University of Massachusetts Medical School
UMASS

Volume 11
Issue 4
2014

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Getting Acquainted With Stigma: A Brief Introduction

Stephanie Rodrigues, PhD

When people have a personal understanding of the facts, they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems. The actions of reducing stigma, increasing awareness, and encouraging treatment will create a positive cycle that leads to a healthier population.

The President's New Freedom Commission on Mental Health, 2003

Stop for a moment and think about how much information you process daily to successfully navigate the world. The amount is enormous, right? So, how do we manage all of it? Stereotyping is one way. Stereotyping, a social cognitive structure, can help us categorize the constant stream of information we are tasked with processing in order to simplify our lives (Corrigan, 2004). When used for good, stereotyping can help us carry out daily activities quickly and efficiently, bypass awkward moments like walking into the wrong rest room, and help us identify professionals with specialized skills (e.g., firemen, doctors, lawyers) who can help manage problems that may benefit from additional support. However, stereotyping can also lead to the application of negative beliefs toward a group of people, including those with a mental illness, resulting in stigma and derailments in care (Corrigan, 2004).

In this Issue Brief we define stigma, describe its negative consequences, and offer ways to address stigma and promote engagement in care.

Conceptualizing Stigma

Link & Phelan (2001) conceptualize stigma as resulting from five interrelated factors:

1. labeling of individual differences (e.g., individuals diagnosed with schizophrenia vs. individuals without diagnoses of schizophrenia)
2. association of labeled persons (e.g., individuals with schizophrenia) with negative stereotypes (e.g., incompetence, violence)
3. assignment of labeled persons to distinct groups (e.g., "psycho"), creating "in" versus "out" group members
4. loss of status and discrimination experienced by labeled persons, resulting in disadvantages related to education and employment, as well as basic necessities, such as housing and health care
5. perpetuation of widespread acceptance of labeling, stereotyping, separation and discrimination via social, economic or political power.

Now that you are familiar with the conceptualization of stigma, let us

deconstruct stigma further by looking at types of stigma and its consequences.

Public vs. Self-stigma and its Consequences

Public and self-stigma act together, build upon each other, and impede recovery (Corrigan, 2004).

Public stigma is a negative societal reaction that results in prejudice toward a group of people with a negatively viewed trait such as mental illness (Corrigan, 2004). Public stigma reinforces a greater desire for social distance from people with mental illnesses, leading to lost employment and housing opportunities, as well as decreased social support from family and friends (Pescosolido et al., 2010).

Self-stigma is an internalized negative reaction that results in shame due to membership in a stigmatized group (Corrigan, 2004; Rüsch et al., 2006). Shame is an involuntary emotional reaction that develops as a result of perceived defects (e.g., mental illness) acknowledged by self and/or others. Shame is both distressing and debilitating (Rüsch et al., 2009). People who experience shame experience decreased self-esteem and self-efficacy (Baldwin, Baldwin, & Ewald, 2006; Rüsch et al., 2006), both of which are associated with self-stigma (Corrigan, Watson, & Barr, 2006; Rodrigues et al., 2013). These negative consequences may engender a poor self-concept that inhibits engagement in care and other recovery-oriented activities, best explained by the "why try" effect (Corrigan, Larson, & Rüsch, 2009).

Label Avoidance. People who engage in label avoidance refrain from associating with individuals and/or institutions that may connect them to a stigmatized group (e.g. mental health consumers, providers, and treatment facilities). People engage in label avoidance to escape the negative consequences of public and self-stigma, even when it means foregoing available services that have been shown to have a lasting impact on recovery (Corrigan & Wassel, 2008; Rodrigues et al., in press).

Thus, fear of stigmatization, a well-established and persistent barrier to care, creates a community of people who often suffer in silence until emergency intervention is necessary and recovery becomes a much more challenging and lengthy endeavor.

Addressing Stigma to Promote Engagement in Care

Mental illness may often be hidden, and fear of disclosure can complicate outreach efforts as well as engagement and retention in care. Providers should be vigilant about these effects of stigma and adhere to the following recommendations to encourage disclosure and engagement in mental health services:

Primary care providers
- Incorporate routine mental health screening into primary care visits.
- Make treatment referrals and engage in "warm hand offs" to mental health providers/services whenever possible.

Mental health providers:
- Ask about stigma concerns and address them in treatment planning and psychoeducation for persons with mental health conditions and their families.
- Encourage engagement in peer-run supportive networks that challenge stigma and shame and provide hope for mental health and recovery.

In conclusion, professionals and the general public alike should avoid describing people by their diagnoses (e.g., "he/she is schizophrenic"). Use of person-first language (e.g., person with schizophrenia) connotes respect by emphasizing the person, not the disorder.

Additional Resources
- Resource on Person-First Language: http://www.asha.org/publications/journals/submissions/person_first/
- Resource Center to Address Discrimination and Stigma: http://www.nami.org/Content/ContentGroups/Home4/Home_Page_Spotlights/Spotlight_1/ADS_Center_Spotlights_Anti-Stigma_Programs.htm
- NAMI StigmaBusters: http://www.nami.org/template.cfm?section=fight_stigma
- Mental Health Experienced & Years of Understanding (MHE & YOU) Advisory Council's Stigma Fighting Campaign videos to observe Mental Health Awareness Month: http://www.umassmed.edu/cmhsr/stigmafightingstatements.aspx

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