

Annotated bibliography

Mental illness has been a part of the human condition for as long as we have existed. In fact, according to the National Institute of Mental Health (2013), about one out of four Americans have experienced mental health issues, but far less of those affected seek treatment, often due to shame, embarrassment and stigma associated with mental illness. Stigma is a phenomenon understood as social rejection, avoidance and discrimination of an individual with a certain attribute. It is often perceived as a shameful and discredited mark on a person. Not only does stigma have a powerful effect on the individual, but also on families and entire communities. Despite scientific and public progression in terms of knowledge and understanding of mental illness, the stigma still persists.

Given this, I chose to address why in particular mental illness is stigmatized in our society and how this stigma can be prevented. In order to answer these questions, I found it essential to first look at the background and history of stigma and mental illness to get insight in how and why our society holds current perceptions. Second, I chose to explore what beliefs and public attitudes lead to creation and maintaining of stigma. Additionally, I look at various theoretical models that explain the stigmatization process. This is connected to my third theme that focuses on interventions to reduce and prevent stigma.

During my research I have examined various sources, which I here chose to organize into three groups. The first one provides an extensive coverage of the topic stigma associated with mental illness, the second one focuses more on specific studies explaining public perceptions that contribute to persistence of stigma, while the third one is more directed toward prevention of stigma and explanatory models of the stigmatization process that the methods of prevention are based on.

The following references address the topic of stigma associated with mental illness in a comprehensive way by exploring the concept of stigma, its nature and causes, maintaining mechanisms and ways of prevention and change.

Hinshaw, S.P. (2007). *The Mark of Shame: stigma of mental illness and an agenda for change*. New York: Oxford University Press, Inc.

In this book, the author and professor of psychology at the University of California addresses the questions of why stigma is still so rampant and what can be done about it. The book covers several topics to address these questions. These topics include defining stigma and concepts related to it and looking at it through perspectives of social psychology, sociology and evolutionary psychology. Unlike other references, this book also presents the history of views and responses to mental illnesses from ancient times to our modern time. This I find particularly interesting since it accounts for how concepts of mental illness and stigma have evolved throughout time. Topics such as public attitudes toward people with mental illness, influence from media and different strategies to combat the stigma are also revealed in this book.

Corrigan, P.W. (Ed.). (2005). *On the Stigma of Mental Illness: practical strategies for research and social change*. Washington, DC: American Psychological Association.

This book aims at exploring the broad picture of stigma and is directed primarily to health professionals working in the field as well as people exposed to stigma. It includes an overview of problems caused by stigma and investigates possible causes of it by like Hinshaw (2007), looking at various psychological and sociological models, and in addition looking more at cultural influences. The authors also discuss means for challenging the stigma of mental illness, which include personal empowerment, addressing the general public and changing stigma through the media.

The following authors emphasize current research on specific beliefs and attitudes in general public that contribute to stigma associated with mental illness.

Feldman, D.B., & Grandall, C. S. (2007). Dimensions of mental illness stigma: what about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26 (2), 137- 154.

Authors of this article go beyond the fact that mental disorders lead to stigmatization and look at what particular dimensions of mental illness cause stigma and rejection. They wonder for instance if biological basis of mental illness increase or decrease social rejection or how the prevalence of illness is related to level of stigmatization. 17 different dimensions found to be relevant to mental illness and included for instance dangerousness, social disruptiveness, treatability and biological causes. The findings indicated that in particular three dimensions showed to account for most of the stigmatization. These can be seen as the “big three” dimensions of mental illness stigma and are personal responsibility, dangerousness and rarity. This means that people who are most rejected are those who are personally responsible for causing the illness, who are perceived to be dangerous and have an uncommon illness. Authors suggest that addressing these three dimensions is what most likely will be effective in reducing stigma.

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- 861.

The aim of the study is to identify what core public opinions or “blackbones” are underlying prejudice and discrimination against mental illness in order to rethink standard approaches to challenge stigma. The research is performed across 16 countries and discovered uniform public opinions, even in countries with more accepting cultural climates. The core beliefs

discovered were unwillingness to see people with mental illness in successful and powerful positions and uncertainty about how to interact or whether to fear violence from those individuals. Authors draw an important conclusion that this can indicate a persistent fundamental idea that people with mental illness cannot get better, manage their illness and live full and complete lives. This means that effort to reduce stigma need to go beyond simply understanding the ideology of mental illness and rather focus on influencing cultural contexts and work toward tolerance and inclusion.

The following authors underline methods of prevention as well as provide explanatory models for the stigmatization process that the methods are based on.

Rüsch, N., Angermeyer, M.C., & Corrigan, P., W. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20 (8), 529-539.

The authors of the article aim to clarify the concept of mental illness stigma and discuss its impact on the individual and on public attitudes. One of the processes behind stigma is the labeling that separates “us” from “them” and the language used, such as saying “schizophrenic” which also is a powerful source of stigmatization. The social psychology model of cognitive, emotional and behavioral aspects of public stigma is explained, which facilitates understanding of how stigmatizing thoughts, emotions and behaviors are linked and influenced by each other. The authors also point out that stigmatization is not only based on stereotypes and prejudice, but these together in a context of power. In contrast to public stigma, the powerful concept of self-stigma is brought up. Self-stigma stems from the public stigma, but is also what contributes to it. Additionally this article gives examples of current efforts made to reduce stigma and presents and discusses three main strategies to reduce stigma, which are protest, education and contact.

Corrigan, P.W., Kerr, A., & Knudsen, L. (2005). The stigma of mental illness: explanatory models and methods for change. *Applied and Preventive Psychology*, 11(3), 179-190.

Authors of the following article have a goal to provide explanatory models for stigma around mental illness. These models consist of three general groups. One of them is the cognitive model, which describes how stigma is formed and maintained on a psychological level. This goes along with Rüsç et. al. (2005). This article however additionally explores two models, which are the motivational model that explains why people stigmatize and social model that explains how society creates and maintains stigma. Based on these models are suggested methods to diminish stigma, these are grouped into three processes, protest, education and contact, which is also consistent with Rüsç et. al. (2005). Here, the authors also suggest addressing structural discrimination to break stigmatizing structures within the society.

Leff, J., & Warner, R. (2006). *Social inclusion of people with mental illness*. New York: Cambridge University Press.

The authors of this book begin with providing an overview of the origins of stigma. The main focus of the book is however inclusion of people with mental illness into the rest of the society. Questions such as how people with mental illness in a community can become a part of that community, how community can begin to see these people as fully human members and how people with mental illness can be helped to find a sense of identity and escape poverty and victimization are discussed. A particularly interesting aspect that the authors bring up is how the traditional psychiatric institutions create isolation and perpetuate stigma. The authors discuss the dismantling of psychiatric institutions and suggest alternative treatment approaches.