated with increased social distance.

Holland K. *The unintended consequences of campaigns designed to challenge stigmatising representations on mental illness in the media* *Journal of Social Semiotics* Vol. 22 2012 <https://www.tandfonline.com/doi/abs/10.1080/10350330.2011.648398?src=recsys&journalCode=csos20>

This paper analyses an Australian campaign. The author argues that this campaign invites people to see stigma in innocuous uses of ordinary language and imagery, effectively associating mental illness with that which it seeks to challenge. The grounds for criticism and praise of stories about mental illness are often tenuous and based on a limited approach to determining the impact of story content. The pitfalls of this type of campaign can be avoided by taking heed of the shifts in thinking advocated by post-psychiatry and the deconstructionist strategies employed by activists in the mental health field.

Angermeyer M.C., Holzinger A., Carta M.G. & Schomerus G. (2011) "Biogenetic Explanations and Public Acceptance of Mental Illness: Systematic Review of Population Studies" *British Journal of Psychiatry* 199 (Nov.):367–72 <https://www.ncbi.nlm.nih.gov/pubmed/22045945>

Biological or genetic models of mental illness are commonly expected to increase tolerance towards people with mental illness, by reducing notions of responsibility and blame.

The authors identified 33 studies relevant to this review. Generally, biogenetic causal attributions were not associated with more tolerant attitudes; they were related to stronger rejection in most studies examining schizophrenia. No published study reported on associations of biogenetic causal attributions and perceived responsibility.

Hewstone M. et al. *Fifty-odd years of inter-group contact: From hypothesis to integrated theory*

British Journal of Social Psychology (2011) 50:374–386 <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.717.5579&rep=rep1&type=pdf>

This is a theoretical piece looking at a theory which argues that when different groups have contact with each other prejudice will be reduced. The authors chart the progress that has been made in understanding two distinct forms of contact: direct and indirect. We highlight the progress made in understanding the effects of each type of contact, as well as both moderating and mediating factors and emphasize multiple impacts of direct contact.

Pinfold V. et al. *Challenging Stigma and Discrimination in Communities: A Focus Group Study Identifying UK Mental Health Service Users' Main Campaign Priorities* Pennsylvania State University Sept. 19th 2016 <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1012.3344&rep=rep1&type=pdf>

Stigma and discrimination experienced by people with mental health problems have been identified as major obstacles to treatment and recovery. Less is known about how to effectively tackle stigma-discrimination, although numerous international, national and local programmes attempt to improve public mental health literacy and anti-discrimination evidenced-based practice. For mental health service users stigma must be tackled on many different levels reflecting the varied and complex impact that negative social reactions have on an individual's life. When asked to prioritise one area, most service users in our sample highlighted reforms within the health service for tackling stigma and discrimination.

15. Disability and Prejudice

Nakkeeran N. & Nakkeeran B. *Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference* Health Research Policy and Systems 16 (Suppl. 1):97 (2018) <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0366-1>

Rashed M.A. *In Defence of Madness: The Problem of Disability* The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine Vol. 44(2):150-174 (2019) <https://academic.oup.com/jmp/article/44/2/150/5077410>

At a time when different groups in society are achieving notable gains in respect and rights, activists in mental health and proponents of mad positive approaches, such as Mad Pride, are coming up against considerable challenges. A particular issue is the commonly held view that madness is inherently disabling and cannot form the grounds for identity or culture. This paper responds to the challenge by developing two bulwarks against the tendency to assume too readily the view that madness is inherently disabling: the first arises from the normative nature of disability judgments and the second from the implications of political activism in terms of being a social subject. In the process of arguing for these two bulwarks, the paper explores the basic structure of the social model of disability in the context of debates on naturalism and normativism.

Mak W.W.S. & Cheung R.Y.M. *Affiliate Stigma Among Caregivers of people with Intellectual Disability or Mental Illness* Journal of Applied Research into Intellectual Disability Nov. 2008 Vol. 21(6):532-545 <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-3148.2008.00426.x>

Affiliate stigma refers to the extent of self-stigmatization among associates of the targeted minorities. Given previous studies on caregiver stigma were mostly qualitative in nature, a conceptually-based, unified, quantitative instrument to measure affiliate stigma is still lacking.

Gordon B.O. & Rosenblum K.W. *Bringing Disability into the Sociological Frame: A comparison of disability with race, sex, and sexual orientation statuses* Journal of Disability and Society vol. 16(1) (2001) <https://www.tandfonline.com/doi/abs/10.1080/713662032>

Applying a social constructionist perspective, this paper explores the shared characteristics of American constructions of race, sex, sexual orientation and disability. The discussion considers how each of these statuses is constructed through social processes in which categories of people are named, aggregated and disaggregated, dichotomized and stigmatised, and denied the attributes valued in the culture. The apparent utility of the social constructionist perspective - and its dominance in American sociology - is contrasted with its infrequent application to the study of disability.

Bogart K.R. et al. *Born that way or became that way: Stigma toward congenital versus acquired disability* Journal of Group Processes and Intergroup Relations April 12th 2018 <https://journals.sagepub.com/doi/abs/10.1177/1368430218757897>

Stigma may differ depending on the timing of group-membership entry, whether a person was “born that way” or “became that way.” Disability, a highly understudied minority group, varies on this domain. Three studies demonstrated that congenital disability is more stigmatised than acquired disability and essentialism and blame moderate and mediate this effect. When disability was congenital, essentialism did not affect stigma through blame. For stigmatised groups unlikely to be blamed for their group membership, reducing essentialism could ameliorate stigma, but for groups that might be blamed for their group membership, increasing essentialism may be a tool to reduce stigma by reducing blame.

Goering S. *Rethinking disability: the social model of disability and chronic disease* Current review of Musculoskeletal Medicine 8(2):134-138 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4596173/>

Disability is commonly viewed as a problem that exists in a person’s body and requires medical treatment. The social model of disability, by contrast, distinguishes between impairment and disability, identifying the latter as a disadvantage that stems from a lack of fit between a body and its social environment. This paper describes the social model of disability and then considers how it might deal with chronic disease or impairment and why medical professionals should learn about disability perspectives to improve their practice.

Humphrey J.C. *Researching Disability Politics or Some Problems with the Social Model in Practice* Disability & Society vol. 15 (1):63-86 <https://www.tandfonline.com/doi/abs/10.1080/09687590025775>

This article arises from a research project involving the disabled members' group in UNISON and problematises the social model which explicitly undergirds the discourses and practices of this group. In abstract terms, there are dangers that the social model can be interpreted in a way which privileges some impaired identities over others, sanctions a separatist ghetto which cannot reach out to other groups of disabled and disadvantaged people and weaves a tangled web around researchers who adhere to the emancipatory paradigm.

Rance J et al. *“Why Am I the Way I Am?” Narrative Work in the context of Stigmatized Identities* Qual. Health Res 27(14):2222-2232 (2017) <https://www.ncbi.nlm.nih.gov/pubmed/28901830>

There are particular complexities faced by people attempting to tell their stories in the context of social stigma, such as the hostility often surrounding injecting drug use. In this article, the authors identify some of the distinct advantages of taking a narrative approach to understand these complexities by exploring a single case study, across two life-history interviews, with “Jimmy,” a young man with a history of social disadvantage, incarceration, and heroin dependence. Drawing on Miranda Fricker’s notion of *“hermeneutical injustice,”* we consider the effects of stigmatization on the sociocultural practice of storytelling.

16. Trauma and Stigma

Kings College London; Institute of Psychiatry, Psychology and Neurosciences (IoPPN)
Childhood Trauma Gets under Your Skin 2/6/2015 <https://www.kcl.ac.uk/ioppn/news/records/2015/june/childhood-trauma-gets-under-the-skin>

Long-term changes in immune function caused by childhood trauma could explain increased vulnerability to a range of health problems in later life, according to new research by IoPPN and the NIHR Maudsley BRC. The study, published today in *Molecular Psychiatry*, found heightened inflammation across three blood biomarkers in adults who had been victims of childhood trauma. High levels of inflammation can lead to serious and potentially life-threatening conditions such as type-2 diabetes, cardiovascular disease as well as the onset of psychiatric disorders.

Taylor T.F. *The influence of shame on post-trauma disorders: have we failed to see the obvious?* *European Journal of Psychotraumatology* vol. 6(1) 2015 <https://www.tandfonline.com/doi/abs/10.3402/ejpt.v6.28847>

While fear is known to be the dominant affect associated with posttraumatic stress disorder (PTSD), the presence and possible influence of other emotions is less well explored. Recent changes to diagnostic criteria have added anger, guilt and shame alongside fear as significant emotional states associated with the disorder. This article suggests that shame is a frequent, often poorly recognised sequel to trauma, occurring as a result of the meaning the individual places on the traumatic experience and on subsequent interpersonal and environmental events.

Mittal D. et al. *Stigma associated with PTSD: perceptions of treatment seeking combat veterans* *Psychiatric Rehabilitation Journal* 36(2):86-92 (2013) <https://www.ncbi.nlm.nih.gov/pubmed/23750758>

Common perceived stereotypes of treatment-seeking veterans with PTSD included labels such as "dangerous/violent" or "crazy" and a belief that combat veterans are responsible for having PTSD. Most participants reported avoiding treatment early on to circumvent a label of mental illness.

Saraiya T. & Lopez-Gastro T. *Ashamed and Afraid: A Scoping Review of the Role of Shame in Post-Traumatic Stress Disorder (PTSD)* *Journal of Clinical Medicine* 5(11):94 (2016) <https://www.mdpi.com/2077-0383/5/11/94>

This review provides a crucial synthesis of research to date, highlighting the prominence of shame in PTSD and its likely relevance in successful treatment outcomes. The present review serves as a guide to future work into this critical area of study.

17. Families and Prejudice

Corrigan P. & Miller F.E. *Shame, blame, and contamination: A review of the impact of mental illness stigma on family members* Journal of Mental Health Vol 13 (6) 2004 <https://www.tandfonline.com/doi/abs/10.1080/09638230400017004?src=recsys>

In his classic text, Goffman defined courtesy stigma as the negative impact resulting from association with a person who is marked by a stigma. Family members of persons with mental illness are frequently harmed by this kind of stigma. Using a social cognitive model of mental illness stigma, the authors review ways in which various family roles (e.g. parents, siblings and spouses) are impacted by family stigma. We distinguish between public stigma (the impact wrought by subsets of the general population that prejudge and discriminate against family members) and vicarious stigma (suffering the stigma experienced by relatives with mental illness).

Larson J.E. & Corrigan P. *The Stigma of Families with Mental Illness* Academic Psychiatry 32(2):87-91 (2015) <https://www.ncbi.nlm.nih.gov/pubmed/18349326>

This article describes family stigma, which is defined as the prejudice and discrimination experienced by individuals through association with their relatives. The authors describe family stigma and present current research related to mental illness stigma experienced by family members. They also present strategies to eliminate stigma and discuss implications for the training goals of psychiatrists throughout the text.

Birnbaum A. *Courtesy Stigma revisited* Mental Retardation 1992 Oct 30(5):265-8 <https://www.ncbi.nlm.nih.gov/pubmed/1435279>

Building upon Goffman's idea of a courtesy stigma (a stigma acquired as a result of being related to a person with a stigma), the author examines how family members maintain community ties while coping with a child who clearly devalues them. In the early-1970s, studies showed that parents develop strategies to make an unmanageable problem manageable. This paper examines the various responses to the courtesy stigma concept with regard to the field of mental retardation in particular and disability in general. Also examined was how the social attribution of stigma serves to create distinctions, moral and otherwise, in our society.

Williams Y. *Courtesy Stigma: Definitions & Examples* Topics in Sociology Chapter 4(16) <https://study.com/academy/lesson/courtesy-stigma-definition-examples.html>

Schuv K. et al. *Stigma and its impact on the families of former soldiers of the German Armed Forces: an exploratory study* Mil Med Res 29(5):48 <https://www.ncbi.nlm.nih.gov/pubmed/30486881>

Did you know that having a stigmatised condition can negatively impact not only on the person suffering from it, but also their family and friends? In this lesson we will discuss courtesy stigma by looking at two examples.

Garcia E.F.Y. et al. *Feeling labelled, judged, lectured and rejected by family and friends over depression: Cautionary results for primary care clinicians from a multi-centered qualitative study* BMC Family Practice 13(1):64 (2012) https://www.researchgate.net/publication/228099700_Feeling_labeled_judged_lectured_and_rejected_by_family_and_friends_over_depression_Cautionary_results_for_primary_care_clinicians_from_a_multi-centered_qualitative_study

Background family and friends may help patients seek out and engage in depression care; however, patients' social networks can also undermine depression treatment and recovery. In an effort to improve depression care in primary care settings, we sought to identify, categorize and alert primary care clinicians to depression-related messages that patients hear from friends and family that they perceive as unhelpful or detrimental

Chess S. *The "Blame the Mother" Ideology* International Journal of Mental Health 11:1-2, 95-107 (1982 republished on-line 2015) <https://www.tandfonline.com/doi/abs/10.1080/00207411.1982.11448908?journalCode=mimh20>

I was impressed at the time with the length of the list of pejorative terms commonly applied to maternal attitudes and the shortness of the list of positive maternal qualities acknowledged to exist. A mother, I was often informed, was rejecting, punitive, pressuring, immature, overprotective, seductive, neglectful, over-identified, and/or infantilising and prone to compare a particular child with sibs or to identify the youngster with his hated father ... Regardless of social class... All the prevailing psychodynamic theories added up to maternal culpability in the causation of child behaviour problems.

Sommerfield D.P. *The origins of mother blaming: Historical perspectives on childhood and motherhood* Infant Mental Health Journal vol. 10(1):14-24 1989 <https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-0355%28198921%2910%3A1%3C14%3A%3AAID-IMHJ2280100103%3E3.0.CO%3B2-Y>

This article presents a historical review of society's changed perceptions of the values of childhood from the 1st century AD to the present. Factors that have influenced the responsibilities subsequently placed on the mother because of her "natural and instinctual" abilities are discussed. Until the 20th century, children received little attention from the scientific community. Assumptions are made by clinicians that the primary, if not critical, responsibility for the child's growth, development and behaviour should be placed on the mother. This can result in mothers being blamed for the behavioural errors and problems of their children.

Harrington A. *Mother Love and Mental Illness* OSIRIS 31(1) 2016 <https://www.journals.uchicago.edu/doi/full/10.1086/687559>

The story of mother love and mental illness is a medicalisation story that frames the problem of pathological emotions as a relational issue. Bad motherlove was seen as both pathology (of the mother) and a pathogen (for her vulnerable child). Different forms of mother love – smothering love, ambivalent love, love that masked an actual desire to dominate and control – were supposed to have different effects on children, ranging from a lack of fitness for military service to homosexuality to juvenile delinquency to schizophrenia. This paper looks at the rise and fall of mother-blaming in explanations of mental illness.

Vitelli R. *When the Trauma Doesn't End: How can people learn to live with chronic traumatic stress?* Psychology Today May 29th 2013 <https://www.psychologytoday.com/us/blog/media-spotlight/201305/when-the-trauma-doesnt-end>

Complex Post Traumatic Stress was first proposed by Judith Herman in her 1992 book, *Trauma and Recovery*; she suggested people dealing with child physical abuse, intimate partner violence, women trapped in sexual slavery and other people experiencing long-term stress often showed symptoms very different from people experiencing single-event traumas.

Whiteford L.M. & Gonzalez L. *Stigma: the hidden burden of infertility* Social Science in Medicine 1995 40(1):27-36 <https://www.ncbi.nlm.nih.gov/pubmed/7899919>

Infertility is experienced by 5 million U.S. couples, some of whom perceive it a stigmatising condition. Recent technological innovations have created a multitude of medical interventions for those infertile individuals who can financially afford them. For some infertile women those interventions also transform infertility from a private pain to a public, prolonged crisis. Our research focuses on 25 U.S. women who sought medical treatment for infertility and describes their perception of the stigma associated with infertility. We apply a critical, feminist perspective to our analysis of the women's lived experiences within the social and medical contexts in which they occur.

18. Medicine and Stigma Campaigns

Pilgrim D. & Rogers A. *Psychiatrists as social engineers: A study of an anti-stigma campaign* Social Science & Medicine 61 (2005):2546–2556 <http://europepmc.org/abstract/med/15953670>

Anti-stigma campaigns in the field of mental health appeared in a variety of countries and organisations during the 1990s. This paper examines one of these--the 'Changing Minds' Campaign of the Royal College of Psychiatrists in Britain. The paper aims to elucidate the role the campaign played in the professional project of psychiatry and situate it in a wider context of sociology and changes in mental health policy. This work evolved from long-standing controversies surrounding psychiatric theory and practice and the network of other agencies and actors seeking improvements in citizenship for people post-institutionalisation.

Andersson M.A. & Harkness S.K. *When Do Biological Attributions of Mental Illness Reduce Stigma? Using Qualitative Comparative Analysis to Contextualize Attributions* Society and Mental Health vol. 8 (3):175-194 (2017). <https://journals.sagepub.com/doi/abs/10.1177/2156869317733514>

People increasingly have encountered messages that mental illness is explained by biological factors such as chemical imbalance or genetic abnormality. Many assumed this "*biological turn*" would lessen stigma toward mental illness, but stigma generally has remained stable or even increased. Not blaming an individual's character is essential to lowering depression stigma whenever biological explanations also are endorsed and that blaming character unconditionally contributes to stigmatising alcoholism. For schizophrenia and alcoholism, biological explanations may lower stigma contingent on several other beliefs.

Schulze B. *Stigma and mental health professionals: A review of the evidence on an intricate relationship* International Review of Psychiatry vol. 19(2) 2009 <https://www.tandfonline.com/doi/abs/10.1080/09540260701278929>

While largely successful in beating stigma and discrimination, medical industry national programs have, in part, been criticized to be largely uninformed by the lived realities of people with mental illness and their families. Some critics claim that anti-stigma efforts led by mental health professionals were, in fact, a concealed attempt at de-stigmatising psychiatry itself as a profession. This paper throws light on the various ways in which mental health professionals are 'entangled' in anti-stigma activities.

Ontario Human Rights Commission, *Policy on preventing discrimination based on mental health disabilities and addictions. Section Five: Ableism, negative attitudes, stereotypes and stigma* June 2014 <http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions>

This is an informative and easy to read report from a Canadian Inquiry. It is interesting although its conclusions are somewhat predictable. From the Executive Summary: *People with mental health disabilities or addictions have faced considerable and longstanding discrimination, stigmatization and social exclusion in Canada and across the world. In recognition of this, the Supreme Court of Canada has said: There is no question but that the mentally ill in our society have suffered from historical disadvantage, have been negatively stereotyped and are generally subject to social prejudice.*

Sukhera J. *Let's stop blaming ourselves for stigmatising mental health* The Conversation Jan. 28th 2019 <https://theconversation.com/lets-stop-blaming-ourselves-for-stigmatizing-mental-health-109700>

A psychiatrist argues that too much criticism of psychiatrists will only result in defensiveness and more stigma.

Malla A. et al. *"Mental illness is like any other medical illness": a critical examination of the statement and its impact on patient care and society* Journal of Psychiatry Neuroscience Vol. 40(3):147-150 2015 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409431/>

Mental illness is just like any other illness. What does this statement actually mean? It implies that mental illness has a biological basis just like other medical illnesses and should be treated in the public's eye in a similar manner. The purpose of this article is not to present a philosophical or ideological argument in favour of or against a biological basis explaining mental illness, but rather to examine the clinical and public utility of presenting a neurobiological model of mental illness to patients, their families and the public at large.

Conrad P. *Mental Illness as a Form of Deviance* & Schneider J. *The Medicalisation of Deviance: From Badness to Sickness* in Bandini J (ed.) *The Handbook of Deviance* July 2015:137-153

[https://books.google.com.au/books?hl=en&lr=&id=B-udCgAAQBAJ&oi=fnd&pg=PA137&dq=Schneider+J.+The+Medicalisation+of+Deviance.+The+Handbook+of+Deviance.+Bandini+J+\(ed\)+July+2015:&ots=HUm3vVTFXr&sig=3kGwZH3ePMIb5BBWqHh7SrV7cf8#v=onepage&q=Schneider%20J.%20The%20Medicalisation%20of%20Deviance.%20The%20Handbook%20of%20Deviance.%20Bandini%20J%20\(ed\)%20July%202015%3A&f=false](https://books.google.com.au/books?hl=en&lr=&id=B-udCgAAQBAJ&oi=fnd&pg=PA137&dq=Schneider+J.+The+Medicalisation+of+Deviance.+The+Handbook+of+Deviance.+Bandini+J+(ed)+July+2015:&ots=HUm3vVTFXr&sig=3kGwZH3ePMIb5BBWqHh7SrV7cf8#v=onepage&q=Schneider%20J.%20The%20Medicalisation%20of%20Deviance.%20The%20Handbook%20of%20Deviance.%20Bandini%20J%20(ed)%20July%202015%3A&f=false)

This book concentrates on social theory around deviance and how it impacts on the way we view and act with people with mental illness and how this has changed historically.

Moncrieff J. *Psychiatric diagnosis as a political device* Social Theory & Health vol. 8(4):370-382 <https://link.springer.com/article/10.1057/sth.2009.11>

Diagnosis in psychiatry is portrayed as the same type of activity as diagnosis in other areas of medicine. However, the notion that psychiatric conditions are equivalent to physical diseases has been contested for several decades. The stories of two patients demonstrate that, in contrast to the idea that diagnosis should determine treatment, diagnoses in psychiatry are applied to justify predetermined social responses, designed to control and contain disturbed behaviour and provide care for dependents. Hence psychiatric diagnosis functions as a political device employed to legitimate activities that might otherwise be contested.

19. Legal places and practices

Epstein M. *Road-testing Psychiatric Impairment Guides*. 2004 <http://classic.austlii.edu.au/au/journals/PlaintiffJIAUPLA/2004/22.pdf>

Improved access to payments through accident, crime and the common law has led to a backlash from governments, concerned that claims are getting out of control. Part of this backlash reflects a prejudice about the validity of 'stress claims' and the potential for fraud and the merits of rewarding 'moral weakness' of someone who 'gets stressed'.

Butler E. & Jacquin K. *Effect of Criminal Defendant's History of Childhood Abuse and Diagnosis of Personality Disorder on Juror Decision making* Personality and Mental Health 8 (3):188-198 (2014) <https://www.ncbi.nlm.nih.gov/m/pubmed/24753498/>

This study investigated whether a defendant's history of childhood sexual abuse (CSA) and/or personality disorder (PD) diagnosis affected juror decision making in a child sexual abuse trial. The research utilised written vignettes. Results supported the hypotheses. When the defendant's CSA or personality disorder history was presented, jurors were more likely to suspect guilt. CSA history and PD diagnosis were significant predictors of guilt ratings, suggesting that jurors perceive defendants more negatively if they have either been sexually abused as a child or have borderline or antisocial PD.

Ryan J. *Mental Health and Family Law – A Question of Degree* Federal Judicial Scholarship 2006 (2) <http://www.austlii.edu.au/au/journals/FedJSchol/2006/2.html>

When it is raised, mental illness is often a pivotal issue in the determination of parenting cases, or the case is prepared as though it is. In property proceedings, the issue usually

centres on matters of capacity and future needs. This paper discusses the applicable law for determination of cases involving mental illness including practice and procedure.

20. Media/popular culture

Harper S. *Media, Madness and Misrepresentation Critical Reflections on Anti-Stigma Discourse* European Journal of Communication 2005 <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1008.9703&rep=rep1&type=pdf>

In the last 10 years, media studies have started to address the problem of the stigmatisation of mental illness in the media. While much of this work has been invaluable in identifying unsatisfactory media representations of madness, it also contains weaknesses. The article recommends that critics pay more attention to the exigencies of particular media forms and to the social and political functions, as well as the 'accuracy' of media images of madness.

Granello D.H. *Labelling people as 'The mentally ill' increases stigma.* The Conversation Feb. 5th 2016 <http://theconversation.com/labeling-people-as-the-mentally-ill-increases-stigma-53794>

Consider this collection of headlines from national media outlets over the past few weeks: "[Allowing the mentally ill guns is insane](#)" or "[Ranks of ISIS include mentally ill](#)" or "[Jail last refuge for mentally ill](#)" or "[Lawyer says driver in crash was mentally ill.](#)" It seems the term "*the mentally ill*" is everywhere and it is used interchangeably with "*people with mental illness*" in nearly every venue. Even within the helping professions, the term is commonplace and considered acceptable to publishers, educators and mental health clinicians. But do they really mean the same thing?

Watts J. *Mental Health Labels can save lives but they can also destroy them* The Guardian 24th April 2014 <https://www.theguardian.com/commentisfree/2018/apr/24/mental-health-labels-diagnosis-study-psychiatrists>

It is important to refute the idea that psychiatric diagnosis is a single thing. Some diagnoses are more useful than others. Diagnoses such as obsessive-compulsive disorder and depression, for example, are more likely to be experienced positively, validating suffering and giving people a platform from which to speak about distress and access help. Yes, there is stigma, but not the rampant sticky, staining discrimination one gets with diagnoses associated with serious mental illness. With the latter, diagnosis can produce what the philosopher Miranda Fricker has called "*testimonial injustice*" – an inbuilt prejudice that gives less credibility to the diagnosis.

Stuart H. *Media Portrayal of Mental Illness and Its Treatments: What Effect Does It Have on People with Mental Illness?* CNX Drugs 2006 vol. 20 (2):99-106 <file:///C:/Users/Merindz/Documents/Downloads/MediaPortrayalsofMentalIllness-Final.pdf>

Studies consistently show that both entertainment and news media provide overwhelmingly dramatic and distorted images of mental illness emphasising dangerousness, criminality and unpredictability. They also model negative reactions to the mentally ill, including fear, rejection, derision and ridicule. The consequences of negative media images for people who have a mental illness are profound. However,

the media may also be an important ally in challenging public prejudices, initiating public debate and projecting positive, human interest stories about people who live with mental illness.

Cooke A.C. *Moral Panics, Mental Illness Stigma, and the Deinstitutionalisation Movement in American Popular Culture* Palgrave Macmillan 2017 <https://www.palgrave.com/la/book/9783319479781>

This book argues that cultural fascination with the “mad person” stems from the contemporaneous increase of chronically mentally ill persons in public life due to deinstitutionalisation—the mental health reform movement leading to the closure of many asylums. Cooke explores the reciprocal spheres of influence between deinstitutionalisation, representations of the “*murderous, mentally ill individual*” in the horror, crime and thriller genres and the growth of public associations of violent crime with mental illness.

Richmond K.J. *Using Literature to Confront the Stigma of Mental Illness, Teach Empathy and Break Stereotypes* Language Arts Journal Michigan 30(1) 2014:18-25 <https://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=2038&context=lajm>

This paper uses the work of consumer/survivor authors who nominate more than 200 rotten labels used against young people with mental illness (Rose, Thornicraft, Pinfold & Kassam, 2007). A lack of understanding of depression, anxiety, schizophrenia, bipolar disorder and obsessive-compulsive disorder (OCD)—as well as frequent disparaging references to mentally ill individuals in film, television and newspapers—encourage young adults to “other” those with psychological difficulties. One of the main risk factors of being a victim of a bully is being identified as having depression, anxiety or low self-esteem (“Stop Bullying”).

Eisenhauer J. *Examining Representations of Mental Illness* Journal of Art Education vol. 61(5):13–18 (2015) <https://www.tandfonline.com/doi/abs/10.1080/00043125.2008.11518991?journalCode=uar>

On Valentine’s Day a chocolate company made a bear wearing a straightjacket with a heart and the tag ‘*Crazy for you*’. Mental health advocates criticised this depiction of mental illness. The author argues that the debate that happened was over-simplistic and that it is too easy to either claim the chocolate company used bad judgement or the stigma lobby was over-sensitive. The situation must be understood in the context of the overwhelming number of other depictions, both historical and conceptual, collectively creating a visual culture of stigma in which this bear is imbedded.

Wahl O. *Depictions of mental illnesses in children's media* Journal of Mental Health vol. 12(3): 249-258 2009 <https://www.tandfonline.com/doi/abs/10.1080/0963823031000118230>

Children are significant consumers of mass media and they may be learning about mental illnesses from their exposure to media depictions of those illnesses. The image of persons with psychiatric disorders as unattractive, violent and criminal, for example, seem common in children's media and references to mental illnesses are typically used to disparage and ridicule. Children are learning to respond to people with mental illnesses in avoidant and disparaging ways. Anti-stigma must address this.

Klin A. & Lemish D. *Mental Disorders Stigma in the Media: review of Studies on Production, Content and Influences* Journal of Health Communication: International Perspectives vol. 13(5)2008 <https://www.ncbi.nlm.nih.gov/pubmed/18661386>

This article analyses two decades of research regarding the mass media role in shaping, perpetuating and reducing the stigma of mental illness. It concentrates on three broad areas common in media inquiry: production, representation and audiences. The analysis reveals that descriptions of mental illness and the mentally ill are distorted due to inaccuracies, exaggerations or misinformation. The ill are presented not only as peculiar and different, but also as dangerous. Thus, the media perpetuate misconceptions and stigma.

Henderson L. *Popular television and public mental health: creating media entertainment from mental distress* *Critical Public Health* vol. 28(1):106-117(2018) <https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1309007>

This paper explores how tensions and power differentials within public mental health interact with the practices of media production in entertainment television. The 'medical model' is prioritised in mainstream television drama and the causes of mental distress framed in biomedical terms. Storylines emphasise the certain benefits of medication and marginalise self-management of conditions. Television industry professionals recognise their anti-stigma public service role and are receptive to working with program consultants to help create authentic characters. Medication provides a relatively simple on-screen solution to resolve complex stories.

Pirkis J. et al. *On-Screen Portrayals of mental Illness: Extent, Nature, Impacts* *Journal of Health Communication - International Perspectives* vol. 11(5):523-541 (2006) <https://www.ncbi.nlm.nih.gov/pubmed/16846952>

This article reviews the published literature on the extent, nature and impacts of portrayal of mental illness in fictional films and television programs. The literature suggests that on-screen portrayals are frequent and generally negative and have a cumulative effect on the public's perception of people with mental illness and on the likelihood of people with mental illness seeking appropriate help

Livingston K. *Viewing Popular Films about Mental Illness through a Sociological Lens* *Teaching Sociology* vol.32 (1):119-128 (2004) https://www.jstor.org/stable/3211352?seq=1#page_scan_tab_contents

This is a sociological approach to understanding stigma. The authors are interested in medical sociology and the theories that have arisen around the idea of stigma in relation to mental illness. Of interest are the ideas of stereotyping and diagnosing.

Cooke A.C. *Moral Panics, Mental Illness Stigma, and the Deinstitutionalisation Movement in American Popular Culture* Palgrave Macmillan 2017 <https://www.palgrave.com/la/book/9783319479781>

This book argues that cultural fascination with the "mad person" stems from the contemporaneous increase of chronically mentally ill persons in public life due to deinstitutionalisation. The author explores the reciprocal spheres of influence between deinstitutionalisation, representations of the "murderous, mentally ill individual" in the horror, crime and thriller genres and the growth of public associations of violent crime with mental illness.

21. Pill Shaming and Stigma Against those who Seek Services

Collins L. *'Pill Shaming' and stigma causes regional Australians to battle mental illness for longer* ABC Riverlands <https://www.abc.net.au/news/2019-02-03/pill-shame-causing-longer-battles-with-mental-illness/10722406>

Pill shaming means the social judgement of those who take medications for conditions and in circumstances lay judgement may think is unnecessary. This article describes the amplification of this in country towns. Dr Kym Jenkins, a GP, said anecdotal evidence suggested that this issue was not limited to just regional SA and was an experience noted in many other regional areas nationwide, taking medication 'somehow' viewed as weakness.

Hennig S. *Medication Shaming is everywhere and it has to stop* Mental Health Research Cooperative Dec. 14th 2018 <https://research4moms.com/2018/12/14/medication-shaming-is-everywhere/>

Medication shaming and mental health stigma seem to go hand in hand. To me, it always seemed that mental illness is *slightly* more socially acceptable if you're able to manage it without meds. Those that do end up taking medication are left to tip-toe around awkward conversations with co-workers and feel the scorn of family members. We admit to our need for medication in hushed tones. Some of us remove ourselves entirely from situations where we might have to confess that Prozac and Xanax are what holds us together.

BLURT: *Increasing Awareness and Understanding of Depression Let's Talk About Medication Stigma* June 7th 2018 <https://www.blurtitout.org/2018/06/07/lets-talk-medication-stigma/>

When people advise us to do more exercise or eat more leafy greens or try yoga instead of taking mental health medication, they seem to be saying that we're not trying hard enough. That we would be fine if we just pulled ourselves together and helped ourselves. Faced with this attitude, taking mental health medication feels like admitting defeat; since we should, seemingly, be able to manage it ourselves, we must have failed if we take medication.

Byrne *Medication for mental health: Call to 'end pill-shaming'* BBC Video <https://www.bbc.com/news/av/39383028/world-mental-health-day-what-is-a-mental-health-problem>

Useful short video on how shaming people for taking medication is a form of discrimination.

Davies J. *Let's Be Clear About Pill Shaming* Council for Evidence-Based Psychiatry' 20th Nov. 2018 <http://cepuuk.org/2018/11/20/dr-james-davies-lets-clear-pill-shaming/>

This article is written by a psychiatrist and reflects the idea that psychiatric knowledge and reasoning trumps all else. Davies argues that the public not only indulges in 'pill shaming' but also 'mindfulness shaming', 'counselling shaming'. Many consumers would call this stigma. The author claims we should call this out but it is unclear who this 'we' is. Alternatively, it is argued that pill shaming is good (has a useful medical purpose) when it is shaming those people who ask doctors for and take too many medications. Many of us would call this shaming stigma too.

BBC Documentary about pill shaming <https://www.bbc.com/news/av/health-46212595/medication-for-mental-health-call-to-end-pill-shaming>

"You're weak for taking them." "Why do you need that?" "I wouldn't date someone taking medication." These are all examples of pill-shaming - where people criticise others and make them feel guilty for taking medication for their mental health.

Hong P. Y. et al. *How will I Judge You for Spending Money on Treatment? The Effects of Perceived Treatment Seeking Behaviour on Negative Evaluation of those with Depression* Journal of Social and Clinical Psychology 31(8):878–901 <https://psycnet.apa.org/record/2012-27127-005>

A covert perceptions task was used to assess negative evaluation of an individual seeking depression treatment. Participants were (randomly) assigned description of depressed students with different scenarios. One scenario she saved up to purchase therapy; one scenario she received therapy free and in one scenario she didn't want treatment. The experiment found the case scenario where the student saved to purchase treatment/ therapy was most severely judged.

22. Suicide

Cvinar J.G. *Do Suicide Survivors Suffer Social Stigma: A Review of the Literature* Perspectives in Psychiatric Care Vol. 41:14-21 <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.0031-5990.2005.00004.x>

One of the delineating elements found in suicide bereavement versus normal bereavement is the stigma experienced by survivors. This review of the literature will provide insight into stigma as an underlying element in suicide bereavement and points to the role of health professionals in dealing with this complex issue. Bereavement is complicated by the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue and ultimately society affixes blame for the loss on the survivors.

Carpiniello B. & Pinna F. *The Reciprocal Relationship between Suicidality and Stigma* Frontiers in Psychiatry 8 March 2017 <https://www.frontiersin.org/articles/10.3389/fpsyt.2017.00035/full>

This article takes a narrative approach. Although suicidality is frequently the cause of

stigma, it is conversely true that stigma may be the cause of suicidality. The present paper focuses on the complex relationships that exist between suicidal behaviour and stigmatising attitudes. A negative perception is frequently held of suicidal people, labelling them as weak and unable to cope with their problems or selfish. Individuals who have attempted suicide are subject to similar processes of stigmatisation and “social distancing”.

Binnix T. et al. *The Dialectics of Stigma, Silence and Misunderstanding in Suicidality Survival Narratives* Journal of Deviant Behaviour vol. 39(8):1095-1106 (2018) <https://www.tandfonline.com/eprint/u5kdyrGH27rq6kEPVZp3/full>

Modern suicidologists have noted a dearth of qualitative research on suicide; 20 in-depth interviews were conducted with formerly suicidal adults to understand how they accounted for their experiences contemplating or attempting suicide. According to participants, stigma necessitated impression management, which contributed to the production of silence and misunderstanding. Silence and misunderstanding reinforced stigma. This complex dialectical belief system about stigma yields insight into the interpretive culture of surviving suicidal ideation or a suicide attempt. The beliefs about suicide may serve as a barrier to individuals seeking help, recovering from suicidality and social change about attitudes toward suicide.

Kučukalić S. & Kučukalić A. *Stigma and Suicide* Psychiatria Danubina 2017 Vol. 29 (Suppl. 5):895-899 http://www.psychiatriadanubina.com/UserDocsImages/pdf/dnb_vol29_sup5/dnb_vol29_sup5_895.pdf

They reckon that after every suicide, 6 surrounding people suffer or develop major life changes. After suicide, survivors are also at higher risk of developing major psychological changes and suicidal ideations. They go through the complicated process of grief specifically characterised by the exploring of guilt, shame, denial and anger. Grief may lead to death.

Sheehan L. et al. *Benefits and risks of suicide disclosure* Soc. Sci. Med 223:16-23 (2019) <https://www.ncbi.nlm.nih.gov/pubmed/30690334/#fft>

Individuals who attempt suicide are often subject to stigma and may feel ashamed to talk openly about their experiences with suicide. However, failure to disclose could interfere with care-seeking, increase distress and limit social support. While research on other concealable stigmatised conditions (e.g. mental illness and HIV) has identified the complexities of disclosure decisions, little is known about disclosure for suicide attempt survivors.

Sheehan, L. L. et al. & Stigma of Suicide Research Team *Stakeholder perspectives on the stigma of suicide attempt survivors* Crisis: The Journal of Crisis Intervention and Suicide Prevention 38(2):73-81 2017 <https://psycnet.apa.org/doiLanding?doi=10.1027%2F0227-5910%2Fa000413>

This Participatory Action Research study brought together a diverse stakeholder team to qualitatively investigate the suicide stigma as experienced by those most intimately affected by suicide. People who attempted suicide were seen as attention-seeking, selfish, incompetent, emotionally weak and immoral. Participants described personal experiences of prejudice and discrimination, including with health professionals. Participants experienced public stigma, self-stigma and label avoidance. Analyses reveal that the stigma of suicide shares similarities with stereotypes of mental illness, but also includes some important differences. Attempt survivors may be subject to double stigma.

Oexl N. et al. *Stigma and suicidality among suicide attempt survivors: A qualitative study* Death Studies 2018 Sept. 20:1-8. <https://www.ncbi.nlm.nih.gov/pubmed/29757097>

Among people with mental illness, stigma experiences can increase suicidality and suicidality itself is associated with negative stereotypes. Suicide attempt survivors experience both mental illness stigma and suicide stigma, which could contribute to their increased risk for completed suicide; 13 suicide attempt survivors were interviewed regarding experiences and consequences of stigma and identified 5 stigma-related themes. Stigma led to substantial emotional strain, including loneliness and hopelessness, important precursors of suicidality.

Dinos S. et al. *Stigma: The feelings and experiences of 46 people with mental illness* Qualitative study British Journal of Psychiatry 184:176-181 <https://www.ncbi.nlm.nih.gov/pubmed/14754832>

Stigma defines people in terms of some distinguishing characteristic and devalues them as a consequence. Stigma was a pervasive concern to almost all study participants. People with psychosis or drug dependence were most likely to report feelings and experiences of stigma and were most affected by them. Those with depression, anxiety and personality disorders were more affected by patronising attitudes and feelings of stigma even if they had not experienced any overt discrimination. However, perceptions of mental illness and diagnoses can be helpful and non-stigmatising for some patients.

23. Meritocracy

Todd A. et al. *Do people with mental illness deserve what they get? Links between meritocratic worldviews and implicit versus explicit stigma* European Archives Psychiatry Clinical Neuroscience March 2010 https://psychology.uiowa.edu/sites/psychology.uiowa.edu/files/groups/todd/files/RTBC_2010_EAPCN.pdf

Meritocratic worldviews that stress personal responsibility, such as the Protestant work ethic or general beliefs in a just world, are typically associated with stigmatising attitudes and could explain the persistence of mental illness stigma. Beliefs in a just world for oneself ("I get what I deserve"), however, are often related to personal well-being and can be a coping resource for stigmatised individuals. Implicit guilt-related stereotypes were positively associated with the Protestant work ethic only among members of the public. Among people with mental illness, stronger just world beliefs for self were related to reduced self-stigma, but also to more implicit blame of persons with mental illness. The Protestant ethic may increase (self-)stigmatising attitudes; just world beliefs for oneself, on the other hand, may lead to unexpected implicit self-blame in stigmatised individuals. Public anti-stigma campaigns and initiatives to reduce self-stigma among people with mental illness should take worldviews into account.

Drissen Y. *Competitive Society and Mental Disorders* Department of Philosophy Tilburg University Jan. 2017 <http://arno.uvt.nl/show.cgi?fid=143141>

Mental disorders reveal the deficits of our competitive society. In order to know who is better than another implies comparison. In a competitive society, we have the

idea that everyone can achieve success, as long as one puts in effort and uses one's abilities. Yet, in practise, this is not possible. Since success is something relative, we cannot all be successful. Successful people must have deserved it. Meritocracy says so. The reverse applies. Mental disorders might be seen as personal deficiency and may influence loss of status in a status society but also high standards of competition for status and even doing so 'successfully' may (partly) cause people to become mentally disordered.

Cant S. *Hysteresis, social congestion and debt: towards a sociology of mental health disorders in undergraduates* *Social Theory & Health* vol. 16(4):311-325 Nov. 2018 <https://link.springer.com/article/10.1057/s41285-017-0057-y>

Sociologists have done much to show that the education system, whatever its meritocratic rationale, is associated with the generation and reproduction of fundamental inequalities. This paper explores how the recent epidemic of mental illness amongst undergraduate students can be seen as part of this dynamic. Reflecting on the dearth of sociological work in this area, the paper draws together the sociologies of inequality, education and health and illness and explores the value of Bourdieusian framework for understanding the rise of mental health disorders in the undergraduate population.

Lucas J.W. & Phelan J.C. *Stigma and Status: The Interrelation of Two Theoretical Perspectives*

Soc. Psych. Q. 2012 Dec. 75(4):310–333. <https://www.ncbi.nlm.nih.gov/pubmed/25473142>

This article explicates and distinguishes the processes that produce status orders and those that produce stigmatisation. Social distance effects are present for mental illness and physical disability but not for educational attainment. Results additionally show that stigmatising attributes combine with task ability in affecting influence and also suggest that task ability may reduce social rejection. These results indicate that stigmatising attributes combine with status markers in a way similar to previously studied status attributes. The findings extend traditions of research on status and stigma while also having potentially important implications for strategies to reduce inequalities based on mental illness.

Rüsch N. et al. *A Widespread Stigma: Why are people with mental illness judged unfairly?* Kellogg School of Management https://insight.kellogg.northwestern.edu/article/a_widespread_stigma

Using questionnaires and tests that measure automatic reactions, Bodenhausen found that people with meritocratic worldviews—beliefs that self-reliance and hard work are the keys to success—showed a greater tendency to blame people with mental illness for their disease. These stigmatising attitudes “represent a barrier to treatment-seeking,” Bodenhausen says. “Understanding how to remove this barrier may help people with mental illness get effective treatment.”

Dulaney M. *Mental Illness and poverty: how class gets 'under our skin and into our brain'* ABC April 2018 <https://www.abc.net.au/news/2018-04-13/is-your-class-status-making-you-depressed-mental-health/9598170>

Although mental health is complex and layered, researchers have found many common mental health disorders, just like other aspects of wellbeing, are shaped to a large extent by social, economic and political forces. And class gets "under our skin and into our brain" in ways that go beyond material wealth and resources, according to ANU Professor of Health Equity Sharon Friel.

24. Self-harm

Hasking P. & Boyes M. *Cutting Words: A Commentary on Language and Stigma in the Context of Non-suicidal Self-Injury* The Journal of Nervous and Mental Disease 206(1):829-833 Nov. 2018 <https://www.ncbi.nlm.nih.gov/pubmed/30371637>

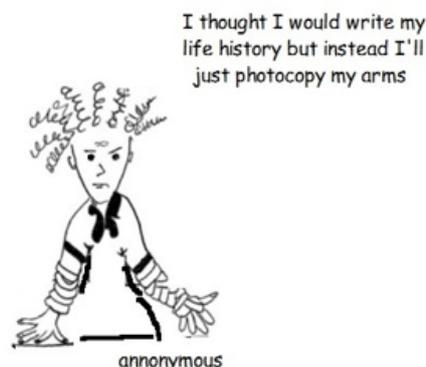
Despite efforts to discuss other mental health issues in a humanistic way, this shift in language has not been applied to Non-Suicidal Self-Injury (NSSI). The discourse surrounding discussion of NSSI is fundamentally grounded in language stemming from models of infectious disease. Language positioning NSSI as a disease, one that may spread through "contagion," increases stigma of both NSSI and people who engage in the behaviour. In this commentary, we argue that conversations about NSSI must be respectful of people who self-injure and offer a different language that fosters a better understanding of NSSI, reduces stigma and facilitates help-seeking for people wishing to reduce their self-injury.

Burke T.A. *The stigmatisation of non-suicidal self-injury* Journal of Clinical Psychology 75(3):481-495 (2019) <https://www.ncbi.nlm.nih.gov/pubmed/30368804>

Despite the high prevalence of non-suicidal self-injury (NSSI), no research has systematically studied the occurrence and effects of stigmatisation by others towards NSSI scarring. This study demonstrated strong negative implicit and explicit biases towards NSSI when comparing NSSI to tattoos and nonintentional disfigurement. Results extend previous research describing stigma towards mental illness and suggest a large negative bias towards NSSI. The importance of studying how stigma affects those who bear scarring from NSSI is discussed.

Epstein M. *Shame, Trauma and Self-harm: A Sane Response to an Insane World Our Consumer Place* <https://www.ourcommunity.com.au/files/OCP/ShameTraumaAndSelf-harm.pdf> or a shorter version THEMHS Summer Forum <https://themhs.wordpress.com/2014/12/18/themhs-summer-forum-shame-trauma-and-self-harm-when-self-harm-is-a-sane-response-to-an-insane-world/>

This is an extended Power Point presentation which looks particularly at attitudes to self-harm in health services from the perspective of person with mental illness. It includes a list of over 80 reasons people give for self-harming, some of which seem sensible. It looks at Emergency Department culture.



From: 'In a Nutshell' - A collection of poems by young homeless women 1993

National Institute of Clinical Excellence (England) *Standards of Care for People who Self-Harm Must be Improved* June 2013 <https://www.nice.org.uk/guidance/qs34/documents/standards-of-care-for-people-who-selfharm-must-be-improved-says-nice>

A wide range of mental health problems are associated with self-harm, including borderline personality disorder, depression, bipolar disorder, schizophrenia and drug and alcohol use disorders. People who self-harm are 50 to 100 times more likely to die by suicide in the 12-month period after an episode than people who do not self-harm. Emergency Department staff demonstrate prejudice.

Martinson D. *Self-injury – Beyond the Myths – Self Injury Basics* PSYKE SHAME <http://www.psyke.org/history/200003/selfinjury/secretshame03.html>

Deb Martinson, a person who has self-harmed, pioneer of harm minimisation. She is well-respected both by consumers and by others in the field. But can people who self-harm be responsible and does harm minimisation encourage more harming? Maybe it depends on the stigma associated with self-harm and how we consequently judge people. What is myth?

Bradley S. A. *Stop Stigma on Self-Harm* Huffington Post 6th November 2016 https://www.huffingtonpost.co.uk/sian-abigail-bradley/stop-the-stigma-on-selfharm_b_12830782.html

It makes me feel physically sick to imagine people knowing that I used to cut my skin. I imagine how people would judge me, perhaps think I'm a freak for hurting myself and probably feel quite sick themselves once they knew.

25. Medication Side-Effects and Stigma

Bessenoff G.R. & Sherman J.W. (2000) *Automatic and Controlled Components of Prejudice Toward Fat People: Evaluation Versus Stereotype Activation* Social Cognition Vol. 18 (4):329-353 <https://doi.org/10.1521/soco.2000.18.4.329>

This study investigated automatic and controlled components of anti-fat attitudes, the relationship between these components and the extent to which each component predicts prejudicial behaviour. Participants were primed with pictures of fat and thin women. Automatic activation of evaluative responses and stereotypic knowledge were examined and lexical decision judgements on fat-stereotypical and thin-stereotypical and stereotypical irrelevant trait words. In general, more automatic activation of negative evaluations of fat than thin women were registered and implications for reducing prejudice towards fat persons are discussed.

Thomas P. *The Protestant Work Ethic – Clinical Calvinism: Fatness is the Public Health “canary in the coalmine”* Psychology Today Jan. 2012 <https://www.psychologytoday.com/us/blog/i-take-space/201201/the-protestant-health-ethic-clinical-calvinism>

Fat, like any other physical feature, does not define a person. It is always wrong to assume that any group of people who share physical traits are "all alike." Making such an assumption is called stereotyping. Judging and stigmatising on such a basis is called bigotry.

Novak L. & Svab V. *Antipsychotics side effects' Influence on stigma of mental illness: focus group study results.* Psychiatria Danubiana 21(1):99 – 102 <https://www.ncbi.nlm.nih.gov/pubmed/19270631>

The patients felt most stigmatised in areas of employment and occupation. They repeatedly skipped or discontinued regular medication due to side effects. Medication-induced stigma affects patients' lives in substantial ways and merits further research including the patients' personal experience.

Sajatovic M. & Jenkins J.H. *Is antipsychotic medication stigmatizing for people with mental illness?* International Review of Psychiatry 19(2):107-112 (2007) <https://www.ncbi.nlm.nih.gov/pubmed/17464788>

Antipsychotic medications are clearly identified as important in the treatment of individuals with schizophrenia and with bipolar disorder. However, negative societal reactions to having a serious mental illness and the socially undesirable side-effects associated with antipsychotic medication treatment may combine to worsen stigma associated with treatment for mental illness. Specific stigmatising effects of antipsychotic therapy may be difficult to evaluate independently from factors such as symptoms, insight into illness and side-effects.

Gavin G.C.S. *What's Wrong With Fat shaming? The Fat Acceptance Movement and Issues with Body Image* Psychology Today Jan. 4th 2015 <https://www.psychologytoday.com/au/blog/wiring-the-mind/201501/whats-wrong-fat-shaming>

Whilst bullying and negative portrayals of overweight people are often overlooked or implicitly condoned on the grounds that *'it might help them to lose weight'*, you probably need only look back to your schooldays for examples of bullying crushing confidence and isolating people.

Hasenecs N.M. *Behavioural Health Brief: Health Care Providers' Fat Shaming Triggers Anxiety, Depression* Social Work Today 18(1) 32 <https://www.socialworktoday.com/archive/JF18p32.shtml>

Imagine visiting the doctor for the common cold and being told to lose weight. Or the gown you're asked to wear for an outpatient medical test is too small. Whether blatant or subtle, fat shaming by a health care provider is all too real for some patients. And it can result in a variety of negative psychological and behavioural health effects.

26. Different Diagnoses/ Different stigma

Richardson E. & Tracy D.K. *The borderline of bipolar: opinions of patients and lessons for clinicians on the diagnostic conflict* British Journal of Psychology 39(3):108-113 (2015) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478932/>

This paper looks at the phenomenon of people who ultimately get a Borderline diagnosis present, self-diagnosed with Bipolar. People with lived experience were interviewed. Several reasons were highlighted one of which was the differences in stigma between the two diagnoses including intentionality, blame and differences in others' sympathy; however, some found a diagnosis of Borderline helped remove some self-blame.

Krendl A.C. & Freeman J. B. *Are mental illnesses stigmatized for the same reasons? Identifying the stigma-related beliefs underlying common mental illnesses* Journal of Mental Health 1-9 (2017) <https://www.ncbi.nlm.nih.gov/pubmed/29020836>

Two studies are discussed. Study One: Researchers used multidimensional scaling to identify the stigma-related beliefs attributed to 9 common mental disorders (incl. depression, schizophrenia). Study Two explored whether beliefs commonly associated with depression predicted its stigmatisation. In Study One, the researchers found that the 9 mental illnesses differed from each other on two dimensions: social desirability and controllability. Results suggest that stigmatisation toward different mental illnesses stems from combinations of different stigmatised beliefs.

Schomerus G. et al. *The Stigma of Alcohol; Dependence Compared with Other Mental Disorders: A Review of Population Studies* Alcohol and Alcoholism Vol. 46(2):105-112 March 2011

<https://www.ncbi.nlm.nih.gov/pubmed/21169612> <https://academic.oup.com/alcalc/article/46/2/105/198339>

Alcohol dependence is one of the most severe and most prevalent mental disorders. The stigma of alcoholism may hinder the seeking of professional and lay help, because people fear being labelled alcoholics and subsequently experiencing loss of status and discrimination. The stigma may thus contribute to social exclusion of those in particular need of social support (Room, 2005). Stigma may also produce structural discrimination against alcohol-dependent persons, e.g. with regard to coverage of addiction treatment by private or public health insurance (Hanson, 1998). In psychiatric attitude research, the stigma of alcoholism has received considerably less attention than that of other mental illnesses. Comparative studies examining attitudes towards persons with different mental disorders using identical methodology consistently show that public attitudes are illness-specific.

On the basis of a systematic literature search, we identified 17 representative population studies published before July 2010 examining aspects of the stigma of alcoholism and simultaneously of other mental, medical or social conditions. Seven

surveys were located in Europe, 5 in North America, 3 in New Zealand and 1 each in Brazil and Ethiopia, respectively. Compared with people suffering from other, substance-unrelated mental disorders, alcohol-dependent persons are less-frequently regarded as mentally ill, are held much more responsible for their condition, provoke more social rejection and more negative emotions and they are at particular risk for structural discrimination. Only with regard to being a danger, they are perceived similarly negatively to people suffering from schizophrenia.

Angermeyer M.C. & Matschinger H. *"Public Beliefs About Schizophrenia and Depression: Similarities and Differences"* Social Psychiatry & Psychiatric Epidemiology (2003a) 38 (9):526-534 <https://www.ncbi.nlm.nih.gov/pubmed/14504738>

Stigma research in psychiatry has a general focus; however, recent studies suggest that considerable differences exist between the various disorders. In 2001, a representative survey was carried out in Germany in relation to understanding different stigma between schizophrenia and depression. The research suggested that both disorders had things in common. People identified mental illnesses, caused by acute stress; had poor health outcomes and evoked pity and sympathy. Dangerousness was more likely associated with schizophrenia – fear, anger and decreased pity. One of the most notable differences between the disorders is that while with schizophrenia, labelling as mental illness primarily affects respondents' emotional reactions negatively; with major depression, a positive effect prevails. The differences of public beliefs about and attitudes to schizophrenia and major depression have important implications for fighting stigma.

Hogg L. & Salkovskis P. *We tested whether mental health workers were prejudiced against personality disorders – here's what we found* The Guardian Aug. 18th 2015 <https://theconversation.com/we-tested-whether-mental-health-workers-were-prejudiced-against-personality-disorders-heres-what-we-found-46222>

If we're to tackle wider stigma, those working in mental health need especially to be cautious about their own preconceived biases – and mindful of the influence that such labels can have on their own clinical judgements, something that could be improved with better training. What is particularly encouraging in our findings is that the simple description of the specific behaviours which could lead to a diagnosis, did not have the negative effect of the diagnosis itself.

Sulzer H. et al. *Borderline Personality Disorder and the Biomedical Mismatch in Perry B. (ed.) 50 Years After Deinstitutionalization: Mental Illness in Contemporary Communities* (Advances in Medical Sociology Vol. 17 (1):263–290 (2016) <https://www.emeraldinsight.com/doi/abs/10.1108/S1057-629020160000017011>

Clinicians faced pressures from insurance companies, the DSM categories and their professional training to focus on biomedical treatments. These treatments, which emphasised pharmaceuticals and short courses of care were ill-suited to BPD, which has a strong evidence base recommending long-term therapeutic interventions. We term this contradiction a *"biomedical mismatch"*... Authors argue that the strategies used by clinicians to deal with this mismatch causes crisis re-institutionalisation and a discourse of un-treatability; they discuss how social factors such as gender bias, stigma and trauma are insufficiently represented in the biomedical model of care of BPD.

Veysey S.A. *People with a borderline personality disorder (BPD) diagnosis describe discriminatory experiences* Kōtuitui: New Zealand Journal of Social Sciences 9(1):20-35 2014 <https://www.tandfonline.com/doi/abs/10.1080/1177083X.2013.871303>

The psychiatric diagnosis of BPD attracts considerable stigma. People given this diagnosis may be characterised as manipulative, difficult, attention-seeking or untreatable. This paper describes a New Zealand study where 8 people with a BPD diagnosis who self-identified as encountering discriminatory experiences from healthcare professionals were interviewed. Themes found included that discriminatory experiences contributed to participants' negative self-image and negative messages about the BPD label were communicated. A self-harm history appeared to be related to an increased number of discriminatory experiences.

Veysey S.A. *Look at the person in front of you who is hurting: Clients with a borderline personality disorder diagnosis (BPD) describe their experiences of discriminatory and helpful behaviour from health professionals* (A thesis submitted for the Masters of Social Practice Unitec N.Z.) 2011 <https://www.mentalhealth.org.nz/assets/A-Z/Downloads/Look-at-the-human-being-in-front-of-you-whos-hurting.pdf>

This thesis investigates discriminatory experiences shared by people with a BPD diagnosis in New Zealand, focussing on interactions with health professionals. It also enquires into what participants found helpful from health professionals. While research has established the existence of negative attitudes from health staff toward this diagnosis, there is no existing research specifically exploring discriminatory behaviour from this client group's perspective. This research remedies this gap.

Ring D. & Lawn S. *Stigma perpetuation at the interface of mental health care: a review to compare patient and clinician perspectives of stigma and borderline personality disorder* Journal of Mental Health March 2019 <https://tandfonline.com/doi/abs/10.1080/09638237.2019.1581337?journalCode=ijmh20>

People with BPD experience significant stigma, particularly at the interface of care delivery. This search found literature on: stigma related to diagnosis and disclosure; perceived un-treatability; stigma as a response to feeling powerless; stigma due to preconceptions of patients; low BPD health literacy and overcoming stigma through enhanced empathy. A conceptual framework for explaining the perpetuation of stigma and BPD is proposed

Ellison L. *Public beliefs about and attitudes towards bipolar disorder: Testing theory based models of stigma* Journal of Affective Disorders Vol. 175 April 2015 <https://www.sciencedirect.com/science/article/pii/S0165032714008337#!>

Given the vast literature into public beliefs and attitudes towards schizophrenia and depression, there is paucity of research on attitudes towards BPD despite its similar prevalence to schizophrenia. This study explored public beliefs and attitudes towards BPD and examined the relationship between the different components of stigma.

Kroudis A. *Remove the stigma and welcome the voices of those who are struggling* National Eating Disorder Association BLOG <https://www.nationaleatingdisorders.org/blog/remove-stigma-and-welcome-voices-those-who-are-struggling>

World Eating Disorders Action Day 2018 is Saturday, June 2nd and it's time for us to start talking about stigma in hopes of helping individuals who are struggling to feel brave enough to speak out. An eating disorder is difficult enough to battle on its

own and the stigma associated with them makes the journey to becoming a warrior that much harder. The stigma that accompanies eating disorders strips an individual of their quality of life and causes them to have low self-esteem resulting in more isolation.

Farrugia D. *Exploring stigma: medical knowledge and the stigmatisation of parents of children diagnosed with autism spectrum disorder* *Sociology of Health and Illness* vol. 31(7) 2009 <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-9566.2009.01174.x>

This paper analyses 12 parent interviews to investigate the stigmatisation of parents of children diagnosed with an autism spectrum disorder. Drawing on post-structural accounts of the relationship between knowledge and subjectivity, the stigma concept is critically interrogated in order to address previous individualistic constructions of stigmatisation and to place stigma within the power dynamics of social control.

van Zeist C. et al. *Stigmatization as an Environmental Risk in schizophrenia: A User Perspective* *Schizophrenia Bulletin* 35(2):293-296 (2009) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659317/>

Stigmatisation represents a chronic negative interaction with the environment that most people with a diagnosis of schizophrenia face on a regular basis. Different types of stigma—public stigma, self-stigma and label avoidance—may each have detrimental effects. The possible consequences of stigma on onset, course and outcome of schizophrenia are reviewed.

Sibitz I. et al. *Stigma Resistance in Patients With Schizophrenia* *Schizophrenia Bulletin* 37(2):316-323 (2009) <https://www.ncbi.nlm.nih.gov/pubmed/19487336>

An individual's capacity to counteract the stigma of mental illness, stigma resistance (SR), is considered as playing a crucial role in fighting stigma. However, little is known about SR and its correlates in patients with schizophrenia or schizoaffective disorder; 157 participants completed the "Internalized Stigma of Mental Illness" (ISMI) Scale. SR is a new and promising concept. The development of stigma-resisting beliefs might help people in their hope of finding a fulfilling life and in their recovery from mental illness.

Horsseelenberg E.M.A. et al. *Self-Stigma and its Relationship with Victimisation, Psychotic Symptoms and Self-Esteem among People with Schizophrenia Spectrum Disorders* *PLoS One*, 11(10) 2016 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5082660/>

Self-stigma is highly prevalent in schizophrenia and can be seen as an important factor leading to low self-esteem. It is, however, unclear how psychological factors and actual adverse events contribute to self-stigma. This study empirically examines how symptom severity and the experience of being victimised affect both self-stigma and self-esteem. Experienced symptoms and victimisation lead to an increase of self-stigma and subsequent negative self-esteem.

Carpiniello B. & Pinna F. *The reciprocal Relationship between Suicidality and Stigma* *Frontiers in Psychiatry* 8th March 2017 <https://www.frontiersin.org/articles/10.3389/fpsy.2017.00035/full>

Although suicidality is frequently the cause of stigma, it is conversely true that stigma may be the cause of suicidality. The present paper focuses on the complex relationships that exist between suicidal behaviour and stigmatising attitudes.

Dowrick C. *Depression as a culture-bound syndrome: implications for primary care* British Journal of General Practice 63(610):229-230 (2013) <https://bjgp.org/content/63/610/229>

This month sees the publication of the 5th edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Headline features include new diagnostic categories of anxious depression and somatic symptom disorder and blurring of boundaries between grief depressive disorders. However, its relevance to primary care may be less than anticipated. According to its predecessor, DSM-IV, culture-bound syndromes are indigenously considered to be 'illnesses', limited to specific societies or culture areas, composed of localised diagnostic categories. It can be argued that depression also fulfils the criteria for a culture-bound syndrome, in westernised societies.

Taylor T.F. *The Influence of shame on post-trauma disorders: have we failed to see the obvious?* European Journal of Psychotraumatology vol. 6(10) 2015 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580708/>

While fear is known to be the dominant affect associated with posttraumatic stress disorder (PTSD), the presence and possible influence of other emotions is less well explored. Recent changes to diagnostic criteria have added anger, guilt and shame alongside fear as significant emotional states associated with the disorder. This article suggests that shame is a frequent, often poorly recognised sequel to trauma, occurring as a result of the meaning the individual places on the traumatic experience and on subsequent interpersonal and environmental events.

SANE (Australia) *Stigma and Discrimination – A National Report Card 2018* <https://www.sane.org/media-centre/media-releases-2018/2237-australian-first-research-will-examine-how-people-with-complex-mental-illness-experience-stigma-and-discrimination>

Australian-first research will examine how people with complex mental illness experience stigma and discrimination. Research by SANE Australia in partnership with the Paul Ramsay Foundation will examine for the first time how Australians living with complex mental illness experience stigma and discrimination across a range of areas including housing, education, employment and health services to help drive positive change. Complex mental illnesses such as psychotic illnesses, personality disorders, bipolar disorder, as well as severe and persistent depression and anxiety are included.

Beyondblue Information Paper - *Stigma and discrimination associated with depression and anxiety* August 2015 <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

This Information Paper has been developed to provide an in-depth understanding of the stigma and discrimination associated with depression and anxiety. It brings together the latest evidence on different types of stigma and discrimination, the debilitating impact it can have on people's lives, and effective ways to reduce this impact. This Information Paper should be used as a reference document, to inform the development and implementation of stigma and discrimination strategies.

Myths and Media Portrayals of Dissociative Identity Disorder: The Truth about Dissociative Identity Disorder. Teach Trauma <http://www.teachtrauma.com/controversial-topics-trauma/myths-media-portrayals-dissociative-identity-disorder/>

The media is attracted to portraying and talking about Dissociative Identity Disorder because it is innately fascinating but many of these portrayals are wrong, exaggerated and damaging for the people diagnosed with DID and those about her/him. The latest example was the telemovie SPLIT.

Rose S. *From Split to Psycho: Why cinema fails Dissociative Identity Disorder* The Guardian 13th January 2017 <https://www.theguardian.com/film/2017/jan/12/cinema-dissociative-personality-disorder-split-james-mcavoy>

M Night Shyamalan's new movie, Split, stars James McAvoy as a character with 23 different personalities and, like most screen portrayals of the disorder, it is seen as dangerous and violent. But what's the truth behind the stigma?

Bertin M. *The ADHD Blame Game: We must separate the needs of individuals from the problems of a society* Psychology Today Dec. 17th 2013 <https://www.psychologytoday.com/au/blog/child-development-central/201312/the-adhd-blame-game>

ADHD is a medical disorder, not caused by parents or by our increasingly busy modern world. The genetic influence of ADHD has been shown close to that of height: if two tall people with ADHD put their child up for adoption, he (or she) will likely grow up to be tall and have ADHD. Suggesting otherwise alienates people who either have ADHD or are deciding about seeking help.

Suto M. *Stigma Shrinks my Bubble: A Qualitative Study of Understandings and Experiences of stigma and Bipolar Disorder* Stigma Research in Action vol. 2(2) 2012 <http://stigmaj.org/article/view/41>

This qualitative study contributes to the stigma and bipolar disorder literature focused on understanding structural, social and self-stigma experiences from the perspectives of people living with bipolar disorder and their family members. Three core themes emerged: explicit and implicit exclusionary practices linked to structural stigma; social stigma (e.g. If my child had leukaemia you would all be bringing me lasagne); and the burden of self-stigma (e.g. what's wrong with me?). These findings address issues arising in work, school, social and health care settings that shape stigma phenomena.

Buchman D. et al. *The Epidemic as Stigma: The Bioethics of Opioids* The journal of Law, Medicine & Ethics 45(4):607-620 Dec. 2017 https://www.researchgate.net/publication/322436184_The_Epidemic_as_Stigma_The_Bioethics_of_Opioids

In this paper, we claim that we can only seek to eradicate the stigma associated with the contemporary opioid overdose epidemic when we understand how opioid stigma and the epidemic have co-evolved. Rather than conceptualising stigma as a parallel social process alongside the epidemiologically and physiologically defined harms of the epidemic, we argue that the stigmatised history of opioids and their use defines the epidemic. We conclude by offering recommendations for disrupting the burden of opioid stigma.

27. Fighting Stigma As Politics

Davidow S. (2013) *False Arguments Part. 2: Anti-Anti-Stigma* <https://www.madinamerica.com/2013/04/false-arguments-part-2-anti-anti-stigma/>

In this blog, Sera Davidow articulates her position as “anti-anti-stigma”, including arguing that “anti-stigma” work tends to be based on reinforcing psychiatric labelling.

Timimi S. (2014) ‘No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished.’ *International Journal of Clinical and Health Psychology* Vol. 14 (3) Sept.–Dec. 2014:208- 215 <https://www.sciencedirect.com/science/article/pii/S169726001400009X>

This article, by a British psychiatrist, argues that psychiatric labels increase stigma and are neither valid nor useful. He also argues that “mental health literacy” is a colonial imposition on non-Western cultures.

Crossley N. *Not being mentally ill: Social movements, system survivors and the oppositional habitus* *Journal Anthropology & Medicine* vol. 11(2):161–180 (2015) <https://www.tandfonline.com/doi/abs/10.1080/13648470410001678668>

Much of the social scientific work on psychiatry and mental health, from a variety of competing perspectives, has focused upon power and the social construction of ‘mental illness’. Very little attention has been paid to resistance or to the various ways in which ‘patients’ or ‘survivors’ (as some now prefer to refer to themselves) have sought to socially deconstruct ‘mental illness’.

Sayce L. *From Psychiatric Patient to Citizen* Palgrave Press 2000 <https://www.amazon.co.uk/Psychiatric-Patient-Revisited-Foundations-Practice/dp/1137360410>

Sayce proposes theoretical models and practical strategies for tackling the widespread social exclusion faced by people diagnosed mentally ill. Based on research in the US and UK but with reference to other international examples, it analyses evidence of discrimination and the effectiveness of different remedies: disability discrimination law, work to re-frame media and cultural images, grassroots inclusion programmes, challenges to the ‘NIMBY’ factor. It places the growing user/survivor and disability movements as central to achieving any radical change.

Sayce L. *From Psychiatric Patient to Citizen Revisited* Red Globe Press 2015 https://link.springer.com/chapter/10.1057/9781137345486_4#citea

Sayce revisits her classic book, *From Psychiatric Patients to Citizen* and suggests that we still have some distance to travel. Combatting mental health stigma and discrimination, she suggests, has moved from a radical idea in the 1990s to mainstream policy today. However, there are huge questions about how to do it effectively, and the journey to get equal life chances is still a long one.

Kozak M. Let's Talk About The Problem With Anti-Stigma Campaigns RU Student Life - A curation of great ideas coming out of Ryerson University [BLOG] Jan 30th 2019 <https://medium.com/@RUStudentLife/bellletstalk-about-the-problem-with-anti-stigma-campaigns-31f8c9dabca1>

This is a personal account of experience of anti-stigma campaigns.

Carr S. Review *From psychiatric patient to citizen revisited*, by Liz Sayce, Basingstoke Palgrave 2016 *Disability & Society* 33(5):815-817 (2018) <https://www.tandfonline.com/doi/full/10.1080/09687599.2018.1443586>

It is nearly 20 years since Liz Sayce's *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion* (2000) was first published. Twenty years may not seem very long to some, but in the world of mental health a lot can happen in that time. The argument is that understandings of stigma, discrimination and exclusion need a radical rethink in order to advance the equal citizenship of people living with mental health problems.

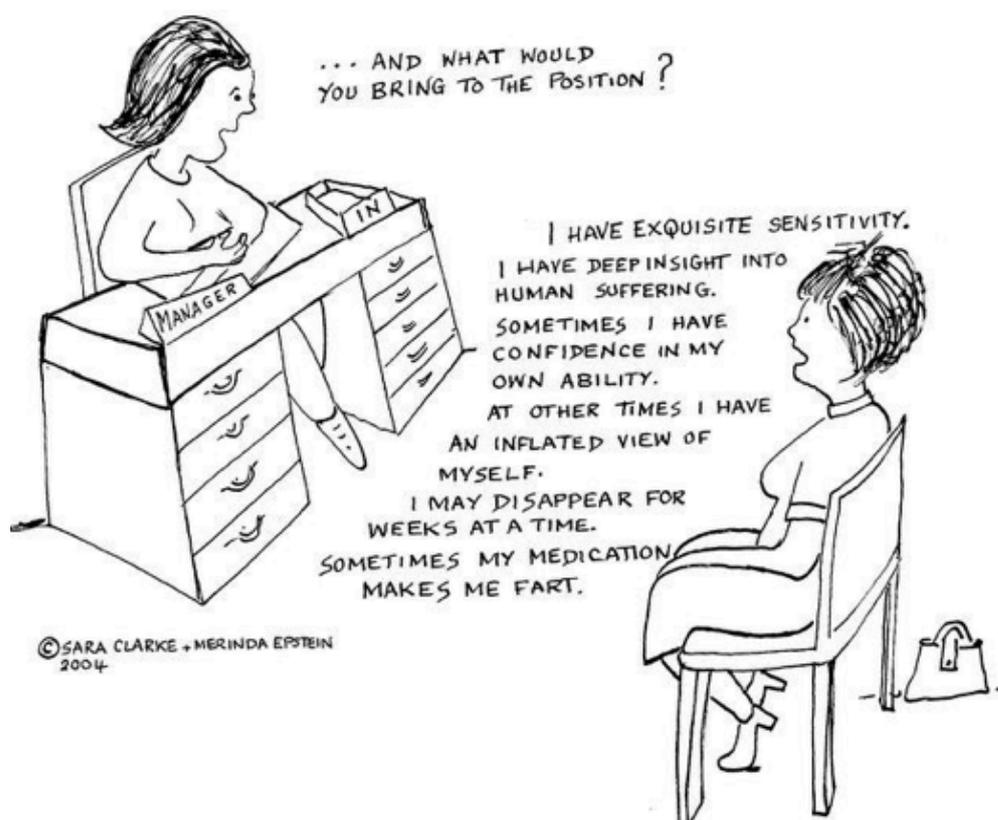
28. Self-Stigma

Corrigan P. et al. Self-stigma and coming out about one's mental illness *Journal of Community Psychology* vol. 38(3):259–275 <https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.20363>

Self-stigma can undermine self-esteem and self-efficacy of people with serious mental illness. *Coming out* may be one way of handling self-stigma and it was expected that it would mediate the effects of self-stigma on quality of life. This study compares *coming out* to other approaches of controlling self-stigma.

Corrigan P. & Watson A.C. 1 *American Psychological Association Spring 2002:35-53* <http://www.mifras.org/know/wp-content/uploads/2014/04/The-Paradox-of-Self-Stigma-and-Mental-Illness.pdf>

Published narratives by persons with serious mental illness eloquently describe the harmful effects of stigma on self-esteem and self-efficacy. However, a more careful review of the research literature suggests a paradox; personal reactions to the stigma of mental illness may result in significant loss in self-esteem for some, while others are energised by prejudice and express righteous anger. Added to this complexity is a third group: persons who neither lose self-esteem nor become righteously angry at stigma, instead seemingly ignoring the effects of public prejudice altogether.



Bathie G.J. & Halloway N.M. *Self-stigmatisation* Encyclopaedia of Critical Psychology https://link.springer.com/referenceworkentry/10.1007%2F978-1-4614-5583-7_395

Self-stigmatisation is a component of the broader social phenomenon known as stigmatisation. The process of stigmatisation involves labelling differences as undesirable and can result in social exclusion, disempowerment and discrimination. While any aspect of human experience can be stigmatised if deemed abnormal or undesirable, recent research in psychology has focused primarily on stigmatisation of “mental illness.” In his foundational writing on stigma, Goffman (1963) identified the internal consequences for the stigmatised individual as self-devaluation. He explained that once labelled as “mentally ill,” individuals may conclude that they must act accordingly and take on the label as an identity.

29. Research

Hamilton S. et al. *Discrimination against people with a mental health diagnosis: qualitative analysis of reported experiences*. Journal of mental Health, vol. 23(2) 2014 <https://www.tandfonline.com/doi/abs/10.3109/09638237.2014.880408?src=recsys&journalCode=ijmh20>

Moncrieff J. *Co-opting psychiatry: the alliance between academic psychiatry and the pharmaceutical industry* Epidemiology Psychiatric Society July-Sept 2007 16(3):192-6 <https://www.ncbi.nlm.nih.gov/pubmed/18020190>

Brohan E. et al. *Experiences of mental illness stigma, prejudice and description: a review of measures* Health Services Research 2010 (10:80) <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-80>

This study aims to review current practice in the survey measurement of mental illness stigma, prejudice and discrimination experienced by people who have personal experience of mental illness; 57 studies were included in the review and 14 survey measures of mental illness stigma were identified. Seven of the located measures addressed aspects of perceived stigma, 10 aspects of experienced stigma and 5 aspects of self-stigma. The review was structured by considering perceived, experienced and self-stigma as separate but related constructs.

Huggett C. et al. *A qualitative study: experiences of stigma by people with mental health problems* Psychological Psychotherapy Sept. 2018 91(3):380-397 <https://www.ncbi.nlm.nih.gov/pubmed/29345416>

An example of qualitative methods; interesting because it looks at stigma experienced by people with mental illness involved in treatment in non-statutory (not forced or potentially forced) ways.

Gastaldo D. et al. *Body-map Storytelling as a health Research Methodology: Blurred Lines Creating a Clear Picture* Forum Qualitative Social Research vol. 19(2):2018 <http://www.qualitative-research.net/index.php/fqs/article/view/2858>

Recent developments show that body mapping is a visual, narrative and participatory methodology that has several names and is used unevenly by health researchers. Despite its diversity, core methodological elements reveal that participants are considered knowledgeable, reflexive individuals who can better articulate their complex life journeys when painting and drawing their bodies and social circumstances.



Theurer J. *Wearing the Label of Mental Illness: Community-Based Participatory Action Research of Mental Illness Stigma* The Qualitative Report 20(1):42-58 (2015) <https://nsuworks.nova.edu/tqr/vol20/iss1/4/>

The study addressed the research question: how do community members understand and experience the stigma associated with mental illness? Twenty-two participant-researchers wore mental illness labelled T-shirts around the local community, recorded their observations and reflections of this experience and recruited 22 community members for semi-structured interviews about mental illness stigma. Domain analysis of the interviews revealed community members' understandings of sources of stigma, impacts of stigma, conceptualisations of stigma and pathways to change stigma.

30. Somatoform Stigma

Kirmayer L.J. et al. *Explaining Medically Unexplained Symptoms* The Canadian Journal of Psychiatry Oct. 1st 2004 <https://journals.sagepub.com/doi/abs/10.1177/070674370404901003>

Patients with medically unexplained symptoms comprise 15% to 30% of all primary care consultations. Physicians often assume that psychological factors must account for these symptoms, but current theories of psychogenic causation, somatization and somatic amplification cannot fully account for common unexplained symptoms. Stigma often comes from doctor's lack of good communication skills when trying to refer someone with an unexplained problem to a psychologist leaving people feeling accused. People react to this medical stigma by refusing the treatment. Cross-cultural differences are important. Careful culturally appropriate approaches are needed.

Collier R. *"Complainers, malingerers and drug-seekers" – the stigma of living with chronic pain* CMAJ Feb. 2018 190(7):E204-E205 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5828897/>

After a car accident Ian Meldrum was badly injured and received empathetic care, something that has not been sustained as his ongoing excruciating back pain was deemed non-existent. Long after the accident, after his wounds had healed, Meldrum would still visit the hospital several times a year, but only when the pain became unbearable. *"It was a white-hot, stabbing, burning, blinding pain that would drive me to my knees and almost make me physically ill,"* said Meldrum. *"There was nothing I could do to control it."* It's been more than 30 years now, but pain remains a part of Meldrum's life. Like many other people struggling with chronic pain, he has at times faced challenges in a health care system that is better equipped to fix broken bodies than address suffering without obvious pathology.

Frances A.J. *Mislabelling Medical Illness As Mental Disorder: The eleventh DSM-5 mistake needs an eleventh hour correction* Psychology Today Dec. 8th 2012 https://www.psychologytoday.com/au/counselling?tr=TD_ContentAds_Desktop_AU&utm_campaign=TD_ContentAds_Desktop_AU&utm_source=PT_Psych_Today&utm_medium=TD_ContentAds

Adding to the woes of the medically ill could be one of the biggest problems caused by DSM-5. It will do this in two ways: by encouraging a quick jump to the erroneous conclusion that someone's physical symptoms are 'all in the head' and by mislabelling as mental disorders what are really just the normal emotional reactions that people understandably have in response to a medical illness.

