

Mental Health Stigma: So Much Progress and Yet a Long Way to Go - Introduction to Special Issue on Stigma

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A graduate student initiated a meeting with one of the editors of this special issue to discuss the topic of her seminar paper. She said that she wanted to study intimate relationships among people with psychosis. She said that she has been wanting to study this topic since her first boyfriend broke up with her after she had a psychotic episode. She was now in a new relationship but had learned her lesson and made sure not to share her “history.” This incident triggered the memory of another student who, like most of us, was also motivated by personal experience, but his was the opposite: his girlfriend disclosed her psychiatric history after he was deep in the relationship, leaving him feeling angry and misled. He thought that she should have shared this earlier. It was easy to relate, be empathic and understand his feelings. It was just as easy, however, to imagine and understand why his girlfriend chose not to share her “history.” This brought up the memory of still another woman who participated in a group which focused on helping people overcome their internalized stigma and “patient identity.” She shared with the other group members how her fiancé had ended the relationship right before their wedding when she revealed her “history,” and that her psychiatrist, to whom she confided this information, told her “NEVER, but NEVER disclose your ‘history’ like that again.” Surely the psychiatrist meant well, and his advice might even have been good advice. However, it makes one wonder what is it like being told by an authority figure such as your psychiatrist that you must hide what might be an important part of your past. What does this psychiatrist and probably others think about prior psychotic episodes that makes it imperative to keep them secret?

Any uncertainties we may have had regarding the need for a special issue on stigma was resolved when a senior colleague argued against it because “stigma is not a major issue.” We are grateful to this colleague because he helped us recognize how blind we, the caregivers, might be to the magnitude and pervasiveness of stigma. It was actually more like a “wake up call” since the recognition

had emerged years before through our personal experiences, which we carry within us.

Despite the impressive progress over the last several decades in conceptualizing the various forms of stigma, identifying and bringing attention to its prevalence, and even developing and implementing strategies to fight it, we still wonder whether we have the slightest idea about the wide range of often subtle ways a person labeled with a mental illness is subject to stigma on a daily basis. Perhaps we have managed to identify the tip of the iceberg with a glimpse of how stigma is experienced and the impact it has on individuals with mental disorders. We hope that this special issue on stigma will contribute to a deeper understanding of the topic that may be a step towards the ultimate eradication of the phenomenon.

We are thus proud to have had the opportunity to guest edit this special issue of eight peer-reviewed manuscripts, which we briefly summarize below.

D.H. shares a number of incidences and contexts in which he was subject to stigma and its devastating impact. These everyday mundane situations are so easily to imagine and so hard to digest.

The first four articles explore stigma at the societal level in different settings, how the effect of stigma at the individual or cultural level affects society and ways to reduce the negative effects of stigma. The next three articles focus specifically on the effect of stigma on people living with mental illness and how to tackle its deleterious effects to reduce risks and improve recovery.

DeLuca et al. examine the effect of social and personal characteristics including endorsed individual stigma in mental health funding decisions. Authors hypothesize that endorsements of individual stigma will be related to structural stigma, and that individual forms of stigma will have a cumulative effect, whereby more endorsements of various individual stigmas will predict less funding to mental health services. They discuss the relative impact of these variables and their interaction to predict allocation of resources for mental health services.

Stuart explores stigma within the police culture and provides preliminary psychometric analyses of a newly developed scale to address this issue. The scale is intended to be used to quantify the level of stigma in police cultures (as opposed to individuals), to assess group and organizational factors that may promote or reduce stigma, or to evaluate cultural change following anti-stigma interventions. In addition, this study provides the first quantitative evidence depicting mental illness related stigma within a police culture. The author writes about the implications of the study's results and provides suggestions for research and interventions.

Longden and Read propose that mental health anti-stigma campaigns should be conducted based on the alternative role of psychosocial explanatory frameworks to achieve a more tolerant and enlightened approach to psychosis. They conduct a literature review to provide a summary of theoretical and empirical research on the effectiveness of anti-stigma mental health campaigns to identify what works best under this hypothesis. They conclude there is evidence to support the hypothesis that anti-stigma campaigns which frame psychosis as a meaningful response to adversity are effective.

Stull et al. explore how explicit and implicit staff stigma may be important determinants of a recovery-supporting environment. To this effect, they examine the relationships between explicit and implicit biases and the recovery attitudes of Assertive Community Treatment (ACT) staff. They conclude that demographic characteristics and specific explicit and implicit biases are predictive of positive expectations for the recovery of consumers with severe mental illness. They discuss ways to counteract negative attitudes and to use positive attitudes to improve recovery in ACT.

Amar et al. use qualitative methodologies to explore how violating cultural role-expectations based on clan and kinship principles associated with youth, adults, and older adults acts as a mechanism for determining suicide risk among Laotian-Americans. Authors discuss the effects of acculturation, stigma and the effect of religious values in the process of acquiring or losing role-expectations through the lifecycle and its effect on suicide risk. They propose specific culturally appropriate interventions to combat suicide within cultural communities taking into consideration fulfilling role-expectations and "personhood" using the temple as an institution where clan/

kinship values and Buddhist principles can be transmitted inter-generationally.

Firmin et al. propose a model of stigma resistance for people living with mental illness, taking into account two important factors not well explored up until now: metacognition and fear of negative evaluation. Specifically, the authors hypothesize that individuals who differ in their levels of metacognition will differ in their response to fear of negative evaluation. Their findings offer preliminary support for this model of stigma resistance, accounting for the factors of metacognition and fear of negative evaluation. The authors discuss implications of the findings and ways to improve the resistance to stigma for individuals with mental illness.

Al-Khouja and Corrigan applied a four stage regressive model that links public stigma to self-stigma to those with co-occurring mental illness with substance use disorder. The authors examined how identity and self-stigma may be viewed differently by those with co-occurring disorders versus those with mental illness alone. Findings differed between these two groups signifying varying views of identity and self-stigma. Implications for anti-stigma interventions are discussed.

Finally, Roe et al. combined quantitative and qualitative methods and multiple assessments to study the process and outcome of Narrative enhancement and cognitive therapy (NECT), a structured group intervention aimed at decreasing self-stigma. Analysis of the data collected from sixty-two completers revealed a significant reduction in self-stigma and impairment in self clarity and revealed some of the mechanisms and processes involved.

We hope the readers will find this special issue interesting and relevant and that it makes a modest contribution to the effort to better understand and, more importantly, help erase stigma.

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Prejudice and Bigotry – First Person Experience

Experienced and written by D.H.

Albert Einstein said, “It is easier to crack the atom than to dispel prejudice”; from my experience, it is even harder.

Stigma stems primarily from prejudice, ignorance and lack of knowledge.

The first incident I would like to share entails all of the above. It occurred in my own home some time ago. It was so painful that I still feel the nausea and shame!

I was seeking professional help regarding how to balance my “personal budget.” Not that my bank account was a terrible mess, but I felt that with five children to marry off I needed financial planning advice. Therefore, I contacted a “Leading social non-profit organization that promotes financial responsibility across the country,” and we set up a meeting. A few minutes after the advisor who was supposed to “help” me arrived, he found out that I suffer from Bipolar Disorder and without any hesitation he collected his files and before I could say another word, he left my house...

It seems that any individual is eligible to apply for a mortgage except for a person with a psychiatric label.

Why? In order to get a mortgage from a bank one needs to take out life insurance. People with psychiatric disorders cannot! Even a class action suit did not help!

Why do I have a gut feeling that after doctors swipe my magnetic card and look at my list of diseases they have a suspicious look on their faces?

The following is a true story that happened to me in a large Jerusalem hospital. One Saturday morning during my prayers in the synagogue, I felt “pressure in my chest” and began to sweat. My son, who is a volunteer in the local first response medical emergency team, took it very seriously and, sure enough, I was hospitalized. Later that night during the nurses’ shift change I heard the nurse in charge “..and this is another mentally ill patient who imagined he was having a heart attack” – how intelligent!

I have many many more painful stories.

In case you are wondering why I am not publishing my full name, it is because I still have five children to marry off.