

Running head: MENTAL ILLNESS STIGMA

MENTAL ILLNESS STIGMA: WHERE DOES IT COME FROM?

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Submitted to the Psychology Department  
School of Natural and Social Sciences  
in partial fulfillment of the requirements  
for the degree of Bachelor of Arts

Purchase College  
State University of New York

May 2022

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## **Mental Illness Stigma: Where Does it Come From?**

One in four people suffers from mental illness (Tyerman et al., 2021). In addition to suffering from the symptoms of mental illness itself, people also suffer from the public's misunderstanding of the symptoms, which often leads to social distancing and discrimination. This reaction to mental illness is known as stigma.

There are many causes of mental illness stigma. One cause is people's explanations for mental disorders, which may reference one of two causes: biology or trauma. People's views of the root causes of mental illness may either elicit sympathy/understanding, or aversion/stigma. Which causal explanations for mental illness (traumatic or biological) induces more stigma? This literature review examines mental illness stigma, and in particular, how different explanations for mental illness produce stigma. I will review this literature, and then discuss how this research can be used to minimize stigma and improve the wellbeing of those suffering from mental illnesses.

## **Mental Illness Stigma**

### **What is Mental Illness Stigma?**

The Merriam-Webster definition of the word "stigma" is a mark of shame or discredit (2022). Carrying this into the mental health realm, there are prejudices and stereotypes associated with the mentally ill, causing great misconception (Corrigan & Watson, 2002). Sociologist Erwin Goffman's book, *Stigma: Notes on the Management of Spoiled Identity*, writes that the bearer of stigma goes from existing as a "whole and usual person" to a "tainted and discounted one" (Goffman, 1963). Corrigan and Watson (2002) break stigma down into two elements: The first can be represented as public stigma, with the stereotypical attitude toward

sufferers of mental illness being that of one that views them as dangerous, and incompetent. The second element that can be identified is self-stigma, which involves low self-esteem and low self-efficacy. This examination of what stigma is the beginning of unearthing and exposing its complex and deep-rooted dismalness.

The word “stigma” finds its root in the Greek language. *Stizein* referred to a mark placed on slaves (reminiscent of the star placed on Jews in Nazi Germany) that indicated their place in society, suggesting that they were of lesser value (Arboleda-Florez, 2002). In Greece, the implications of mental illness were that one carried shame and weakness of character (Arboleda-Florez, 2002). In the 19<sup>th</sup> century, mental illness was considered to be a separate entity from biological illness and was not treated through mainstream healthcare institutions (Shrivastava et al., 2012). The phenomenon of mental illness stigma being viewed through a scientific lens and treated as part of healthcare developed in the mid-20<sup>th</sup> century (Rössler, 2016).

### **The Study of Mental Illness Stigma**

In the 1970s, stigma itself also started to be studied scientifically, as people became interested in the challenges faced by the stigmatized. An essay written by sociologist Thomas Scheff during this period suggested that mental illness was simply a consequence of labels thrust upon sufferers (Scheff, 1974; as quoted in Rössler, 2016). Based on cross-cultural research, he concluded, “there is no society or culture where people with mental illness have the same societal value as people without a mental illness” (Scheff, 1974; as quoted in Rössler, 2016). Scheff and Goffman argued that when people were labeled with diagnoses, they would isolate themselves to avoid criticism, thus decreasing their participation in society. This lack of social interaction would cause a decrease in self-esteem, resulting in vulnerability to psychosocial

stress. This resulted in social circles of the mentally ill being very small and confined. Due to this, Scheff, Goffman, Michel Foucault, and others in the 1970s condemned the configurations of the psychiatric wards of mental hospitals, because they furthered stigmatization instead of helping patients to live a normal life. This school of thought believed that stigmatization was a result of the faulty organization of psychiatry, not necessarily the result of mental illness (Rössler, 2016).

### **Effects of Mental Illness Stigma**

Human beings are social creatures; it is wired into the nature of humans to be in contact with one another, inherently craving validation from said contact. If success from interactions is not met, as a result of mental illness stigma, there can be many damaging consequences. These can be produced by both internalized stigma and self-stigma.

#### **Self-Stigma**

First, low self-esteem can be a product of the phenomenon of internalized stigma, or self-stigma. Internalized stigma may leave a person with a mental illness believing that they do not have the status of being a member of society in its fullness (Boyd-Ritsher et al., 2003). A way to define internalized stigma is the devaluing, marginalizing, and withdrawing of oneself (Boyd et al., 2014). Boyd-Ritsher and colleagues (2003) assessed internalized stigma using a scale called the Internalized Stigma of Mental Illness (ISMI) scale. This scale included the subscales measuring alienation, perceived discrimination, stereotype endorsement, stigma resistance, and social withdrawal. Participants ( $n = 127$ ) were mental health outpatients the 29 Likert scale items on the ISMI. The results showed a positive correlation between internalized stigma and

depression, and negative correlations between internalized stigma and measures of empowerment, self-esteem, and recovery.

Other studies have found similar results. One study concluded that self-stigma leads to shame, decreased sense of meaning, diminished feelings concerning empowerment, social support, and quality of life (Mashiach-Eizenberg et al., 2013). Another study reported that internalized stigma leads to low self-esteem, a depressed mood, the feeling of being misunderstood, shame, poor medication compliance, few successful social interactions, reduced seeking of help, worsened process of recovery, and a low quality of life (Chronister, Chau, & Liao, 2013). In sum, internalized stigma has a wide variety of very damaging consequences.

### **Public Stigma**

Stigma can also come directly from others, known as public stigma. Stigma from the public leads to fewer opportunities for employment, worse health coverage, and fewer leases for apartments (Chronister, Chau, & Liao, 2013). Public stigma is particularly damaging in the workplace (Hipes et al., 2016). Individuals diagnosed with a mental disorder be discriminated against at work (Feldman & Crandall, 2007). Although certain individuals with mental illness diagnoses have been able to manage their disability enough to function on a jobsite, employers still continue to disfavor them (Rüsch, Angermeyer, & Corrigan, 2005). Research performed by Krupa et al. (2009) found that co-workers of mentally ill people view them as incompetent, dangerous and not fit to have and maintain employment. Hipes and colleagues performed a study to that tested if mental illness history elicited stigma in the labor market (2016). A fictional character was posed as a candidate for hire on Craigslist, with qualifications on a resume. The resume was then sent out to telecommunication businesses, including qualifications and medical

history. The results of the research showed that there was significant amount of discrimination against employees with mental health issues. Although qualifying credentials existed, and even though the fictional candidate for employment notified the businesses of their full recovery, the hirers were reluctant to call back applicants who were candid about their past hospitalizations due to a mental health diagnosis (Hipes et al., 2016).

Stigma against those diagnosed with a mental disorder also manifests itself through the failure to secure quality housing. Landlords do not readily rent out to those with mental disorders because of the anticipation that their tenant with mental health issues will not be consistent with payment. Those diagnosed with a mental illness run a higher risk of homelessness, and many individuals who suffer from homelessness are struggling with mental illness (Mejia-Lancheros et al., 2020). Mejia-Lancheros and colleagues conducted a two-year longitudinal study measuring the stigma against the mentally ill who are homeless. The study concluded that many people with mental illness followed trajectories leading to homelessness. These trajectories suggest a need for reducing stigma toward this population (Mejia-Lancheros et al., 2020).

According to the World Health Organization's (WHO) World Health Report, stigma against mental disorders is one of the leading deterrents of treatment of mental illness (Oral, 2007). The report found that stigma can be so intense that certain cultures that someone acknowledging their own mental disorder would signify to them that something about them is wrong, and that accepting of treatment would ultimately bring out stigma in others toward them. As a result of this, the Japanese Society of Psychiatry and Neurology and Zenkaren, a national family organization, changed the name of schizophrenia with the goal of decreasing its stigmatization and increasing treatment-seeking behaviors (Oral, 2007). This example of action

taken against schizophrenia stigma highlights that stigma not only comes from the self and the lay person, but that mental health professionals and systems play a role as well.

### **The Origins of Mental Illness Stigma**

Where does this stigma come from? Mental illness stigma does not come from just one place. There are various sources of this stigma, including media portrayals of the mentally ill (Caputo & Rouner, 2011). A study performed by Signorielli (1989) looked at seventeen broadcast primetime television programs, 1215 episodes in total. It was discovered that twenty percent of the television shows in the sample referred to mental disorders, three percent of characters having one. It was also found that seventy-two percent of these characters were depicted as violent. Another finding was that 1 in 4 of the mentally ill characters killed someone, and half caused harm to other characters. Another place that stigma comes from is the lack of personal contact with people who are mentally ill (Maunder & White, 2019), and more. In this paper, my focus is on one specific source of mental illness stigma, which is how people explain mental illness.

### **Explanations for Mental Illness Contribute to Stigma**

People naturally want to explain why people have the characteristics they have. In addition to the explanations people come up with themselves, people also receive explanations through education. What are the consequences of these different explanations? There are possible positive and negative consequences of each kind of explanation.

*Table 1.* Summary of possible ways that biological and trauma explanations could each impact mental illness.

	Biological explanations	Trauma explanations
Increasing stigma	<ul style="list-style-type: none"> <li>• Essentialist idea that biology is stable, causing pessimism of recovery</li> <li>• Essentialist idea that mental illness reflects a person’s deep self or true inner reality</li> </ul>	<ul style="list-style-type: none"> <li>• Some circumstances are in control of the sufferer (i.e. drugs causing damage to the brain)</li> </ul>
Reducing stigma	<ul style="list-style-type: none"> <li>• Blame reduced due to biology being outside of one’s control</li> </ul>	<ul style="list-style-type: none"> <li>• Potential for recovery as traumatic event(s) become(s) more distant with time</li> <li>• Many circumstances are out of the control of the sufferer (i.e. loved one being murdered)</li> </ul>

**Stigma due to Biological Explanations**

One reason for mental illness stigma due to biological explanations is because of something called “essentialism”. As defined by Bogart, Rosa & Slepian, Essentialism is the belief that qualities have underlying natural causes, and that these qualities will keep someone in



the category that they are labeled in (2019). This ideology states that because the person is genetically predisposed to mental illness, there is nothing that can be done concerning true recovery.

These essentialist biological explanations have lots of impact on stigma. In one article, both reasons for stigma being increased and reduced are given. Loughman & Haslam stated that evidence from meta-analyses shows that explanations from biogenetics reduce blame, however, there is an increase in perceptions of dangerousness, aversion, and pessimism of recovery (2018). A chemical imbalance, according to the stigmatizer, results in a permanent problem that has little to no chance of being fixed. This type of stigma has the propensity to demotivate an individual from seeking treatment, given that it is believed by outsiders that treatment is futile. In other words, biological explanations for mental illness have a nuanced, sophisticated impact on stigma.

### **Stigma due to Trauma Explanations**

There is also the question as to whether stigma because of trauma explanations is more or less than stigma due to biological explanations. This is a huge literature gap, as not much research has been performed on whether traumatic causes of mental disorders elicit more stigma or reduce stigma. However, shared below are a few hypotheses.

One possibility is that stigma due to trauma explanations could be more problematic, because not only is the sufferer of said illness a victim beyond their control, but the trauma is what caused the illness, successively causing the suffering to be before and after the mental disorder. For example, when considering mental illness stigma due to the mental illness having traumatic causes, it can be theorized that stigma can possibly be elicited if drugs (a form of trauma to the brain) are a possible factor to the onset of a mental illness. There is the potential for

there to be no pity or understanding for those who engage in substance usage for recreational purposes. Hall has stated that there has been much research about cannabis use and its adverse effects on the brain (Hall, 2015). This type of stigma may be expressed in first-world countries, given that modern medicine and the study of science has its place in these nations. Because of this knowledge, it could be believed by society that those whose mental illnesses that have been a result of drug usage should be held accountable for their actions, and this is the consequence for participating in something so detrimental to the mind.

A contrasting possibility when considering the mental illness stigma is that it may be reduced through trauma explanations. An example of this would be when the potential to heal is examined by the observer of the person with a mental disorder. As in the cliché, “time heals all wounds”, the observer has the possibility to believe that someone may heal of their trauma over time, therefore essentially taking away symptoms of the mental disorder. Compared to biological explanations of mental illness stigma, there is the notion that people diagnosed with mental illness due to traumatic causes have the potential to change.

### **Discussion**

The goal of this literature review was to perform an overview of studies and other reviews that looked closely at the stigma of mental illness. Much information is done on mental illness itself, however, not much is done about the psychology behind mental illness stigma. Not much research has been done how the various explanations for the onset of mental illness impact stigma. What can be done with this information?

Mental health professionals may be able to take what has been presented in this literature review and share it with their clients. As people diagnosed with mental illness are encouraged to

observe their own psychology in aids to reduce their symptoms via management, the same may be done with their internalized stigma. Thinking about mental illness holistically, the client may be able to see their own stigma more when they are presented with the nuanced causes of mental illness symptoms. There exists the possibility that when the root causes of mental illness stigma are shown, such as biological models and psychosocial models, it can be reduced (Hayward & Bright, 1997).

Not only can a sufferer's internalized stigma be reduced, but they can then use the information concerning the potential cause of mental illness stigma to aid others to reduce their stigma, especially their loved ones who may not have a complete grasp on the phenomenon of mental illness. One may be given their own voice, and that they may speak out against mental illness stigma.

If the public were aware of their own misgivings about interacting with those who have mental illness due to their stigma, as those diagnosed with a mental illness must be self-aware in attempts to reduce symptomatic behavior, self-awareness of members of the public can reduce stigma. If the reasons for their stigma were exposed, introspection has the potential to take place, and the response to those with mental disorders may change for the better. Although it is believed by the public that those with mental disorders are more violent than the nonmentally ill, the opposite is actually true. Those with mental illness are more likely to be victims of violence (Rossa-Roccor et al., 2020).

The reduction of stigma against those with mental disorders is imperative for their well-being. As reviewed in the Introduction, mental illness stigma has many dire consequences for people suffering from mental illness, making it difficult for them to find housing (Chronister,

Chau, & Liao, 2013) and employment (Feldman & Crandall, 2007; Rüsch, Angermeyer, & Corrigan, 2005).

In addition to biological and trauma explanations for stigma against mental disorders, another reason why the public responds to mental illness the way in which they do is because of their portrayal in the media. If those responsible for what hits the airways were aware of what stigma is, from where it is derived, and its effects, the change of what is addressed on the news, television shows, and movies, may be changed, and those who suffer from a mental disorder can be viewed under a more positive, human lens. Given that the portrayal of those with mental disorders are violent (Caputo & Rouner, 2011), aversion and discrimination is highly possible. If this information were known, it can also be used to reduce stigma against those with mental disorders.

In conclusion, mental illness stigma is responsible for the marginalization of one in four people, making it a dire societal issue. Optimistically, the research and theories reviewed have shown what stigma is, where it comes from, and what can be done about it. There exists the hope of a brighter future for those with mental illness if this research is put into practice.

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