

Organizational Stigma and Destigmatization Through IP-based Development: A Case Study of the No. 600's Gallery at Shanghai Mental Health Center

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Abstract. Mental health institutions have long endured social stigma, which not only undermines their organizational legitimacy but also hinders the public's positive engagement with mental health services. Existing destigmatization research has primarily focused on individuals or groups, with insufficient attention to the systemic reconstruction of organizational images. This study takes No. 600's Gallery at the Shanghai Mental Health Center as a case to examine how organizational destigmatization can be achieved through the path of IP development. Findings reveal that the gallery, centered on art exhibitions, has created a multi-actor interactive pathway among hospital-patients-society. By re-symbolizing hospital space, it weakens the negative connotations of psychiatric settings. By re-narrating the process of treatment, it transforms patients' identities from patients to artists, allowing them to gain recognition and respect in an artistic social context. By re-disseminating humanistic care, it extends mental health knowledge to the broader public while leveraging cross-sector collaborations to expand the influence of the IP. The IP-based practices of mental health institutions reconstruct and disseminate new symbols, providing medical staff, patients, and the public with a morally acceptable experience, thereby gradually dissolving organizational stigma. This research offers practical implications for the social communication and image reconstruction of mental health institutions as well as other stigmatized organizations.

Keywords: organizational stigma, destigmatization, IP-based development, mental health institutions

1. Introduction

Within public-health systems, mental health institutions have long borne a heavy social stigma. Since the emergence of the derogatory label "lunatic asylum", psychiatric hospitals have often been perceived as dangerous or frightening places, segregated from mainstream social life. Although medical advances and shifting social attitudes have gradually improved public understanding of mental illness, mental health institutions remain inevitably entwined with negative associations. This

organizational stigma not only undermines these institutions' social legitimacy, but also suppresses public uptake of mental health services and exacerbates the self-stigma and social exclusion experienced by patients and their families.

In recent years, as mental-health issues have entered public discourse, mental health institutions have begun to explore new modes of social engagement and image reconstruction. Developing institutional IP has shown distinct potential in this regard. IP development is more than an extension of branding, it is a process of reconstructing institutional identity through narrative, symbolism, and cultural reproduction. By hosting exhibitions and artistic events, mental health institutions can shift from being perceived as "sites of disorder" to being seen as places where people seek mental-health care, thereby cultivating a new public image characterized by professionalism, inclusiveness, and openness. Against this background, the present study offers a case analysis of No.600's Gallery at the Shanghai Mental Health Center. By tracing its IP-based pathway, the study seeks to generate fresh insights for organizational destigmatization practices.

2. Literature review

2.1. Stigma and organizational stigma

Stigma is an important concept in social psychology, sociology, and anthropology, first systematically proposed by Goffman. Stigma is defined as a spoiled identity, that is, when an individual is socially identified as abnormal because of a certain characteristic, their social identity is devalued, emphasizing that stigma is constructed and maintained within social relations [1]. Stigma can be conceptualized as multiple interacting mechanisms: labeling, stereotyping, separation, status loss and discrimination, and this process occurs when power relations are maintained, extending stigma from individual prejudice to the level of social structure [2]. In addition, stigma is not only a form of social exclusion, but also a threatening moral-experiential process for individuals and groups. The essence of stigma is that people use "othering" to blame and exclude particular groups to maintain a false order. In this process, stigma becomes a legitimized response to danger and may even trigger the legitimization of violence [3,4].

Stigmatization also exists at the organizational level. Organizational stigma refers to organizations suffering negative social evaluation because of core attributes such as the nature of their business or clients, thereby threatening organizational legitimacy, making it difficult to obtain resources and social understanding, and facing survival crises [5,6]. Through three stages of individual labeling, collective diffusion, and social control, organizational stigmatization causes stakeholders to cognitively distance themselves from the organization, behaviorally reduce interactions with the organization, demand economic compensation, or sever ties completely [7]. The process of organizational stigmatization is dynamically evolving. For example, individual stigma can be upgraded into organizational stigma through organizational practices or spread to an entire industry, or organizations can dramatize stigma to normalize it and convert it into a competitive advantage [8].

2.2. Organizational stigma of mental health institutions

Mental illness is a stigmatized condition. Misunderstandings about mental illness produce negative, erroneous, and discriminatory attitudes, leading to prejudice and discriminatory behavior, manifested specifically as fear and exclusion, authoritarianism and benevolent prejudice, causing patients' self-stigma, decreased quality of life, social discrimination and family-associated stigma

[9]. The internalization of self-stigma by patients is reflected in three types: self-deprecation, righteous indignation, and indifference, which then lead to endorsement of such negative stereotypes, resulting in low self-esteem, low self-efficacy, and behavioral avoidance of challenges [9,10].

Organizational stigma of mental health institutions reproduces stigma around mental illness. The institutions' scale, treatment methods, and peer atmosphere shape stigma experiences, and social structural factors such as income inequality and unemployment further reinforce stigmatizing attitudes [11,12]. Consequently, patients are often hindered from seeking mental-health services because of organizational stigma. Their families are also heavily influenced by this stigma when deciding whether to take patients for treatment [13]. At the same time, organizational stigma negatively affects patients' perceptions of the quality of mental-health services and reduces patients' overall life satisfaction [14]. Moreover, organizational stigma not only leads patients to prefer medication over psychotherapy, but also causes policymakers to favor maintaining closed institutions, delaying the modernization of mental health institutions [15].

2.3. Destigmatization pathways

Existing research has focused on the pathways to destigmatization of mental illness, which include three types: protest, education, and contact. Protest refers to opposing stigmatizing content in the media and advertisements. Education means providing correct information through courses, videos, and lectures. Contact refers to promoting direct interaction between the public and people with mental illness [10]. The effectiveness of these three types of destigmatization pathways can be categorized according to the audience's age and role. Corrigan found that contact is an important way to change adults' attitudes and behaviors toward stigma, whereas for adolescents, education is more effective in changing their attitudes [16]. Thornicroft pointed out that, for the general public, face-to-face contact is the most effective way to improve attitudes toward stigma, while for people with mental illness, group psychoeducation can reduce self-stigma [17].

Various sectors of society have also taken measures to achieve organizational destigmatization. First, re-describing stigmatized subjects. By restoring patients' own expressions and experiences and describing them as individuals undergoing treatment or recovery, destigmatization can be achieved at the personal level while also promoting society's renewed understanding of mental illness and mental health institutions [18,19]. Second, adopting new approaches to public education and contact. Through organizing open-day events on World Mental Health Day, more and more members of the public have begun to face mental health issues directly, becoming more willing to seek help, and attitudes of society toward mental illness are gradually shifting toward destigmatization [20]. Similarly, by implementing community-led theater interventions that dramatize common mental illness stigmas, audiences' acceptance of people with mental illness can be significantly improved, and stigmatizing attitudes can be noticeably reduced [21].

However, the above destigmatization pathways mostly focus on changing cognition and attitudes at the individual or group level, with relatively limited discussion on how to systematically reshape the social image of organizations. The IP-based pathway, which integrates destigmatization with cultural communication and brand management, offers a new possibility for the organizational destigmatization of mental health institutions. IP-based strategies emphasize the use of narrative, symbolism, and multi-channel communication to shape a particular image or theme into a cultural symbol with unique recognizability and emotional value [22]. From the perspective of destigmatization, the IP-based pathway can break the processes of labeling and segregation [2]. When mental health institutions create new symbolic images through art exhibitions, cultural and

creative products, or media narratives, their social identity is redefined, and public perceptions of these institutions also change accordingly. IP-based strategies are not merely marketing, but rather a process of cultural recoding. Through symbolic reconstruction and narrative renewal, institutions can dispel the identity damage caused by stigma and rebuild social trust and value recognition.

3. IP-based destigmatization pathway: the case of the No.600's Gallery

3.1. Stigmatization of the Shanghai Mental Health Center

The Shanghai Mental Health Center (SMHC) was founded in 1935 as the Shanghai Puci Sanatorium, located at No.3210 Humin Road, Minhang District. In 1958, the Shanghai Psychiatric Prevention and Treatment Institute was established, and the main hospital campus was set up at No.600 South Wanping Road, Xuhui District. The institution was officially renamed the Shanghai Mental Health Center in 1985.

The stigma long faced by the organization stems not only from public prejudice against mental illness and its patients but is also closely related to the historical characteristics of psychiatric treatment models. Traditional psychiatric treatments often carried connotations of closure and coercion, which reinforced the public perception of mental health institutions as places of exclusion for the “abnormal”. This distorted image further entrenched the association between the institution and stigma. Moreover, the local cultural context also played a significant role in this process. In Shanghai, the Center’s mystery gradually evolved into a socially biased symbol, such that “No.600” came to signify more than just a geographical address, it became a metaphor for stigma. When people say phrases such as “You should go to No.600”, they are in essence binding mental illness to derogatory labels such as “lunatic”. Such linguistic practices not only distort public understanding of mental illness but also further marginalize patients, while subtly undermining the legitimacy and social image of the Center as a professional medical institution.

3.2. The IP-based pathway of the No.600's Gallery

As public understanding of mental illness continues to expand, and as the medical field gradually broadens the concepts of mental disorders and mental health, the functions of SMHC have shifted from focusing solely on the treatment of severe mental illness to providing mental health services for the entire population. Against this backdrop, the organization has cleverly leveraged the social symbol of “No.600”, originally imbued with stigma, and transformed its high public recognition into a communication advantage. In 2019, SMHC established the No.600's Gallery within its hospital campus. It was the first gallery in mainland China to be located within a psychiatric hospital, and it adopted an IP-based pathway to re-narrate and reproduce this symbol. Through the medium of art exhibitions, the gallery integrates education and contact, not only reconstructing the symbolic meaning of “No.600” but also facilitating the gradual destigmatization of the organization.

3.2.1. Re-symbolization of hospital space

The foremost feature of the No.600's Gallery lies in its re-symbolization of hospital space. It is located in the corridor on the first floor of Building 6, the Day Rehabilitation Center. This corridor, in the impressions of both staff and patients, once carried a gloomy atmosphere, reinforcing the negative imagery of the hospital as a mental health institution. By situating the gallery in this space, SMHC not only altered its physical appearance but also reconstructed its social meaning. The layout of exhibitions, the display of works, and the curated environment transformed the corridor from a

mere medical passageway into a warm and open artistic space. This transformation has enabled hospital interiors to transcend their role as mere symbols of illness and treatment, instead endowing them with aesthetic, educational and communicative functions.

In the exhibition *Love, Food, and Life: A Science Popularization and Art Exhibition on Eating Disorders*, the Center and curators transformed the gallery's white walls with macaron hues of pink and blue, complemented by hand-drawn cartoons, 3D models, and patients' diaries. These elements depicted the inner struggles and pain of individuals with eating disorders while also conveying the hope of recovery and the pursuit of a better life through bright and optimistic colors. By aestheticizing installations and color schemes, the exhibition broke away from the stereotypical image of a cold medical space, translating patients' recovery journeys into a visual language that the public could understand and empathize with. The re-symbolization of space allowed the No.600's Gallery to transcend its dependence on the medical context, becoming a new symbol capable of continuously producing narratives and carrying brand value and social meaning. Gradually, it has transformed into an IP with cultural communication potential.

3.2.2. Re-narration of disease treatment

Art therapy, as one of the important approaches to treating mental illness, emphasizes helping patients express their inner feelings, regulate emotions, and reconstruct self-identity through the creative process. In the practice of the No.600's Gallery, this therapeutic function is further transformed into a public narrative. Patients are no longer presented merely as "patients" but are instead recognized and displayed as "artists". By exhibiting patients' paintings, manuscripts, and personal voices, the gallery provides them with a platform where they can be seen by the public. This mode of presentation breaks down the public's unfamiliarity and fear of mental illness, enabling audiences to indirectly interact with patients in an artistic context. During the aesthetic experience, audiences gradually transform the suffering behind the illness into perceptible emotional resonance, thereby fostering understanding, empathy, and care.

At the same time, the No.600's Gallery further deepens this re-narration through interactive mechanisms. An audience message area is set up at the exhibition site, where visitors can write down their feelings and words of encouragement. These are then collected and conveyed to the patients by staff, who in turn may respond during their rehabilitation process. This mutual communication mechanism not only promotes social dialogue beyond the doctor-patient relationship but also extends art therapy to the broader public sphere. Treatment is thus no longer confined to the closed medical setting but evolves into a socialized and relational practice. Within this mechanism, illness is no longer an unspeakable label but is re-narrated as a life experience that can be understood, shared, and co-constructed. This narrative shift endows the IP of the No.600's Gallery with a distinct humanistic care dimension, combining therapeutic and educational functions.

3.2.3. Re-dissemination of humanistic care

The re-dissemination of health concepts is directed not only at inpatients and medical staff but also at reshaping society's broader understanding of mental health. This effort mainly involves two aspects.

First, the No.600's Gallery uses exhibitions as a medium to provide popularized explanations of common mental illnesses, enabling the public to acquire scientific information about causes, symptoms, and treatments while appreciating artworks. Unlike the cool and abstract approach of traditional medical science communication, the gallery translates complex medical knowledge into

vivid and intuitive experiences through artistic creation. This approach not only lowers the threshold for the public to access knowledge about mental illness but also helps shift the focus of mental health discourse from “patients” to “care for the entire population”. In this way, the No.600’s Gallery promotes the extension of health concepts from disease treatment to mental health maintenance, contributing to the construction of a more inclusive and universal understanding of health.

Second, as the IP influence of the No.600’s Gallery expands, its communicative function gradually transcends the hospital campus, integrating diverse social forces. In 2025, on the occasion of the 90th anniversary of the Shanghai Mental Health Center, a renowned artist donated a commemorative work to the Center in the No.600’s Gallery. Next to the artwork, a wall was set up where young creators, medical staff, and visitors could continue to add their creations, thus building a bridge of dialogue through art. Furthermore, the No.600’s Gallery has collaborated with other enterprises and organizations to launch special touring exhibitions, further expanding the social reach and cultural impact of the IP. For example, it once partnered with TME Chart to hold the special touring exhibition Little Universe of Emotions at Tencent’s headquarters in Beijing. Through cross-sector collaboration, the gallery leveraged its IP-based brand effect to promote the mainstream dissemination of mental health issues. Such socialized cooperation mechanisms extend destigmatization beyond the medical and patient groups, transforming it into a cultural practice where brand logic empowers humanistic care.

4. Conclusion and discussion

Through the operation of the No.600’s Gallery, the Shanghai Mental Health Center has achieved the transformation of traditional hospital space, the innovation of treatment approaches for mental illness, and the promotion of humanistic care across society by means of IP-based strategies. In doing so, it has designed an IP-driven destigmatization pathway that facilitates multi-dimensional interactions among the “hospital-patients-society”. The sustained advancement of this pathway not only changes the Center’s stigmatized image in public perception but also generates profound impacts on multiple levels.

For patients, the reduction of stigma is reflected not only in the redefinition of their identities within the external environment but also in the reconstruction of self-identity. Through artistic creation and public exhibition, patients are recognized as “artists” who are understood and respected by audiences, thereby weakening the negative imprint associated with the disease identity. For the symbol of “No.600”, it has gradually shed its long-standing derogatory connotations and has instead become a brand marker with positive social significance. This transformation enables the symbol to carry positive associations in public discourse and even evolve into a cultural resource that attracts audiences, generating not only social value but also economic benefits. At the societal level, the No.600’s Gallery is more than an internal innovation within a medical institution. It has gradually developed into an open space and cultural destination for the public. By translating hospital space into a cultural site, the gallery encourages people to voluntarily visit, during which they naturally engage with and understand issues related to mental health. This shift not only achieves the goal of destigmatization but also provides new possibilities for expanding the social functions of mental health institutions. It can thus be seen that IP-based approaches do not directly confront stigma. Rather, they dissolve organizational stigma gradually by reconstructing and disseminating new symbols that offer medical staff, patients, and the public an acceptable moral experience [23].

The case of the No.600’s Gallery demonstrates that the destigmatization of mental health institutions relies not only on the renewal of medical discourse but also on branding and artistic

modes of expression that create new opportunities for education and contact with the public. This offers insight for medical and social organizations facing stigma. They can explore IP-based pathways to transform professional knowledge and stigmatized symbols into cultural resources that society can accept and engage with, thereby achieving reconstruction of organizational image and extension of social value.

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