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Stigma towards some psychiatric disorders in a sample of females in two different communities (Egypt&Germany)
"comparative study "

Thesis submitted in partial fulfillment for the MD of psychiatry

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INTRODUCTION

Stigma and discrimination experienced by persons suffering from mental illnesses is a universal phenomenon. Unlike other medical conditions, it is recognized as an important barrier in countries rich and poor, big and small and in countries with well developed mental health services and those with limited services **(World Health Organization, 2001)**. In recognition of the importance of this issue, the World Psychiatric Association launched the international "Open the Doors" program to address this issue **(World Psychiatric Association, 2000)**. Simultaneously, the Royal College of Psychiatrists in England has launched the Changing Minds campaign

(Royal College of Psychiatrists, 2001). International media like the BBC have focused reports on combating the stigma of mental illness (BBC, 1999). In the USA, the Surgeon General, in his historic first report on mental health in December 1999, noted that stigma prevented more than half of the Americans who need urgent mental health care from receiving appropriate attention (Surgeon General, 1999). More recently, the report of the Presidential Commission (Inglehart, 2004) identified three major obstacles to the receipt of "excellent care", the stigma attached to mental illness, unfair limits that stem from inadequate insurance and a fragmented system for delivering services. Internationally, fighting stigma is

identified as the final obstacle to better mental health care (Sartorius, 1997).

The president of India, in February 2004, called for a fight against stigma and discrimination against mentally ill persons (the Hindu, 2004), and gave this specific pledge to young people: " I will always be a friend of the mentally and physically-challenged, including people with schizophrenia, and will work hard to make them feel normal".

On the positive side, the screening of the film "The Beautiful Mind" and the Oskar awards it received helped to present the positive aspects of mental illness, such as recovery as well as the human side of the illness (Nasar, 1998). The film presents the life of John Forbes Nash, from

his lonely childhood through his student years. In 1994, the Nobel Prize Committee chose to honor his contribution to game theory. Many reviewers have described the book as 'heartbreaking but inspiring' and 'offering practical advice to those people living with schizophrenia and their families'.

Mental health professionals are aware of the harmful effect of stigma against mental illness. It interferes at every stage of the diagnosis, treatment and rehabilitation of all types of mental disorders, and even forces people to avoid seeking psychiatric help. Fighting this stigma can improve the outcome of the disease, and allow the patients to make use of the new modalities of treatment that bring new hope to them **(Wig, 1997)**.

Aim of the work:

Our study was conducted to summarize findings from transcultural comparative study between Egypt and Germany regarding stigmatization of mental illness in order to inform future research and interventions to reduce public stigma of individuals with mental illness.

Our study examining also cross-cultural similarities and differences of attitude towards mental illness by directly comparing two samples of women from Egypt and Germany with a clinical diagnosis of depression using two assessment inventories EMIC and Attitude towards mental illness.

The effect of personal experience with mental illness on the attitude towards individuals suffering from mental disorders.

Conceptualization of Stigma

The word stigma originated in ancient Greece and is derived from a word meaning to mark someone. The American Heritage College Dictionary defines stigma as a mark of disgrace or reproach. Stigma is not simply the use of negative labels or wrong words; it is disrespectful to the individual who has mental illness. It further discourages the individual from seeking the help needed for fear of discrimination. Furthermore, stigma encourages fear, mistrust, and violence against people with mental illness **(Brown &Bradley 2002)**.

(Goffman 1963) defined stigma as ''the situation of the individual who is disqualified from full social acceptance.' Goffman described stigma's application to persons living with mental illness, physical disability, imprisonment, and even unemployment. Goffman recognized that stigmas are socially defined: what characteristics are considered stigmatizing and how an

individual experiences stigma vary widely across social contexts **(Rau et al., 2008)**. Since Goffman's time, researchers have explored cognitive, affective, and behavioral aspects of stigmas: examining stereotypes or beliefs, attitudes or emotional feelings, and discriminating behaviors toward stigmatized individuals **(Corrigan & Penn 1999; Pryor et al. 2004)**.

One distinction that has proved useful is the distinction between public-stigma, or the social reactions of people to stigmatizing characteristics the perceive in others, and self-stigma, or the internalized cognitive, emotional, and behavioral impact of possessing a stigmatizing characteristic **(Rusch et al. 2005)**.

Both the concept of stigma and the experience of discrimination in the context of mental disorders have been widely explored and documented. It is well recognized that people with mental disorders are subject to discrimination as a consequence of stigma in a range

of important spheres including housing, employment, access to services, and inter-personal relationships (**Link & Phelan 2001; Corrigan & Watson 2002**). Stigma exists when elements of labeling, stereotyping, separating, status loss and discrimination co-occur in a power situation that allows these processes to unfold (**Kermode et al., 2009**). Stigma and consequent discrimination contribute to delays in diagnosis and treatment for people with mental disorders, impede recovery and reintegration following a period of illness, and result in both short- and long-term personal distress for affected people, as well as lost opportunities for fuller participation in life (**Corrigan et. al., 2001**). Self-stigma, which involves internalization of these attitudes, further compounds these effects (**Corrigan 2004).** The negative effects of stigma can outweigh the impact of disability due to the disorder (**Sayce 1998; Hinshaw & Stier 2008**).

Mental health stigma continues to amplify the suffering and hamper the recovery of individuals with a mental illness (**Thornicroft et al., 2009;Nguyen et al., 2012**).

The issue of stigma around mental illness is important for prevention, early detection and community treatment of psychiatric disorders (**Malla 1987**). The World Health Organization (WHO) has highlighted how stigma, if not combated, can create "a vicious cycle of alienation and discrimination which can lead to social isolation, inability to work, alcohol or drug abuse, homelessness or excessive institutionalization, all of which decrease the chance of recovery".

The National Service Framework for Mental Health (Standard 1) also emphasizes the importance of reducing the discrimination and social exclusion associated with mental health problems (**Papadopoulos et al., 2002**). Since 1998, the Royal College of Psychiatrists has been campaigning to reduce stigmatization towards mental