Impact of the stigma of mental illness

Review
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LIST OF ABBREVIATION

- **ACT** : Acceptance and commitment therapy.
- **AIDS** : Acquired immune deficiency syndrome.
- **ASUIP** : Ain Shams University institute of psychiatry.
- **CAMI** : Community Attitudes toward the mentally ill.
- **MhGAP** : Mental Health Gap Action Program.
- **UK** : United Kingdom.
- **UN** : United Nations.
- **USA** : United States of America.
- **WHO** : World health organization.
- **WHO-EMRO** : World Health Organization Regional Office for the Eastern Mediterranean**.**
- **WHO-STEPS** : World health organization STEP wise approach to surveillance.
- **WPA** : World Psychiatric Association.

CHAPTER One

(Concept of stigma)

Introduction

The stigmatization of mental illness is currently considered to be one of the most important issues facing the mental health field **(Crisp, 2000).**

An enormous number of individuals are affected by mental illness worldwide: It has been estimated that 1 in 5 persons will suffer from a mental illness each year, with about 6% showing forms that indicate high levels of severity **(Kessler et al., 2005; World Health Organization, 2001a).**

Although individuals with mental illness suffer from a wide range of negative effects and impairments related to the disorder itself, these outcomes are exacerbated by societal stigmatization of their illness. In fact, harsh stigmatization of mental illness occurs across nations and cultures around the world, creating significant barriers to personal development and receipt of treatment **(Tsang et al., 2003; World Health Organization, 2001b).**

Mind and Body are Inseparable

Considering health and illness as points along a continuum helps one appreciate that neither state exists in pure isolation from the other. In another but related context, everyday language tends to encourage a misperception

that “mental health” or “mental illness” is unrelated to “physical health” or “physical illness.” In fact, the two are inseparable **(Rocio, 2004).**

Seventeenth-century philosopher Rene Descartes conceptualized the distinction between the mind and the body. He viewed the “mind” as completely separable from the “body” (or “matter” in general). The mind (and spirit) was seen as the concern of organized religion, whereas the body was seen as the concern of physicians **(Eisendrath & Feder, 1995)**.

This partitioning ushered in a separation between so-called “mental” and “physical” health, despite advances in the 20th century that proved the interrelationships between mental and physical health **(Cohen & Herbert, 1996; Baum & Posluszny, 1999).**

Although “mind” is a broad term that has had many different meanings over the centuries, today it refers to the totality of mental functions related to thinking, mood, and purposive behavior. The mind is generally seen as deriving from activities within the brain but displaying emergent properties, such as consciousness **(Fischbach, 1992; Gazzaniga et al., 1998).**

One reason the public continues to this day to emphasize the difference between mental and physical health is embedded in language. Common parlance continues to use the term “physical” to distinguish some forms of health and illness from “mental” health and illness. People continue to see mental and physical as separate functions when, in fact, mental functions

(e.g., memory) are physical as well **(American Psychiatric Association, 1994)**.

Mental functions are carried out by the brain. Likewise, mental disorders are reflected in physical changes in the brain **(Kandel, 1998).**

To understand the different stigmas of the mental illness in different cultures, it is necessary to explore the rationale behind these attitudes.

Concept of stigma

Nowadays although there is agreement that 'stigma' is a mark of disgrace or discredit that sets a person aside from others, definitions differ in the breadth of experiences they describe. Stigmatization is the process wherein one condition or aspect of an individual is attributionally linked to some pervasive dimension of the target person's identity **(Mansouri & Dowell, 1989).**

It is the negative effect of a label **(Hayward & Bright, 1997)**, or the process of establishing deviant identities **(Schlosberg, 1993),** or stigma is another term for prejudice based on negative stereotyping. The clear inference is that the 'negative' aspect reflects not only unfavorable stereotypes, but also the negative attitudes and adverse behavior of the stigmatiser **(Corrigan & Penn, 1999).**

Stigma can be seen as "a buzz word, arousing more emotional reaction than words like devaluation and discrimination" **(Clausen, 1981)**. Other writers have questioned the usefulness of the word to describe a range of adverse experiences, so it is argued that the focus should move from the receiver of stigma (the psychiatric patient) to the people or agency causing the stigma **(Sayce, 2000).**

To be marked as 'mentally ill' carries internal (secrecy, lower self-esteem and shame) and external (social exclusion, prejudice and discrimination) consequences, all of which are written about under the 'stigma' heading. But in the end it is agreed that the concept of stigma has been acknowledged as being an important factor in the way that people with mental health problems are viewed and treated. Some authors suggest that stigma should be viewed as a multifaceted rather than a single concept **(Macinnes & Lewis, 2008)**.

Roots of Stigma

Throughout history, madness has been the subject of speculation, interpretation, and prescription. Hence, in primitive medicine, mental illness has a supernatural cause: violation of taboo, diabolical possession, or inclusion of a magical object **(Pelicier, 1971).**

Stigma of mental illness has existed since antiquity and most likely stems from fear, lack of knowledge and ingrained moralistic views **(Garfinkel & Goldbloom, 2000)**.

This stigma toward mental illness has been rampant throughout history, suggesting universal, or even naturally selected, "exclusion modules" toward persons with mental disorders and the mental illness label itself **(Kurzban & Leary, 2001; Link & Phelan, 2001).**

It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia **(Penn & Martin, 1998; Corrigan & Penn, 1999)**.

So, explanations for stigma stem, in part, from the misguided split between mind and body first proposed by Descartes. Another source of stigma lies in the 19th-century separation of the mental health treatment system from the mainstream of health. These historical influences exert an often immediate influence on perceptions and behaviors in the modern world **(U.S. Department of Health and Human Services, 1999).**

Current Perceived causes of mental illness

Nowadays in developed countries, after examining the general public's beliefs about schizophrenic disorder in a representative survey of all German nationals over the age of 18 living in private households. It was found that the most common reported cause is psychosocial stress, and that the most

common treatment plan suggested is psychotherapy **(Angermeyer & Matschinger, 1993).**

In Canada, it was found that the most endorsed causes of mental illness were constitutional factors **(Thompson, 2002).** Whereas in China, a small minority of Chinese people attribute mental illness to such things as 'ghosts' or 'retribution for ancestor's evil deeds' **(Yang, 1989).**

In the West Bank, there is a concomitant rise in the tendency to view mental illness as the result of an inadequate relationship with God, as divine punishment, or an expression of doom (fatalism). These three tendencies exacerbate negative attitudes towards, and the rejection of the mentally ill, in turn reducing the extent to which potential employers are willing to hire mentally ill people **(Haj-Yahia, 1999).**

Stigma through history

Since the beginning of recorded history there appear to be reference to mental illness in both Eastern and western civilization. It is most difficult to define specific periods when the majority of people held particular view about mental illness **(Sainsbury, 1973)**.

As a result madness has been the subject of speculation, interpretation, and prescription. Hence, in primitive medicine, mental illness has a supernatural cause; consequently, various practices of shamanism and exorcism have been the predominant treatment. At times when the moral

judgment demanded, the insane was treated as criminals, often tortured, tied, and put to death or brutally incarcerated **(Pelicier, 1971).**

Psychiatric stigma in the classical and medieval period

If psychiatric stigma did exists in classic society of the Ancient Greco-Roman world, then it was most probably found and association with visible and chronic forms of madness/insanity. In this "system" psychiatric illnesses were not stigmatised, or handled differently from other illnesses **(Neugebauer, 1979).**

The topic of psychiatric stigma in medieval societies cover a very complex range of issues involving general lay beliefs, attitudes, dispositions, actions, legal / civil pronouncements , literacy conventions , religious traditions . Christian theology added symbols of the demonic, the morally perverse, the promiscuous, and the sinful to the prevailing classical and Hellenistic picture of madness. In the event, the Christian view, which was stigmatising, gained foothold in the principal academic/ professional tradition of medicine. Although the mad/insane could be equated with positive emphases (charity, purification) and the extent of the psychiatric stigma varied, there is much evidence pointing to banishment, condemnation, and forms of incarceration being applied to those mad/insane persons who were chronically ill, poor, isolated and hence marginal. Religious institutions and settings, whose governing assumptions and

symbols was polyvalent with respect to madness/insanity, were the principal locality whew the mad receive support and relief **(Goffman, 1963).**

However there is evidence to suggest that psychiatric stigma become prominent, and that ideas linked to Christian beliefs became influential. And there are strong suggestions that during the medieval period, the authorities and the civil government, in keeping of the aim of imposing centralised control by state institutions, may have contributed to psychiatric stigma. In contrary in the dogmatic classical view of insanity drawn on by medieval Islam," there was a common consensus that the brain, and not the heart, was the centre of mental activity. Furthermore, mental disturbance was an illness. As a natural result, no moral meaning was assigned to the disease –no guilt or shame **(Dols, 1988).**

In Islamic society as a whole, there existed folk beliefs that equated evil spirits with madness and insanity, but this never became a strong element of academic traditional medicine. In contrast to other societies Christians and Muslims shared a common belief in demons as an agent of illness as comparable reliance on religious and magical healing. Yet, within the confines of professional medicine, as encapsulated by the Islamic hospital… Islam, as a tradition (as distinct from Sufism) did not promote the doctrine of supernatural comparable to Christianity, nor did it possess a clergy empowered to perform exorcism **(Dols, 1984).**