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The Psychology of Mental Illness Stigma

Stereotypes and Solutions



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Illustrated by Sulan Wu

As humans, we have an innate tendency to categorize people. This can be helpful, but sometimes leads to othering a group of people, as we prefer those we see as our ingroup. Mentally ill people are a frequently marginalized group, seen as completely different from those who are not mentally ill. This is due to the stereotypes surrounding mental illness. These negative beliefs, called stigma, are still found today — from calling people insane as an insult to assuming all perpetrators of violence are mentally ill. But why is stigma against mentally ill people so prevalent, and how does it manifest?

A major reason for stigma is that mentally ill people are seen as somehow inhuman or out of control. Current studies show that people with mental illnesses are thought to be dangerous, and in some cases having caused their own problems. Mentally ill people were also considered unpredictable even by people who had relatives with mental illness. Even doctors can have their own stigmatizing beliefs surrounding mental illness. It's not considered something to prioritize or actively work on in medical schools, so it remains in the profession. Mentally ill people can also be overly idealized, or denied their negative traits, which can be

just as dehumanizing as only focusing on the negative traits. It's fairly common to hear, for example, that people with mood disorders are more intelligent and more creative.

The fact that it is socially acceptable to stigmatize these illnesses perpetrates the stigma. Language like this is infrequently challenged, and that lets people learn it's okay to say things like that. It's fine to call someone you hate at work crazy, or refer to politicians as sociopaths. (Sociopath is not a medical term anymore. Antisocial personality disorder is frequently maligned and misunderstood. As patients may not conform to social norms, and are frequently impulsive or irritable, they're seen as unpredictable and dangerous even more than most mentally ill people. They are often refused treatment outright, so they have to face increased stigma without getting as much help.)

Mental illness terms are also frequently misused. This misuse of terminology actually used in psychology leads to misinformation. It leads to, say, an actual person with psychosis being seen as frightening and dangerous when they are not. I've heard people say they're "OCD" for liking to clean their rooms, or calling their ex psychotic because they were

emotional. (Obsessive-compulsive disorder is characterized by unwanted, distressing thoughts, and wanting to do something to get rid of them. Importantly, compulsions really aren't enjoyable. Traits like being orderly, a perfectionist, and inflexible are associated with obsessive-compulsive personality disorder, an unrelated condition. Psychosis is characterized by delusions, hallucinations, disordered thought — which usually shows up as unusual speech or writing — or catatonia. It has nothing at all to do with mood, and it doesn't make someone violent.)

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It is possible that mental illness stigma is inherent like other stigmatizing beliefs. One problem that happens frequently is that when a non-mentally ill person does something bad, it's because they were in a bad situation or something similar. If a mentally ill person does something good, it's similarly seen as situational: if they do something bad, it's because they're mentally ill. However, in reality, bad situations or good luck can happen to anyone at all, regardless of what group they're in. This bias is due to something called the ultimate attribution error, which is seeing your ingroup as inherently good. Mentally ill people, especially those with an addiction or an eating disorder can be seen as having caused their problems as well. This is due to something called the just-world hypothesis, which is the belief people get what they deserve. However, this isn't really the case here. Genetics, environment, and pre-existing mental illnesses can contribute to either disorder. This belief is common, as all people have it to some extent. There's also implicit bias towards mentally ill people. This comes out in microaggressions that non-mentally ill people don't even realize they're doing. A microaggression is a small and usually unintentional biased statement. A common one is treating mentally ill people subtly differently, whether with obvious fear or a patronizing tone. Reacting poorly to any symptoms of mental illness or expressing pity is another one. Another bias that is common is self-fulfilling prophecy. If you expect an outcome to happen, and then act in a certain way, you could cause the outcome due to your own behavior. This happens most for when, as previously mentioned, mentally ill people are treated in a rude or patronizing way. Like anyone else, they consider this irritating, and will probably be less polite themselves.

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Unfortunately, this bias is often internalized, too. Self-stigma causes problems with getting treatment - the average time to get treatment for obsessive-compulsive disorder is over a decade from the first time symptoms show up. This is probably because OCD frequently causes thoughts of doing something considered completely unacceptable. Many people think of this as meaning they're the exact sort of "dangerous" mentally ill person others are afraid of, which leads them to suffer in

silence. Stigma also leads to mentally ill people seeing themselves as less than other people. For disorders like depression that already lower your self-esteem, this can be especially harmful. Mentally ill people frequently become dejected quickly, and wonder why they even bother trying to get help.

The good news is there are things you can do to help with mental illness stigma, especially if you are not a mentally ill person wanting to look out for those who are. For one thing, you can try to enforce norms of equality. Sometime utilizing guilt is helpful because it makes someone want to fix their behavior. It makes someone aware of what they did wrong, without making them feel ashamed and withdraw completely. If you don't publicly shame them, they might be more willing to listen. There are a few ways to do this. One thing you could try to do is to relate it the situation to yourself so the person you are talking to can see you in front of them and acknowledge you as someone who has some relationship with mental illness. This serves to normalize it to some extent. Say that your friend is mentally ill, or your family member, and it could help. Another thing you could do is rephrase. If someone is calling someone they don't know insane, offer to substitute a synonym for them. If someone means a politician is a bad person but calls them a narcissist, suggest they mean a bad or uncaring person. This models the right behavior in a more subtle way. If you aren't involved in the conversation, and someone is being targeted, you can try talking to the person being targeted directly about anything, excluding the person targeting them. You can also join an organization that's dedicated to fighting stigma and advocate for the rights of mentally ill people, though this is not always feasible time and commitment wise. Remember, change starts with your own behavior. You can start by examining your own behavior, and actively standing up to ableism when you see it.

Societally, there are changes we could make as well. Ideally, we'd not have stereotypes about mentally ill people taught in the first place — representation is a good way to combat these stereotypes. Surprisingly little non-offensive and accurate representation of mentally ill people exists in media. More mentally ill characters in media who aren't just murderers would be helpful. Giving out information about what mental illnesses are really like could help reduce stigma as well. It could also help with self-stigma and actually getting patients to come get help. There's still a lot of hard work to be done societally, but it can happen. ●