

Analysis of the Psychosocial and Cognitive Effects of Stigma on Bipolar Disorder

-A Literature Review

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Abstract: Beyond the distress of the disorder, individuals with bipolar disorder also endure long-term stigma. Stigma reflects attitudes towards specific groups without objective evaluation. Certain groups are perceived as unable to meet societal norms due to their limitations. It stems from misconceptions and fear, leading to discrimination, exclusion, and deep shame. Stigma has long posed a significant barrier to the survival and recovery of individuals with mental disorders, including bipolar disorder. Therefore, addressing and reducing the stigma these patients face should be a key focus of our research. Stigma further marginalizes individuals with bipolar disorder, delaying care, damaging relationships, and eventually lowering quality of life. Modern society should adopt a more supportive attitude and work to improve bipolar disorder treatment outcomes. The key approach is eliminating misunderstandings, promoting awareness, and building an inclusive society with the necessary resources. Above all, the most important thing is to correct people's long-held misconceptions about bipolar disorder.

Keywords: bipolar disorder, mental illness, stigma, social support.

1. Introduction

1.1. Overview of Mental Disorders

Mental disorders encompass conditions that disrupt brain function, impairing cognition, emotion, behavior, and volition [1]. Bipolar disorder is marked by extreme mood, energy, and activity fluctuations. Individuals with bipolar disorder experience alternating periods of mania (elevated mood, hyperactivity, and decreased need for sleep) and depression (prolonged sadness, loss of interest, and fatigue). Bipolar disorder significantly disrupts daily life and requires accurate diagnosis and treatment for effective management. Although the global prevalence of bipolar disorder is estimated at 0.6%, this figure may be understated.

1.2. Stigma and its Consequences

Mental illness stigma involves negative attitudes, beliefs, and behaviors toward those with mental health conditions [2]. It arises from a misguided understanding and fear of these illnesses, leading to

discrimination, exclusion, and a profound sense of shame among those affected. This stigma has wide-ranging consequences, hindering treatment access, damaging social relationships, and lowering quality of life.

1.3. Research Gaps

In the internet age, studies on bipolar stigma often overlook the hidden impact of social media stigma. The impact of cultural differences on stigma and recovery in bipolar patients remains underexplored. The impact of family stigma, especially in East Asian cultures, on recovery, treatment compliance, and follow-up, has been under-researched globally. Research on stigma-reduction interventions, like education programs and support groups, across various populations is limited.

1.4. Purpose of the Study

Although the mechanisms and principles behind this are not yet clear, the obstacles that stigma poses to the recovery of people with bipolar disorder are not vague. This article, based on research related to bipolar disorder, helps clarify the information behind one of the major obstacles in the recovery process of bipolar disorder patients. In addition to exploring the extension of the application to alleviate the widespread stigma faced by mental disorders, it is more hopeful that it can accelerate the rehabilitation progress of bipolar patients in the future and effectively lessen the pain of bipolar patients.

2. Literature review

2.1. Historical and Cultural Context of Mental Illness Stigma

Mental illness stigma has existed for centuries, varying across cultures and historical periods. From medieval asylums to modern-day, stigma has long impacted the lives and treatment of bipolar patients. In recent years, people with bipolar disorder have experienced more severe stigma than those with other mental illnesses. Because of this unequal treatment, the situation of people with bipolar disorder is not optimistic.

2.2. Prevalence and Impact of Stigma on Bipolar Disorder Patients

Stigma is a significant challenge for bipolar disorder patients. Approximately 70% of people with bipolar disorder report experiencing stigma [3], and over 60% delay or avoid treatment due to fear of stigma [4]; More than half of people with bipolar disorder have experienced discrimination in the workplace due to the stigma of mental illness [5], and about 90% of people with bipolar disorder consider that society's negative perceptions and prejudices about them affect their self-esteem and mental health [6].

2.3. Theoretical Perspectives on the Etiology of Bipolar Disorder

So far, the pathogenesis of bipolar disorder is not fully understood. Various medical and psychological theories attempt to explain its causes and mechanisms. From different schools of thought to various theories, it might be possible to speculate and explore different angles as to why bipolar disorder exists and afflicts 0.6% of the world's population [7].

2.3.1. Genetic Theory

Genetic theory suggests that bipolar disorder has a significant familial predisposition [8] show that first-degree relatives of bipolar patients have 7 to 10 times higher risk than the general population.

Specifically, first-degree relatives of people with bipolar disorder have a risk of about 15 to 30 percent, compared to about 1 to 3 percent in the general population [9]. When one identical twin has bipolar disorder, the chance of the other developing it is between 40 and 70 percent, compared with about 10 to 20 percent for fraternal twins [10].

2.3.2. Neurobiological Theory

Neurobiological theory suggests that bipolar disorder may be related to an imbalance of neurotransmitters in the brain [11]. For example, manic episodes may be associated with increased dopamine activity [12], while depressive episodes may be associated with decreased activity of these neurotransmitters. Brain imaging studies reveal structural or functional abnormalities in areas like the prefrontal cortex, amygdala, and hippocampus, which regulate emotions [13].

2.3.3. Neurodiversity Perspective

Neurodiversity is a concept that considers neurological differences, such as autism, ADHD, and other conditions, are natural variations of the human brain rather than disorders that need to be cured. This perspective emphasizes the value and strengths of individuals with these conditions, advocating for societal acceptance, inclusion, and support tailored to diverse neurological needs. [14]. From this perspective, the reason for the existence of mental disorders such as bipolar disorder is nothing more than the normal and diverse manifestations of the nervous system. According to this, in a time when diversity and inclusion are increasingly important, society should gradually accommodate those with mental disorders who were previously marginalized, not otherwise. Modern society should have the ability to adapt to the diversity of individuals.

2.4. Stigma in Media and Society

2.4.1. Public Misconceptions and Social Discrimination

"I have been mentally sick for a long time. I hope not to frighten you because this is also part of the true selves of the universe." This is what a we-media blogger suffering from mental illness said when he posted a video documenting his psychotic state. Recent data shows that people with mental disorders face different stigma compared to those with other illnesses. According to a report by the World Health Organization, 80% of people with mental disorders have experienced stigma at some point in their lives [15].

2.4.2. Stigma in Legal Systems and Law Enforcement

Stigma arises from misconceptions, leading to unfair treatment. In justice systems that strive for fairness, there is the potential for injustice due to a lack of understanding of mental health. A real case is Bryce Joseph Gowdy, an American who suffered from bipolar disorder. He was arrested and wrongly perceived as a dangerous person due to his out-of-control behavior during his manic phase and was unfairly treated. There is no coincidence. The cases of Daniel Prude, Anthony Hill, Saheed Vassell, and others remind us of the importance of raising awareness of mental health among law enforcement officers in the justice system.

2.4.3. Celebrity Stigma and Media Representation

Stigma affects not only ordinary people but also celebrities with bipolar disorder. Mariah Carey, Britney Spears, Catherine Zeta-Jones, Selena Gomez, and other artists who suffer from bipolar disorder have all been affected to varying degrees by negative media coverage. Among celebrities,

American actor Robin Williams eventually took his own life due to bipolar disorder. People with bipolar disorder have a suicide rate of 10-20% [16], and a suicide attempt rate of 20-60% [17], higher than the general population. It is obvious that stigmatization puts the lives of countless people of different classes, countries, occupations, etc. in a less satisfactory state. These statistics and stories raise the question: why are suicide rates so high among people with bipolar disorder? How much stigma is acting as a catalyst behind this? Why are mental illnesses currently separated from other illnesses?

2.5. The Psychological Impact of Stigma on Individuals with Bipolar Disorder

Stigma can come from ignorance. Fear of the unknown [18] often fosters false impressions of others. In contrast to the heightened awareness and public discourse surrounding depression and anxiety in recent years, bipolar disorder appears to have received comparatively less attention and remains relatively obscured from public view. According to previous statistics, about three-quarters of people around the world can correctly identify depression, while only one-quarter can identify the symptoms and causes of bipolar disorder [19]. Most people do not understand the pathogenesis or symptoms of bipolar disorder [20], often mistaking it for poor emotional control [21] [22]. Limited public awareness of bipolar disorder increases stigma [23]. People with bipolar disorder have a 74.2% chance of being negatively labeled and misunderstood in public, compared to 69.8% for depression and 30-50% for anxiety [24].

One study showed that the probability of bipolar disorder patients experiencing unpleasant mental states due to stigma was as high as 58%, compared to 39% for people with depression and 31% for people with anxiety [25]. The extreme symptoms of bipolar disorder may amplify stigma. Limited awareness often causes confusion between bipolar disorder and mood swings. When people witness emotionally uncontrollable or socially deviant behavior from those with bipolar disorder, they often form negative and inaccurate impressions. Moreover, the media often exaggerates or misrepresents bipolar disorder, fueling prejudice. An example is the sensational portrayal of bipolar patients in the news. When someone with bipolar disorder dies by suicide, headlines often state ‘This person killed themselves’ rather than ‘This person died of bipolar disorder.’ Of the two, the former may lead the viewer to believe that the person with bipolar disorder is so dangerous and unstable that he or she may even kill himself or herself in a sudden outburst of emotion. The latter states that the person died from an illness, similar to how cancer causes death. From a cognitive psychology perspective, stigmatized attitudes lower self-esteem and worsen the condition of people with bipolar disorder. Especially for people with bipolar disorder who are amid a depressive episode, the effect of stigmatized attitudes is even more pronounced. During depressive episodes, patients may show significant cognitive dysfunction, such as inattention, memory loss, and slow thinking. Their emotional cognition is significantly dysfunctional, unable to accurately identify, express, and manage their emotions, and may fall into extreme sadness and despair during depression. In addition, their self-knowledge will also be impaired to varying degrees. In other words, during this time, individuals with bipolar disorder often adopt a more pessimistic view, amplifying external negative voices, which worsens their condition. It is not surprising, then, that people with bipolar disorder are vulnerable to stigma.

3. Discussion

3.1. Internalization of Stigma in Bipolar Disorder

The internalization of stigma in bipolar disorder involves gradually accepting societal prejudices, affecting self-perception and behavior. Society’s negative stereotypes of people with bipolar disorder (e.g., emotionally unstable, dangerous, uncontrollable) are spread through media and social

interactions. People with bipolar disorder in prolonged negative environments tend to internalize societal biases and negative perceptions [26]. Through this process, the societal label of ‘abnormal’ is internalized by people with bipolar disorder. Under this influence, individuals with bipolar disorder may begin to see themselves as ‘defective’ [27].

3.2. Consequences of Internalized Stigma

Internalized stigma leads to shame and reduced self-efficacy in people with bipolar disorder. And to avoid ridicule and rejection, people with bipolar disorder may self-isolate. These responses cause emotional distress, reduce treatment compliance, and impair social functioning, lowering quality of life.

3.3. Invisible Mechanisms of Stigmatization

Stigmatization is a complex process often driven by invisible mechanisms like unconscious bias and discrimination. These mechanisms are ingrained in our cognition and social interactions, making them hard to identify and address.

Hidden from these mindsets, ignorance, prejudice, and fear have the opportunity to transform into unequal treatment.

Fear of the unknown is a natural evolutionary survival response [18]. For example, suppose a person who does not have a basic correct understanding of mental disorders is confronted with a person who is dealing with severe mental illness. In that case, the patient’s words and actions will naturally be seen as unacceptable, incomprehensible, and frightening, and he/she will be seen as dangerous by this person.

3.4. Misconceptions about Danger in Bipolar Disorder

While it is true that some people with mental disorders act dangerously and endanger others, those with bipolar disorder are more likely to harm themselves than others. Studies show that without other factors (e.g., substance abuse or social pressure), people with bipolar disorder are less likely to exhibit violent behavior, have rates of violent crime that are not different from those of the general population, and their violence is more often directed at themselves than at others (such as acts of self-harm, suicide, etc.) [28]. Therefore, the belief that people with mental disorders are dangerous is broad and biased.

3.5. Social and Cultural Influences on Stigma

While stigmatization can come from any individual or group, certain groups are more prone to engaging in this behavior due to their position of power, social norms, or cultural beliefs. Among them, there is a lack of understanding and knowledge of mental health and the mechanisms of bipolar pathology [29]. These people, due to their limited education and lack of knowledge [30], are unable to understand the plight of others. In addition, cultural and social background and the conservative or traditional values hidden behind it also affect people's perspective on bipolar patients [31]. In general, people with bipolar disorder in Eastern cultures face greater resistance to recovery than those in Western societies.

4. Conclusion

4.1. The Power of Education and Social Interaction

The issue of stigma has persisted throughout history. Fortunately, the issue can now be addressed, allowing us to explore ways to improve living and healing environments for people with bipolar disorder. While the stigmatization of mental disorders remains a serious problem that will likely continue for some time, I believe that proactive measures can significantly mitigate the challenges faced by those with mental health conditions. Eliminating ignorance and prejudice improves education and helps individuals recognize and address their biases. This can improve well-being, recovery, and survival for people with bipolar disorder by enhancing social support.

Contact theory states that, under the right conditions, direct contact between different groups can reduce prejudice and hostile attitudes. So, in order to ensure that people with bipolar disorder are stable and not getting worse, that they are not at risk of attacking others, and that they are not attacked by others, organizing interactive activities to provide the public with direct contact with people with mental illness may help the community truly understand bipolar disorder. As a key information source, social media must play a pivotal role in reducing stigma. Social media should promote diversity and inclusion in its content, advertising, and algorithms. The media can apply decentralization by shifting focus from individuals or minority groups to diversity and universality, thereby leading the public to reduce the level of rejection of people with mental illness. Using its influence, the media can be effective in changing public attitudes and reducing stigma through targeted awareness and education campaigns, especially by providing personal stories and scientific evidence related to mental illness. It also helps to shift social perceptions. Education and accurate mental health information can help reduce stigma [32]. Social media companies should implement stronger moderation and enforcement policies to combat cyberbullying, hate speech, and stigmatizing behavior. Additionally, advocacy groups and individuals can leverage social media platforms to raise awareness about stigmatization and advocate for positive change.

4.2. The Role of Technology in Stigma Reduction

4.2.1. Virtual Reality Experiences

In the 21st century, AI and VR technology could merge with healthcare to treat bipolar disorder and reduce stigma. As mentioned earlier, ignorance and fear contribute to increased stigma. And the best way to crack it is to experience it. VR is one of the most effective tools to help people feel what it's like to have bipolar disorder without affecting the physical and mental health of the experimenter. Using virtual reality technology to create simulated experiences of people with bipolar disorder, along with assessing the effect of such immersive experiences on changing public attitudes and reducing stigma. Interactive scenarios can be created to let people 'experience firsthand' the symptoms of bipolar disorder. As VR technology advances with sensory inputs like smell and touch, creating realistic experiences of life with bipolar disorder may soon be possible. This technology will enhance understanding, showing that bipolar disorder symptoms are neither voluntary nor socially deviant.

4.2.2. AI and Social Media Analysis

Researchers can also use AI technology to analyze emotional expressions on social media to detect emotional tendencies and changes in bipolar disorder. They can use natural language processing (NLP) techniques to track and understand the dynamics of public attitudes. This approach can contain stigmatizing cyberbullying at its source. Big data analytics can be used to mine stigmatization patterns about bipolar disorder, identify stigmatization characteristics in different social groups and online

communities, and predict and intervene in the emergence of these patterns. In the future, more detailed research on stigma can explore the characteristics of stigma made by different groups and their communities and further analyze the solutions to various types of stigmas based on understanding the mechanism of stigma.

4.3. Biomarkers and Psychological Stigma

For people with bipolar disorder themselves, future research could target potential relationships between biomarkers (e.g., genes, hormone levels) and psychological stigma, exploring whether there are biological factors that influence social attitudes toward bipolar disorder. If this relationship holds, the researchers could further explore the use of drugs similar to insulin injections for people with bipolar disorder who face changes in chemical levels after stigma. In this way, the discomfort of patients can be reduced, thereby reducing the impact of stigma on people with bipolar disorder.

4.4. Anti- Stigma Interventions

In addition, anti-stigma interventions targeted at specific groups, such as educational programs, peer support groups, and community initiatives, have also helped to improve the plight of people with bipolar disorder.

4.4.1. Educational Programs

Educational programs are designed to reduce misconceptions and negative stereotypes by increasing public understanding of bipolar disorder. It can be conducted through different formats and channels, such as online courses, seminars, videos, and social media campaigns. Young people are more likely to accept social media-based education, while older people are more likely to prefer traditional forms of lectures or written materials. In the face of different groups, educators should choose the education methods suitable for their educational objects.

4.4.2. Peer Support Groups

Peer support groups create a supportive environment by connecting individuals with similar experiences and reducing feelings of shame and isolation. Peer support groups are often effective in helping patients and their families who have been diagnosed or have related experiences. In addition to sharing similar experiences to reduce feelings of isolation and enhancing mutual emotional support to enhance self-esteem, peer support group members can also learn practical advice during group activities to improve coping skills with stigmatized events. Such activities can help patients construct a positive self-identity and realize that illness does not diminish their value. And then build a healthy awareness of their disease and reduce negative emotions.

4.4.3. Community Initiatives

Community initiatives (such as public awareness campaigns, open houses, involvement of local organizations, etc.) aim to change society's attitudes toward bipolar disorder through collective participation. Community initiatives often focus on eliminating the stigma and discrimination associated with mental illness. In the practice of different time nodes and different regions, the results of communities with high community economic background are better than those of communities with low community economic background, urban areas are better than rural areas, and the results of communities with diverse cultures are better than those with strong traditional cultural background.

4.5. Building a Compassionate Society

In conclusion, modern society must adopt a more tolerant attitude toward people with mental disorders. In an era that celebrates diversity, there is no justification for treating individuals with mental health conditions differently. Embracing this change is not just beneficial for those affected but also essential for building a more inclusive and compassionate society.

Acknowledgment

This article is dedicated to those moments hurt to recall and those salvations that have been generously offered to me.

There's this female I need to say thank you to, but I don't want to invade her privacy the way she invaded mine, so I'll use "she" instead. She's the one who put me through hell I could never have imagined from May 2024. She was the one who made me, after being lucky enough to be a survivor of the stigmatization of bipolar disorder (which I am currently suffering from) then, question about stigma like, "Why is that?" "Why is there always some sort of people who are more likely to stigmatize people with mental disorders?" These doubts motivate the decision of this paper's topic. It is the suffering she has given me that has led to the academic achievements I am now able to present to you. It was what she gave me that made me realize for the first time how strong a person I could grow up to be, even though the negative thoughts that occurred because of her were a sign that my spiritual core was not strong enough, and I still have a long way to go in terms of growth. In the process of writing this paper, by constantly exploring the mechanism behind the stigma, my feelings towards her have gradually changed from unprecedented pure hatred to understanding and gratitude. My essay might have called it quit at the topic selection stage without her and what she did. When I recalled the scene countless times during the writing process, the frozen reaction and trembling gradually eased. Therefore, compared with academic achievements, I think the greatest significance of this academic activity for me is to help me gradually recover from this trauma. Although I still feel helpless looking back on the incident, I believe that one day, I will finally be able to laugh about it. I can do it, and someday I will.

We celebrate love and happiness. It is this passion that saves all absurdity and loneliness in the world.

But we will not forget suffering and despair. Those painful doubts will be the courage to shake the shackles and the hope to break through ignorance and bondage.

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