

Impact of Stigma Towards Mental Illnesses and Measures to Reduce Stigmatization

Yiting Chen^{1,a,*}

¹*Jinhua New Oriental Academy, 258 Changqingting Road, Jinhua, China*

a. yiting1118@outlook.com,

**corresponding author*

Abstract: There is a chance for anyone to experience mental illness. Despite this prevalence, there are still many social misconceptions, stereotypes, prejudices, and even discrimination against mental illness and those who experience it. Mental illness stigma is the bias and discrimination that results from the perception that a person or group has traits that are perceived to be different from and unacceptable to others. Because of the stigma, seemingly ordinary social lives, jobs, and different rights can become difficult for people with psychiatric experiences. This article will look at destigmatization, which is how to remove stereotypical images of mental illness and examine the causes and solutions of stigma.

Keywords: Destigmatization, Mental illness, Mental diseases, stereotype.

1. Introduction

Psychological disorders are very common in contemporary society, and there are people in any group who suffer from psychological disorders. Many people are not very familiar with the term mental illness. From a scientific perspective, mental illness is caused by brain dysfunction, which undermines the integrity of human brain function and the unity between individuals and the external environment. Patients with mental illness may have abnormalities in their consciousness, emotions, willpower, behavior, and other aspects, which can prevent them from maintaining a normal mental life, and even engage in behaviors that harm themselves and the community, such as suicide or homicide. In today's society, the main mental illness patients are mostly teenagers, and the most common mental illnesses that teenagers suffer from are depression and anxiety [1]. Anxiety disorder is characterized by experiencing anxious emotions, while depression is characterized by continuous and long-term low mood. These two mental illnesses are the most common, popular, and familiar to people, so when people hear these two words, they will associate them with negative emotions. Regardless of age, when people hear the word 'mental illness' or even 'mental illness', their first thoughts are of mentally ill individuals, idiots, or fools. But the fact is that mental illness is just a disease that, like other illnesses, requires treatment and care. Compared to other diseases, mental illness seems less dangerous because it is not contagious. But due to people's continuous belittling of it, the term 'mental illness' has been stigmatized, which has led many people to have different views on this term and this group of people. This has led to many mental illness patients finding it difficult to accept themselves thus exacerbating their condition. Eliminating stigmatization not only allows people to recognize mental illness but also allows them to accept and protect this group, thereby enabling patients with mental illness to recover from their conditions. In this literature review, the main focus will be on

raising awareness of stigmatization and removing it from those with stereotypical images, to protect this group of patients with mental illnesses.

Stigmatization is a dynamic process in which a group imposes human inferiority complex on another group and maintains it. It shapes the negative characteristics of that group, thereby masking other characteristics and becoming an indicator that essentially corresponds to the characteristics of that group. Stigma is composed of multiple behaviors, including labeling, stereotypes, social isolation, social status impairment, and discrimination, and can only exist when one group in society has the right to impose the aforementioned behavioral elements on another group; Stigma manifests as stereotypes, biases, and discrimination, encompassing cognitive, emotional, and behavioral components. In short, stigma is a negative label that can have a series of negative effects on the holder. [2] The signs of stigmatization are easy to identify, and once this special relationship is formed, it will continue to develop and eventually become cultural bias, and solidified values are difficult to eliminate in the short term. In other words, the stigma established in society can easily transform into structural cultural fixation. If people's attention to stigma targets becomes a part of daily life, then no field of life can escape its influence. Ultimately, even if relevant institutions use a significant amount of social, economic, and political power, it is difficult to "correct" stigmatized objects. Mental illness has two extreme myths and stigmatization, with healthcare professionals including psychiatrists having biases against patients with mental illness. Their views may be influenced by clinical, social, and cultural factors. Although psychiatrists believe that diagnostic results are not a form of stigmatization, they still pay great attention to responding to patients in the least affected way by stigmatization. They tend to believe that stigmatization is inevitable given the nature of certain mental illnesses. In the context of China, concealing diagnoses seems to be a common approach. Stigmatization can distort people's normal risk perception structure, leading to fundamental damage to the positive image of things, people, or institutions. In serious cases, the standards of justice, fairness, and safety in daily life will be unreasonably overturned, and most people only focus on the abnormality of the event and the despicable consequences. It is precisely because people have insufficient understanding of mental illness that even psychiatrists have certain biases against patients with mental illness. Due to a lack of understanding, these biases have developed into stigmatization, which has also created negative images of mental illness in people's minds. [3]

2. Types of Stigma

There are many classifications of stigmatization, including: First, Public stigmatization and self stigmatization based on the target of the stigmatization. Public stigma refers to the stigmatization of a group by the general public; Self stigmatization refers to the internalization of stigmatization by individuals, resulting in stereotypical influences, discrimination, and other behaviors towards themselves. Second, According to the visibility of stigma, it can be divided into visible stigma and hidden stigma. Third, According to the perception of stigma by the stigmatized person, it can be divided into explicit stigma and implicit stigma. External stigma is a stigma that individuals themselves can perceive; Implicit stigma is a stigma that an individual is unaware of but has an impact on the individual at a subconscious level. In addition, stigmatization may also affect individuals who have close relationships with the stigmatized person, and this type of stigmatization is known as co-stigmatization, which can also have a negative impact on the stigmatized person. The following three points provide a detailed introduction to these three types of stigmatization. And analyzed the causes of these three stigmatizations.

First, Previous research on public stigma has mostly focused on the impact of public stigma on peer relationships among adolescent mental illness patients. Research has shown that compared to adolescents with asthma, adolescents with ADHD and depression often face more stereotypes and discrimination from their peers; The willingness of participants to engage in activities with

adolescents with psychological disorders is lower, and their relationship distance and physiological distance are also farther. Companions of adolescents with mental illness believe that they are more likely to engage in antisocial and violent behavior, and attribute this negative behavior more to the affected adolescents themselves, holding negative attitudes and biases towards them, and even engaging in bullying. In 2016, researchers constructed a 7-factor model to describe peer stigmatization behavior towards diseased adolescents, which includes risk, enthusiasm and ability, sense of responsibility, negative attributes, prejudice, classroom discrimination, and friendship discrimination. Peer relationships have a significant impact on the happiness and sense of belonging of adolescents. Children who frequently encounter peer rejection often lead to negative outcomes and may exhibit externalization problems, such as violent behavior and antisocial behavior. Peer rejection and low-quality interpersonal relationships may lead children to experience more depression and loneliness, and may lead to learned helplessness, thereby reducing or even stopping social behavior; These results are also likely to exacerbate the interpersonal problems faced by stigmatized teenagers, creating a vicious cycle. [4]

Second, Self stigmatization: The general population itself has negative stereotypes about mental illness, and mental illness patients may be discriminated against as a result. Long term exposure to such an environment may lead to internalization of these negative stereotypes, causing individuals, especially adolescents whose self-concept has not yet matured, to develop negative self-concept. Teenagers with higher levels of self stigma often have lower levels of self-esteem, lower levels of self-worth and happiness compared to other normal peers, and often report more severe depressive emotions, which can reduce their self-efficacy, generate negative attributions, lead to decreased performance, lack of interpersonal communication, and seriously affect their physical and mental health development. In addition, self stigmatization can also make sick teenagers feel different from others, feel ashamed or embarrassed. These negative feelings can affect an individual's attitude towards medication and related mental health services, as well as their interpersonal relationships. Teenagers with illnesses believe that using medication can exacerbate their feelings of being different from others, thereby reducing their compliance with medication use; Or even less willing to actively seek relevant mental health services, which can hinder their recovery from mental illness. Teenagers with illnesses may fall into a vicious cycle of lacking social support in order to avoid the impact of stigma and reduce their ability to establish interpersonal relationships with others. On the other hand, they may be more inclined to seek individuals who face psychological problems or stigma similar to themselves when choosing friends. Research has shown that peers who also suffer from mental illnesses can better empathize with each other, support each other, and thus overcome stigma issues. But some teenagers also mentioned in interviews that they are transmitting negative emotions to each other, and this peer relationship may also hinder their own recovery.

Third, Joint stigma, on the other hand, parents themselves have the decision-making power over whether sick adolescents can receive relevant medication treatment and psychological counseling and other mental health services. If parents have misconceptions about mental illness, it is likely to delay the recovery of affected adolescents, even worsen their condition, or lead them to face more pressure and develop more serious negative emotions. The higher the degree of stigmatization of mental illness by parents, the more inclined they are to keep their children away from peers with mental illness, and these parents are also more difficult to detect their children's mental illness, resulting in their children not being able to receive timely help. This attitude of parents may make adolescents with mental illness more inclined to conceal their own problems, and may also be unable to identify their own problems early due to a lack of interaction with peers who also suffer from mental illness, reducing their likelihood of receiving relevant help earlier. Suffering from stigmatization from family members may also lead to adolescents with illnesses being more prone to experiencing various conflicts with family members, resulting in more negative emotions such as anxiety and depression; In addition to

the lack of social support from family members, there is less interaction with peers, teachers, and other proactive coping strategies such as going out for exercise and gathering with friends during the epidemic period. As a result, social support may also be limited due to the epidemic. Therefore, teenagers with illnesses are more helpless and more likely to develop some negative coping strategies, such as addiction to mobile phones. Therefore, during the epidemic, the negative emotions accumulated by affected adolescents in the face of stigma may worsen their own condition and even pose a risk of self-injury and suicide.[5]

2.1. Causes of stigma

People often discuss how serious the stigmatization of mental illness is, but they have never thought about how it is formed. Through investigation, it was found that the main reasons for the stigmatization of mental illness are as follows: First, Sense of responsibility. In fact, patients with mental illness also have a sense of responsibility, and they are no different from ordinary normal people when they are not sick. The so-called sense of responsibility refers to mental illness patients being afraid of affecting others around them when they are not sick. Many times, mental illness patients need to take responsibility for their own conditions, including when they are sick. But not everything can be chosen, and they cannot control themselves even in a state of illness. Therefore, everything they commit after falling ill will be held accountable by others, resulting in them receiving not sympathy but shame and stigma. Second, The uncertainty of mental illness, as it is difficult to treat, creates uncertainty. People are unsure when the illness will improve, when it will recur, or when it will recur after recovery. This leads to people who come into contact with mental illness being more resistant due to these uncertainties, which naturally leads to stigmatization of mental illness. Third, Risk: There have been many cases where patients with mental illnesses have harmed strangers without reason during the onset of the disease. Therefore, many people tend to avoid encountering mental illness patients again when they see this news, because they are afraid that this random violent behavior will happen to them. However, in fact, they are not dangerous during the non-onset period, but they need more care and treatment.[6]

2.2. Factors that Influence the Level of stigma

The main reason for stigmatization is: First, Responsibility, which means to what extent the public believes that a person's psychological problems are due to their problems. People believe that the greater the responsibility of patients, the more likely it is to cause negative public evaluation, and the more people cannot produce empathy [7]. For example, people believe that colds are caused by viruses, and depression and anxiety are caused by their own fragile and sensitive inner selves. Therefore, no one will discriminate against a person with a cold but criticize a depressed person. Second, Risk level, indicating to what extent people believe that patients with mental illness pose a threat to themselves. Of course, the more dangerous one feels, the stronger the prejudice. Mass media has an indelible 'contribution' in this dimension. In biased news reports, it is often seen that suspects are in a period of mental illness and do not have the capacity for criminal responsibility when committing crimes (psychological problems are easily used as excuses to escape legal sanctions). Patients with psychological disorders appearing in movies and TV dramas are all facial expressions, either crazy or foolish. Third, Rarely, the public believes that the less common a certain psychological problem is, the more severe it is and the higher its degree of stigmatization. This may still stem from humans instinctively developing a fear of things they do not understand. For example, for those unfamiliar with the term 'dissociative identity disorder', their imagination of it may be to the extent that 'the patient will suddenly become a perverted homicidal maniac and then suddenly return to normal without remembering anything'. Forth, The degree of infection. Because many ordinary

people do not know anything about mental illness, they may feel that it is an "infectious disease". They will feel that mental illness is contagious, just like the common cold. As long as both sides are close to each other, they will get sick. The real infectious disease is stigma rather than mental illness. So, when a person has uncertainty about mental illness, what he says will affect the judgment of people around him on mental illness, spreading from one generation to another, and stigmatization arises in the middle. People's fear of the extent of disease transmission is also amplified. Gradually, people also have misunderstandings about mental illness, which leads to people being very resistant to mental illness, but when they hear this word, they want to avoid it. [7].

2.2.1. Measures to reduces Stigmatization

By "decontaminating and nominating" mental illness, it can reduce the huge psychological gap caused by illness, reduce patients' sense of shame, and provide an inclusive diagnosis, treatment, and care environment for mental illness patients and their families. This is also a form of medical humanistic care. The lifting of psychological shackles may bring back mental patients who are hovering on the brink of suicide, and may also add a sense of calm and confidence to their work and life. Therefore, it is urgent to "decontaminate" mental illness. There are different ways to remove the stigma. The first and fundamental approach is to promote the development and progress of this society. Whether people are patients with mental illness, scholars, relatives, or friends of patients, they should stand up and speak up for mental illness to oppose these biases and discrimination. Only in this way can the public opinion of our society be gradually changed, and our society can progress. If this society advances one day earlier, millions of children will suffer less. This society has made progress one day earlier, and the struggles we have experienced can prevent us from repeating the same mistakes. The second option is to offer educational courses at all stages of the school, which is the easiest way to do so, such as offering psychological counseling classes or coaching. This course allows the coach to take time to talk about some content about de-stigmatization, starting with an introduction to mental illness and ending with de-stigmatization. And this course must be set as a compulsory course, that is, its necessity is the same as that of Chinese, mathematics and English, but the number of periods can be appropriately reduced, for example, there are only two classes a week. Through the establishment of such courses, people can make children aware of this problem from an early age. As they grow older, their education varies, and their thoughts differ from those of the older generation's parents. Therefore, stigmatization can be removed. [8]. The third method is very effective but also has a certain degree of "challenge". To put it better, it is protest, while to put it worse, it is riots. Throughout the entire history of China, many dynasties' reforms, equality treaties, and festivals began with uprisings. Although people will see many examples of failure and their outcomes are also very pessimistic, this does not mean that they cannot uprising. In today's society, The Internet can bring us a lot of traffic, and events of all sizes will be played on different websites and social media. Protester marches can bring huge traffic. Although the government will stop them promptly, at that time, the news of the "decontamination and branding" march had already been circulating on the internet. Most people will take care of this news and spread it to the people around them. Although it can attract attention, it can also bring certain negative effects. Some people may feel that it is precisely because of the unreasonable control of mental illness that this farce has occurred. This not only does not achieve the desired effect but also has the opposite effect, making the stigmatization more deeply engraved in people's minds. Even so, it can have a certain degree of decontamination and branding effect. [9]

3. Future Directions

Overall, there is relatively little research on stigma issues among adolescents with mental illness at present, and many of the effects of stigma on them often come from research results of adult participants. The main problems with existing research include: First, Relatively limited research scope. At present, researchers mostly focus on public stigma and self stigma, and there is relatively little research on other types of stigma.[10] The research objects are mostly focused on peer relationships among adolescents, and there is less exploration of other research objects and other stigmatized behaviors. Second, Insufficient research depth. The existing research methods on the impact of public stigma on adolescents are relatively simple, mainly through designing short stories and using questionnaires and other methods to understand the views of adolescents on their peers with psychological disorders. However, the specific ways in which adolescents generate such stigma and how these stigma affect them through specific psychological mechanisms remain unanswered. In terms of research on self stigma, existing studies often use qualitative research methods, but the conclusions drawn are often common sense and do not delve deeply into the psychology of adolescent self stigma. Third, Lack of theoretical framework. Although there are already some theoretical frameworks in the field of stigma research to explain the mechanisms of stigma, such as label theory, modified label theory, etc., these theories themselves are based on adult research results, and adolescent groups have their own characteristics. Therefore, existing theories may not be suitable for adolescents, and further development of relevant theoretical frameworks for adolescent groups is needed.[11]

Future research should focus on the following points: First, From previous studies, it has been found that not every teenager with mental illness will encounter stigma problems, and this proportion is not low. Therefore, the differences between adolescents affected by stigma and those not affected by stigma are worth further exploration by researchers. Second, The specific mechanism by which stigma affects adolescents is still unclear, and future research should further explore how stigma specifically affects the psychology and behavior of adolescents. There is a theoretical connection between public stigma, self stigma, and associated stigma. However, the actual nature of this connection, whether they interact and lead to various problems among adolescents, is also a gap in existing research. Third, Consider further exploring the long-term mechanisms of stigma's impact on adolescents through longitudinal research design and mixed design.[12]

4. Discussion and Conclusion

The stigmatization of mental illness has a certain impact on this society, and removing stigmatization can lead to a better society. There will be no parents saying that their child is sick, and no teachers rejecting their child because they have mental illness. There, all patients with mental illness will not remain silent due to fear of colored glasses. There, mental illness will no longer be a curse. There, those who suffer from severe mental illness will be accepted by society and live a dignified life. If people can all speak up about this disease without hesitation in the future, our entire social public opinion will change. What changes with it is a child's subconscious as they grow up. If a child, from childhood to adulthood, hears and sees many mental illness patients and thinks it's normal and indifferent, will he remain silent when he gets sick? My parents will still tell him, 'Don't tell anyone,' won't they? In this society, the child's recovery rate will definitely be much faster than today. So, people must break the silence, must recognize that they can change a certain concept of this society. They are not only promoting social progress but also saving people and life and death. By "decontaminating and nominating" mental illness, it can reduce the huge psychological gap caused by illness, reduce patients' sense of shame, and provide an inclusive diagnosis, treatment, and care environment for mental illness patients and their families. This is also a form of medical humanistic

care. The lifting of psychological shackles may bring back mental patients who are hovering on the brink of suicide, and may also add a sense of calm and confidence to their work and life. Therefore, it is urgent to "decontaminate" mental illness.

References

- [1] Vikram, P. (2007) *Adolescent Health. Mental Health of Young People: A Global Public-Health Challenge*, 36(9), 1302–1313.
- [2] Zhang, R., Wang, M., Toubiana, M. and Greenwood, R. (2020) *STIGMA. BEYOND LEVELS: ADVANCING RESEARCH ON STIGMATIZATION*. *Academy of Management Annals*, (), annals.2019.0031–.
- [3] Milton Cohen, MD, FFPMANZCA and others, *Stigmatization of Patients with Chronic Pain: The Extinction of Empathy*, *Pain Medicine*, Volume 12, Issue 11, November 2011, Pages 1637–1643.
- [4] Li, S., Zhao, F. and Yu, G. (2020) *Childhood emotional abuse and depression among adolescents: Roles of deviant peer affiliation and gender*. *Journal of Interpersonal Violence*, 37(1–2), NP830–NP850.
- [5] Johnco, C. and Rapee, R. M. (2018) *Depression literacy and stigma influence how parents perceive and respond to adolescent depressive symptoms*. *Journal of Affective Disorders*, 241, 599–607.
- [6] Paus, T., Keshavan, M. and Giedd, J. N. (2008) *Why do many psychiatric disorders emerge during adolescence?* *Nature Reviews Neuroscience*, 9(12), 947–957.
- [7] Cooper, K. M., Gin, L. E. and Brownell, S. E. (2020) *Depression As A Concealable Stigmatized Identity: What Influences Whether Students Conceal Or Reveal Their Depression in Undergraduate Research Experiences?* *International Journal of STEM Education*, 7.
- [8] Wittchen, H.-U. (1998) *Psychological Medicine. Prevalence of Mental Disorders and Psychosocial Impairments in Adolescents and Young Adults*, 28(1), 109–126.
- [9] Anderson, K. N., Jeon, A. B., Blenner, J. A., Wiener, R. L. and Hope, D. A. (2015) *How People Evaluate Others with Social Anxiety Disorder: A Comparison to Depression And General Mental Illness Stigma*. *American Journal of Orthopsychiatry*, 85, 131–138.
- [10] Arnaez, J. M., Krendl, A. C., McCormick, B. P., Chen, Z. and Chomistek, A. K. (2019) *The Association of Depression Stigma with Barriers to Seeking Mental Health Care: A Cross-sectional Analysis*. *Journal of Mental Health*, 29, 182–190.
- [11] Puckett, J. A., Maroney, M. R., Wadsworth, L. P., Mustanski, B. and Newcomb, M. E. (2019) *Coping with discrimination: The insidious effects of gender minority stigma on depression and anxiety in transgender individuals*. *Journal of Clinical Psychology*, 76(1), 176–194.
- [12] He, H., Wu, Q., Hao, Y., Chen, S., Liu, T. and Liao, Y. (2021) *Stigmatizing attitudes toward depression among male and female, medical and non-medical major college students*. *Frontiers in Psychology*, 12.