

Causes and Recommendations of Stigma in PTSD

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Abstract: In addition to suffering from symptoms, individuals with posttraumatic stress disorder (PTSD) also suffer from self-stigma and public stigmatization due to PTSD. This article examines the stigma that patients with PTSD usually experience, and whether these stigmas are related to the identity, economic status, and other co-occurring mental illnesses of patients. Through reviewing the previous studies, this paper discusses the causes, forms and effects of stigma. In addition, it was found that individualized psychotherapy programs and mindfulness can be effective in alleviating the stress of stigma for PTSD patients. And social acceptance and support for the PTSD community can be increased by managing content about the disorder on social media and changing the content framework of news organizations, such as increasing anti-stigma and introducing knowledge about PTSD. The social acceptance and support of the PTSD community can be increased by, for example, increasing anti-stigma and knowledge about PTSD. Future research should focus on addressing the stigma associated with mental illnesses such as PTSD and addressing the psychological damage caused by stigma.

Keywords: PTSD, stigma, self-stigma

1. Introduction

According to DSM-5 [1], posttraumatic stress disorder (PTSD) is a psychological disorder. People who have experienced very severe traumatic (e.g., abuse, war) or stressful (short-term stress or long-term stress) events become extremely distressed when they are exposed to such events again. Furthermore, the disorder causes the person to re-experience the painful psychological perceptions or physical sensations of the traumatic event; it results in continued cognitive confusion or negative emotions or physiological reactions, increasing life's misery. Moreover, data from the DSM-5 shows that nearly ten percent of the U.S. population suffers from PTSD, with adults accounting for half of that number [1]. At the same time, people in Asia and other countries have a lower probability of PTSD, with the number of patients averaging between 0.5% and 1.0% [1]. Moreover, the symptoms and duration of PTSD vary from person to person: half of American adults can recover within three months, but others may have symptoms for more than a year, even some may not be free of PTSD symptoms and pain for a whole life time [1]. Such long-term misery can undoubtedly be extremely painful and impactful on the lives of those affected, both psychologically and physically.

However, the public has always treated mental and physical health unequally [2]. Since education about mental health is still a relatively new concept in health education, the public's understanding of mental health is not considered widespread or objective. This results in individuals with mental

illnesses often suffering from multiple pains. They may not only suffer from various physical illnesses and endure various mental illness symptoms. However, they may also face prejudice, discrimination, and stereotypes due to their mental illnesses not being understood by others, which gradually evolve into internalized self-stigma and external public stigmatization. In such cases, the stress suffered by patients becomes more severe, and some stress-related mental illnesses, such as PTSD and depression, become more severe, and the patient's condition becomes worse. Therefore, in addition to relieving the suffering of patients from their symptoms, it is vital to address self-stigma and public stigma. It will effectively relieve patients' internal pain and connect them to the community at large; furthermore, perhaps patients can get further support from the public and give positive input to the community with mental illness.

This paper studies stigma in PTSD, and in this paper, the author will discuss the relationship between PTSD and stigma, the types of stigmas, the impact of stigma on patients and how to address stigma in PTSD and eliminate the pain that stigma brings to PTSD patients.

2. The Relationship between Stigma and PTSD

2.1. The Correlation between Stigma and PTSD

Before discussing the two types of stigmas, researchers have focused on which PTSD patients are more likely to develop more self-stigma or stigmatization of them by others. Lewis et al. claimed that self-stigma was not directly related to the patient's gender, age, and type of PTSD suffered but rather to the patient's income status, level of anxiety and depression, and PTSD symptoms were highly correlated [3]. They argue that the lower the patient's income and the worse and more severe the psychological condition and symptoms, the stronger and more prevalent the patient's self-stigma. In fact, it is not difficult to understand that in order to live a better life, people tend to pursue a decent and well-paying job because this is the criterion to judge whether a person is happy or not in the secular definition of society; gradually, a decent and well-paying job and a happy life are equated. Moreover, if the patient is a low-income person, he or she will believe that he or she does not have the ability to maintain a high and new job and will consider himself or herself a failure while believing that he or she is incapable or impossible to lead a good life - the patient's self-denial will most likely result in the creation of self-stigma, and their sense of self-esteem will decline. As Northcott and Wilson say, a patient with a chronic illness who does not get better for a long time and is able to do very little will begin to experience progressive anger, depression, frustration, shame, and other negative emotions, seeing themselves as a burden to family and friends, and even to society, creating extreme self-loathing [4]. The more severe the patient's anxiety and depression, the less motivated they are to treat PTSD and the more resistant they become. Patients with severe PTSD symptoms are generally very worried about how they will behave in front of people when they have a psychological episode; once they think they will behave badly in front of people and are afraid of being stigmatized, they will actively stay away from people, but this makes it more difficult for them to integrate into "normal life." This resistance to treatment and social communication, as in the case of severely depressed or anxious patients, can increase self-stigma and prolong recovery from PTSD symptoms.

However, Thibodeau and Merges declared in their study that public stigma due to PTSD is closely related to the patient's occupation, status and position [5]. In their studies, the public would be more sympathetic and understanding of PTSD arising in a military setting. Because of the population's support for the military and awareness of the brutality of war, they would treat PTSD as an expected outcome for veterans, leading to a mild attitude toward PTSD in the military setting without much or intense public stigma; in contrast, PTSD in the civilian setting was difficult to gain popular support and understanding and even suffered from discrimination and public stigmatization of the patient. However, it is very noteworthy that in the study by Correll et al., the exact opposite of the former has

arrived at experimental results [6]. In their study, the public perceived PTSD produced in a military setting as exhibiting a greater level of aggression and incompetence. Such sentiments led the public to hold a fearful but disillusioned attitude toward patients with war-related identities, such as veterans; instead, they would be more sympathetic to patients who develop PTSD in civilian settings (e.g., in a car accident). In this way, the public has a greater public stigma against patients who develop PTSD as a result of war. However, in any case, although the researchers' findings and theories diverge and conflict, these still prove the point that public stigma is highly correlated with the identity of the patient or the type of PTSD.

Also, in the study by Correll et al., it was mentioned that the group of patients who have been diagnosed with PTSD suffer from much more public stigma than the group of patients who have not been diagnosed with PTSD [6]. Thus, it appears that the group that has been identified as having a mental illness is more likely to be stigmatized by the public.

2.2. Self-Stigma in PTSD

At the end of treatment or on the way to treatment, patients will face the problem of reintegrating into society, into a "normal group" that they desire. Still, they will face many difficulties, such as the level of social acceptance and their acceptance of themselves, in other words, their confidence that they can start a normal life again. Still, the fact is, due to the lack of detailed understanding of mental illnesses such as PTSD by the general public, social acceptance will not be very high, and it is easy for social stigma and discrimination against patients with PTSD as a disorder, which also leads to patients who are trying to start a normal life to begin to lose confidence in themselves, and thus the phenomenon of self-stigmatization of patients. However, either type of stigma does secondary damage to the patient's life and psychological condition, making the patient's physical and psychological condition even worse. In the following paragraphs, this paper will specifically address the effects of two types of stigmas on patients with PTSD, which will help to improve the quality of life and psychological condition of patients with PTSD.

The first issue to discuss is self-stigma in PTSD. Social stereotypes, prejudice, and discrimination against people with mental illness are destructive, and they can gradually become elements of self-stigmatization for people with mental illness [7]. Once a person with PTSD begins to stigmatize themselves, they begin to deny themselves, to have an idea of belittling themselves, and to believe that they are not destined to return to a "normal life." Once such thoughts are held, patients will begin to doubt their innocence, and the "victim guilt theory" in their minds will grow stronger and stronger. They will become more and more disgusted with themselves. They may even think of suicide, even if the situation is not so extreme, patients will be under the pressure of self-denial for a long time, and because PTSD is such a mental illness closely related to long-term stress, then this long-term stress will make the patient's condition worse. Furthermore, before addressing this issue of self-stigma, researchers should focus on why it arises to avoid it. As mentioned above, much of the self-stigma is the result of social stigma that causes patients to become self-doubting and begin to deny themselves or the result of other co-occurring disorders that increase negative emotions, such as depression, which causes patients to be chronically negative and generally have a very pessimistic outlook on things, which can also lead to self-stigma in patients with PTSD stigmatization. Moreover, this phenomenon leads to bad consequences. As Drapalski et al. argue that self-stigma can be extremely distressing and devastating to patients' mental health; it destroys their confidence in their abilities, prevents them from communicating with society, hinders their reintegration into society, and even prolongs the recovery time from mental illness [8]. These undoubtedly make the condition of patients worse.

2.3. Public Stigma in PTSD

The second type of stigmatization is the stigmatization of others from society. Krzemieniecki and Gabriel point out that actual PTSD knowledge and lower personal stigma scores show a positive correlation [9]. Still, because society does not have a universal and detailed understanding of mental illnesses and because PTSD does not appear around people as often as depression does, people have many imaginations about this disorder, most of which are negative and negative. Parrot said the continued output of stigmatization and counter-stigmatization of mental illness in news frameworks could influence and even change viewers' perceptions, attitudes, and behaviors toward mental illness [10]. Nevertheless, from the films and movies depicting PTSD, people usually think that people with PTSD are extremely aggressive, cranky, or extreme people who simply do not get along. In Parrot's study of news organizations in the US, U.S. news outlets often place PTSD in a stigmatizing framework, allowing viewers to develop increasingly entrenched stereotypes of veteran's illness (PTSD specific to veterans or other military settings) characterized by acts of violence and murder [10]. The various media representations of PTSD make the public, who do not know about PTSD, fear, or even dislike and discriminate against such patients. When people realize that there are different groups in society, they will try to denigrate other groups to justify their own group. When the public, driven by the media, believes that PTSD patients have left the "normal group," they will begin to stigmatize this so-called "abnormal group" to prove their innocence and success. Thus, the stigmatization of PTSD and PTSD patients in society begins to emerge. This stigmatization was achieved by people who began to promote the negative behaviors of PTSD patients on social media, making the public disgusted with the patients, even though they were acting involuntarily due to the effects of the disease, or by supporting the distorted social media coverage of PTSD as bystanders; or by isolating or even bullying PTSD patients due to prejudice, forcing these patients to act in a way that fits the stereotypes, and then telling the public that these clients always act in a way that is consistent with the stereotypes.

2.4. Effect of Stigma

Because of these stigmatizing behaviors, people with PTSD and other mental illnesses are increasingly marginalized by society, and gradually, no one wants to listen to their explanations; they are completely abandoned by society, and their disgust with themselves deepens, and their psychological situation becomes worse, and subsequently, these patients may develop more psychological complications, such as depression or alcohol abuse disorders, substance abuse disorders, etc.

3. Advice and Treatment

There are many non-professional psychotherapies that have been promoted by academics in recent years to eliminate negative emotions. However, the most popular ones are mindfulness, such as meditation or yoga, which can shift willpower. Davis et al. said studies have shown that mindfulness can be effective in alleviating PTSD and depression, making them less symptomatic and that mindfulness can indirectly reduce the self-stigma caused by PTSD [11]. In addition, there are also some that scientists should continue to explore, such as the study of the sublimation of emotions and the impact of behaviors, such as keeping pets and plants, on the elimination of negative emotions. Because according to the experiment conducted by Herzog and Kaiser, individualizing psychotherapy to match each different patient situation is a very rewarding endeavor and holds great promise for research [12]. Therefore, scientists should explore more ways to adapt to patients' own conditions, such as economic status and energy that can be used for healing and so on.

To eliminate the phenomenon of stigmatization, the author suggests that psychologists and sociologists should work together; they need to stop false reports of PTSD on social media and establish a network of knowledge about mental illness on the Internet. In that way, it would dispel public misconceptions about other mental illnesses, such as PTSD. Moreover, they can establish more real-life support communities for PTSD patients to guide them back to their original lives rather than relying on them to figure it out on their own and being stigmatized in the process. From the perspective of the self-stigmatization of PTSD patients and the stigmatization of society, it takes time or guidance for PTSD patients to re-enter the "normal world" and that the process should be gradual and divided into several stages: Initially, PTSD patients should build up their confidence in the support community, then interact with volunteers who understand PTSD deeply (the volunteers must come from the patients' former "normal life society") to buffer and build up a certain level of confidence in themselves. Because Krzemieniecki and Gabriel suggested that lower personal stigma scores are positively associated with an increased willingness to socialize with individuals with PTSD symptoms [9]. Finally allowing the patients to restart their new life independently, this is probably the least harmful process and approach for the patients.

4. Limitations

Much of the research cited in this article is based on volunteers' self-reports, which test the extent and tendency to self-stigmatize, as well as the harm and discrimination received from the outside world. However, each person has a different definition of self-stigma and public stigma and different levels of sensitivity to stigmatization phenomena, which may lead to some volunteers being prone to be very sensitive to a small thing, and then the level of social stigma felt by these volunteers will be very high; some volunteers are less sensitive and may ignore things that they do not perceive as stigmatizing phenomena. Even though psychologists sample from a large base to avoid great errors, such errors do not disappear and always exist.

In some psychologists' studies, they represent self-stigma, perceived stigmatization of others and volunteer acceptance with scores or ratings. However, these perceived categories of awareness are not well-defined and cannot be quantified. Each can modify such definitions somewhat to meet the needs of their own research purposes, even though they may be using the same subscale. Therefore, future research needs to develop corresponding standards to solve similar problems.

5. Conclusions

This article first describes the symptoms of PTSD and its prevalence. PTSD is a stress reaction after suffering a stressful or traumatic time, and PTSD is more common in Europe and the United States and less prevalent in Asia. However, even so, people with PTSD are still not a minority worldwide, and a significant proportion of people have symptoms that last for decades.

This paper noted that some specific populations with PTSD are more prone to self-stigma and public stigmatization. Studies have shown that self-stigma is not related to the patient's status, age, or gender but that people with PTSD who have low income, severe anxiety and depression, and severe PTSD symptoms are more likely to self-stigmatize. They tend to doubt themselves and feel ashamed of their family, friends, and even themselves because of their low income and self-loathing; they may not be motivated by treatment or even resist it because of their negative emotions; and some patients avoid social contact for fear of harming themselves or others or being misunderstood and discriminated against, making it difficult for them to reintegrate into society. All these can lead to self-stigma in these groups, worsening the patient's psychological condition and illness and delaying recovery. Public stigma, on the other hand, is related to the identity of the patient and the environment in which PTSD occurs (military and civilian environments). Although different studies have reported

different results, it is clear that the identity of the patient and the type of PTSD affects the public's attitude, perception, and acceptance of the patient, which in turn can change the degree of public stigma. The more society understands the patient from the patient's perspective, the higher the acceptance and the lower the public stigma.

The article explains in detail two types of stigmatizations: self-stigma and public stigma. Self-stigma is usually an internalized manifestation of public stigma. Patients begin to deny and dislike themselves because of external stigmatization and thus begin to develop self-stigma. The second type of stigmatization is public stigmatization. Public stigma is usually caused by social ignorance of PTSD and stigmatization by the media. Because of the lack of widespread mental health education, PTSD is still unfamiliar to the general public, and the public can easily lose their objectivity in the face of the unknown. Coupled with the fact that the media and news structures are always full of stereotypes and negative perceptions of PTSD, the public can easily stigmatize PTSD and even be full of misunderstandings, prejudice and discrimination against PTSD patients.

Some ways to reduce the harm of stigma for patients and efforts to eliminate stigma in the PTSD patient population were also explored in this paper. Psychologists believe that mindfulness, such as yoga and meditation, can be effective in relieving patients' internal pain, reducing their anxiety and repressed emotions, and relieving their self-stigma; in addition, there are plant and animal-related therapies and emotional upliftment therapies that are worthy of consideration; and psychologists have found that individualizing psychotherapy can greatly improve the effectiveness of treatment. To reduce public stigma, psychologists and sociologists can create websites on the Internet that introduce mental illness, call for more anti-stigma content in social media rather than content that exacerbates stereotypes, and even create offline support communities for PTSD patients so that patients can follow a step-by-step guide to reintegrate into society.

Although the difficulty of standard quantification of perceptions of feelings leaves the study with some limitations, it does not detract from the importance of the stigma issues exhibited in the study. The exploration of stigma in mental illness continues to be a relatively new topic in recent years. However, the urgency of addressing this issue is clear, as people with PTSD or other mental illnesses do not receive the same treatment as those who suffer from a physical impairment. Self-stigma and public stigma cause people with PTSD to suffer multiple pains and blows. Stigma issues may exacerbate their condition and create additional complications, such as depression, complete lack of social integration or even harm themselves. Therefore, reducing and ending this stigma against mental illnesses such as PTSD is a worthwhile task for future research, and psychologists and society at large should work to help people with PTSD get out of the stigma.

References

- [1] American Psychiatric Association. (2013). *Cautionary statement for forensic use of DSM-5*. In *Diagnostic and statistical manual of mental disorders (5th ed.)*. <https://doi.org/10.1176/appi.books.9780890425596.CautionaryStatement>
- [2] Robinson, P., Turk, D., Jilka, S., & Cella, M. (2019;2018;). *Measuring attitudes towards mental health using social media: Investigating stigma and trivialisation*. *Social Psychiatry and Psychiatric Epidemiology*, 54(1), 51-58. <https://doi.org/10.1007/s00127-018-1571-5>
- [3] Lewis C, Zammit S, Jones I, Bisson JI. *Prevalence and correlates of self-stigma in Post-Traumatic Stress Disorder (PTSD)*. *Eur J Psychotraumatology*. 2022 Jul 22;13(1):2087967. doi: 10.1080/20008198.2022.2087967. PMID: 35898808; PMCID: PMC9310800.
- [4] Northcott, Herbert C and Wilson, Donna M. (2017). *Dying and Death in Canada*. University of Toronto Press.
- [5] Thibodeau, R., & Merges, E. (2022). *On public stigma of posttraumatic stress disorder (PTSD): Effects of military vs. civilian setting and sexual vs. physical trauma*. *International Journal of Mental Health and Addiction*, <https://doi.org/10.1007/s11469-022-00870-6>

- [6] Correll, D. N., Engle, K. M., Lin, S. S. H., Lac, A., & Samuelson, K. W. (2021). *The effects of military status and gender on public stigma toward posttraumatic stress disorder*. *Stigma and Health* (Washington, D.C.), 6(2), 134-142. <https://doi.org/10.1037/sah0000222>
- [7] Bonfils, K. A., Lysaker, P. H., Yanos, P. T., Siegel, A., Leonhardt, B. L., James, A. V., Brustuen, B., Luedtke, B., & Davis, L. W. (2018). *Self-stigma in PTSD: Prevalence and correlates*. *Psychiatry Research*, 265, 7-12. <https://doi.org/10.1016/j.psychres.2018.04.004>
- [8] Drapalski, A. L., Aakre, J., Brown, C. H., Romero, E., & Lucksted, A. (2021). *The ending Self - Stigma for posttraumatic stress disorder (ESS - P) program: Results of a pilot randomized trial*. *Journal of Traumatic Stress*, 34(1), 69-80. <https://doi.org/10.1002/jts.22593>
- [9] Anna Krzemieniecki & Kara I. Gabriel (2021) *Stigmatization of posttraumatic stress disorder is altered by PTSD Knowledge and the precipitating trauma of the sufferer*, *Journal of Mental Health*, 30:4, 447-453, DOI: 10.1080/09638237.2019.1677870.
- [10] Parrott, S. (2022). *PTSD in the News: Media Framing, Stigma, and Myths About Mental Illness*. *Electronic News*, 0(0). <https://doi.org/10.1177/19312431221146757>
- [11] Barr, N., Davis, J. P., Diguiseppi, G., Keeling, M., & Castro, C. (2022). *Direct and indirect effects of mindfulness, PTSD, and depression on self-stigma of mental illness in OEF/OIF veterans*. *Psychological Trauma*, 14(6), 1026-1034. <https://doi.org/10.1037/tra0000535>.
- [12] Herzog, P., & Kaiser, T. (2022). *Is it worth it to personalize the treatment of PTSD? – A variance-ratio meta-analysis and estimation of treatment effect heterogeneity in RCTs of PTSD*. *Journal of Anxiety Disorders*, 91, 102611-102611.