Causes of Destigmatization of Mental Illnesses and Strategies to Destigmatization

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ABSTRACT

The stigma of mental illness is a very important and urgent problem in mental health field, which has a non-negligible impact on study, work and life of mental illness-related groups. Therefore, research on de-stigmatization of mental illness has very strong practical significance. It is conducive to protecting legitimate rights and interests of mental ill patients, promoting their integration into society, and making positive contributions to society; on the other hand, it is also benieficial to alleviate social conflicts and maintaining social stability. This paper summarizes concept, classification, stigma status and adverse consequences of mental illness stigma. Based on sociology, social psychology, bioculture and other schools, the causes of stigma is creatively proposed. Strategies for de-stigmatization of mental illness are proposed in a targeted manner.

Keywords: mental, illness, stigma, de-stigmatization, strategy

1. INTRODUCTION

Stigma was first systematically proposed by Goffman in 1963.Stigma-related research has made great progress in past 60 years, and now it has become a hot topic in many fields, such as psychiatry, psychology, Sociology, etc. The stigma of mental illness will not only affect all aspects of life, such as personal relationships, education and work, but also hinder the progress of national mental health work to a certain extent.

At present, research at home in this field is relatively limited, and there are still problems such as vague concepts, lack of localization in the construction of causal models, and ineffective de-stigmatization strategies. This paper summarizes the concept, classification, stigma status and adverse consequences of mental illness stigma, and puts forward a process model based on the viewpoints of sociology, social psychology, and biocultural schools. Corresponding de-stigmatization strategies.

2. THE CONCEPT, CLASSIFICATION AND IMPACT OF STIGMA OF MENTAL ILLNESS

Worldwide, mental illness is widespread in the general population and has a high lifetime prevalence. Data from the 2019 China Mental Health Survey (CMHS) showed that in China, after excluding dementia, the weighted prevalence of six major mental disorders was 9.3%, and the weighted lifetime prevalence was 16.6%. Mental illness stigmatization refers to a dynamic process in which people impose and maintain the inferiority of human nature on mentally ill patients. Stigmatization is the process of rationalizing the disgust of the stigmatizer towards the stigmatized[11].

Stigma of mental illness includes three dimensions: cognitive, affective, and behavioral, namely stereotype, prejudice, and discrimination. At the cognitive level, the public's stigma towards mental illness mainly includes three aspects: symptoms, causes, and consequences of illness. Research shows that Chinese public's perception of mental illness is based on severe "mental illness" as a prototype, and its evaluation includes bad, bizarre and unpredictable patient behavior, dangerous and terrifying phenomena, lack of self-control; complex reasons, as well as it's difficult to understand, extremely difficult to treat, family burden, social isolation, self-injury, career and life frustration, emotional pain, loss of life safety and meaning, endangering society, etc. [2]. The public often exaggerates mental illness symptoms. If research shows that mental illness is different from physical illness,

physical illness can be cured by itself, while mental illness is regarded as an extreme abnormality that is difficult to control. This negative perception is common, even well-educated young people still have a negative perception. There are also mental illnesses such as depression, social phobia, etc. that are labeled as "hypocritical" and "weak". Behind the stigma of such mental illnesses is the public's "hypocritical stigma" [2]. From emotional level, there are two main types. The first type is aggressive emotions, including anger, impatience, disgust, etc.; the second type is anxiety, including discomfort, insecurity, embarrassment, etc. Emotions are considered to be a key to understanding various forms of public discrimination against people with mental illness (Link, Yang, Phelan & Collins, 2004). From behavioral level, the most discussed aspects are social exclusion and social distance. Phillips (1967) argues that social distancing occurs once a person is labeled as a mental illness.

In addition to public stigma, another type of mental illness stigma is self-stigma. Self-stigma, also known as internalized stigma, is closely related to public stigma. It refers to phenomenon that mentally ill patients internalize the negative stereotypes, prejudice and discrimination of the public towards themselves, forming self-prejudice and discrimination. Mainly manifested as low self-esteem and low self-efficacy, low willingness to seek help for psychotherapy and treatment compliance[1].

The existence of stigma not only causes patients to suffer beyonddisease and treatment itself, but also severely hinders the process of recovery from the disease. Self-stigma is a high-risk factor, affecting the recovery of mentally ill patients, which is mainly manifested in the following three aspects: endangering psychotherapy process, aggravating clinical symptoms, and destroying social functions[8]. First, it seriously affects patients' desire for help, resulting in a great sense of stigma. Second, studies have shown that stigma seriously affects the lives of patients with bipolar disorder and their families in many ways, resulting in loss of patients' social support and career success opportunities, weakening patients' social functions, and leading to higher symptom levels in patients and lower quality of life[6]. Stigma has a strong, long-lasting impact on the well-being of those who are stigmatized, and even when treatment improves a patient's symptoms and functions, stigma still affects their lives.

3. ANALYSIS OF CAUSES OF STIGMA OF MENTAL ILLNESS

In this paper, process model of stigma is introduced, combined with theoretical contents of various schools, and a stigma model of stigma of basic mental illness is proposed. At this stage, there are mainly static model assumptions-based on multi-dimensional dimensional

structure and dynamic model-based on two models of the formation mechanism of social representation of stigma.

From perspective of multiple dimensions, the formation process of stigma is explained mainly at three dimensions: perception, category and response. In perception dimension, the stigmatization process includes defiled and defiler, distinguishing different perceivers, and understanding the experience of the defiler and defiled is the key; from the category dimension, forming impressions on others is a continuum, which reflects the personal characteristics and extent of the perceiver's use of objects. From response dimension, it includes emotion, cognition and behavior. Emotional responses often produce a kind of primitive negative affective response and direct disgusting behavior. The cognitive component is related to the learned stereotypes and stereotypes. Once the cues appear, the schemas quickly affect the perception method and attention content, and Explain the content of attention and form behavioral responses. The three may be independent from each other, or influence each other, and eventually form a complex stigma system[3].
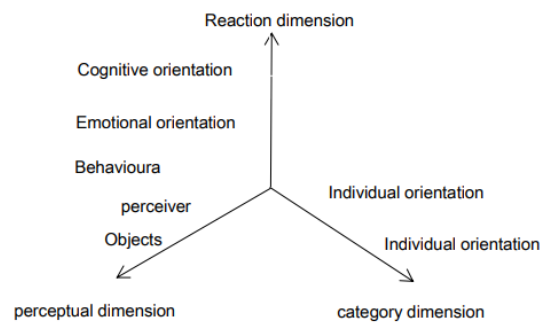

Figure 1 static model assumptions

From the perspective of the formation mechanism of social representation of stigma, social representation (social repesentations) was first put forward by French social psychologist Moscovici S. Group centrality, group influence, and communicating individual consciousness, while emphasizing that psychosocial phenomena and processes can only be best understood and studied by placing them in historical, cultural, and macro-social contexts. From sources perspective, there are three main ways of individual stigma, namely direct experience, social interaction and media influence. At the same time, the influence of external related events continues to act on individuals, forming individual stigma impressions. These individual stigma impressions gradually guide and control individual behavioral responses, causing consequences, which in turn further strengthens the individual's stigma towards original modification and reinforcement of individual social representations[3].
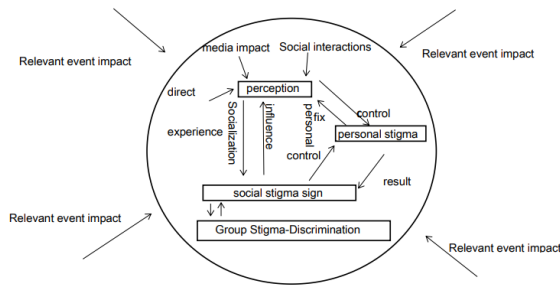
Figure 2 Dynamic Model Assumptions

To sum up, combined with the existing stigma theory and stigma structure model, it extracts a theoretical model of mental illness stigma process. It found that the theories are not completely opposed, and the core ideas can be explained together. Therefore, this paper takes mental illness as the foothold and tries to integrate social psychology, sociology, evolution theory, and functional theory about the causes of stigma. The reason, based on dynamic model, a targeted model of the stigma process of mental illness is proposed (Figure 3).
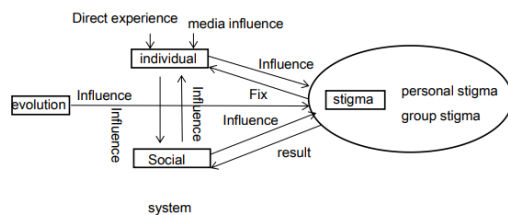

Figure 3 Mental Illness Stigma Process Model

The biggest difference between the model proposed in this paper and the dynamic model is the angle of describing the reasons. From the perspective of social psychology school, it adopts cognitive bias to explain that people's impression of a certain mark drowns the overall impression of the bearer of the mark, thus realizing the transformation from mark to stigma. Among them, the information of direct experience provides people with resources. As the basic information for the formation of stigma representation, media information can guide the public's emotions and ideas, and then affect the stigma representation[9]. Therefore, this paper replaces the individual stigma cognition in the dynamic model with a more refined cognitive bias factor as one of the causes of mental illness stigma.

From a sociological perspective, Link & Phelan (2001) introduced the concept of power based on social structure into stigma research, pointing out that stigma is entirely a product of social, cultural, economic and political power. They believe that stigma is the product of differences in power, and it is manifested in the relationship between the dominant class of power and the disadvantaged. Only classes in dominant position can stigmatize the corresponding disadvantaged population[7]. Sociological school also coincides with

the current asymmetry between mentally ill patients and non-mentally ill people, so social system can be regarded as one of the effects of stigma.

From an evolutionary perspective, people classify themselves by classifying the world around them. Threats within the group must be minimized if group life is to be adapted to human survival and genetic inheritance. Thus, there is a need to be a mechanism to identify individuals who harm the group or hinder the group's function, label them as such, and encourage other group members to prevent these individuals from benefiting from the group, and to separate these individuals from the group if necessary Going out[10], therefore, the biological evolutionary reason is the root of stigma behavior, and further, this shows that the degree of stigma can be weakened, but the phenomenon of stigma cannot be eliminated[10].

To sum up, there are two causes of individual cognitive bias, namely direct experience and media influence. Individual cognitive bias forms behaviors such as labeling, which in turn produces stigma, which in turn further strengthens the individual's strengthening individual cognitive bias[4]. The social system can further affect individual cognition, exacerbating the degree of bias from the inequality of power, and the cognitive bias can in turn stabilize the unequal social system. Biological evolution acknowledges the inevitable stigma[10]. Finally, according to Corrigan's point of view, this paper further divides stigma into public stigma and self-stigma. Previous studies have shown that self-stigma is accompanied by the emergence of public stigma, but with the development of the Internet, the two are partially independent. this article will not subdivide it here, but regard it as a unity.

4. SOLUTIONS

From theoretical model of mental illness stigma process proposed in this paper, comprehensively considering the impact of mental illness stigma, and with the goal of promoting patients' recovery, development and social reintegration, strategies for mental illness de-stigmatization should be explored from the following aspects:

For patients, psychological interventions are used to change negative cognitions and attitudes. The existence of mental illness stigma causes people with mental illness to face various prejudice and discrimination in society, but Mandado & Periáez (2021) shows that although patients understand the negative social representation of mental illness, patients can be held accountable to the public. Sexual attitudes and behaviors respond differently, with some acting indifferent, others protesting angrily, and others internalizing stigma[1]. The law aims to allow psychologists to externalize their stigma and reconstruct their powerful inner world by

methods such as mental health education and cognitive behavioral therapy.

For the general public, sympathy is transformed into empathy by media. Transition from compassion to empathy is a fundamental way for society to destigmatize people with mental illness. Most respondents' goodwill attitudes towards depression and other mental illnesses are "sympathy" and "poor", and "sympathy" tends to make the general public and other mental illness patients always based on the premise of unequal communication, rather than a condescending discourse. This discourse environment is not conducive to promoting improvement of stigma against mental illness. Starting from "attitudes towards depression or depression patients", it should be proposed what attitude the public needs to establish towards depression groups in order to form good behavioral intentions, so to promote positive behaviors in real life. In the communication of new media, the thinking of "empathy" should be used for information dissemination. Empathy generally means that when thinking and dealing with problems, starting from the perspective of others. Relevant studies have shown that empathy can make people's thoughts more closely and communicate more smoothly, which makes it much easier for people to exchange emotional information with the outside world, so it can play a better role in the treatment of mental illness. Empathy enables the public to learn to empathize, allowing them to feel and resonate with media information, and to internalize and concretize personal moral behavior through this "common" emotion.

For social interaction, raising public awareness and "justifying" mental illness. In 2002, Japanese Society of Psychiatry and Neurology announced that schizophrenia can be renamed "Schizophrenia". There are two reasons that prompt the society to change the name of the disease: first, the medical description of the disease name is inaccurate, giving the impression that "the whole mind is in a state of schizophrenia", which increases possible factors of discrimination against patients; second, a patient himself and his families asked for a name change to respect human rights, and a name change to show respect for those with the disease. Follow-up studies have found that two years after name "schizophrenia" was renamed "syndrome", its visit rate increased by 20%-40%. In May 2014, Taiwan officially changed the original name of "schizophrenia" to "schizophrenia" in order to remove the stigma. If more patients are aware of their own diagnosis, prognosis and intervention, communication between doctors and patients will be easier, and public attitudes towards the mentally ill patient group will also be significantly improved.

For the social system, it is necessary to improve the government protection system at the social system level and improve the empowerment system for mental illness. Equal social norms are an institutional prerequisite for reducing prejudice among groups. As far as mental illness groups are concerned, the institutionalization of stigma has strengthened social isolation and social prejudice of rare disease groups. Therefore, government should strengthen management of mental illness at the macro level. policy support for mental illness, including official publicity for mental illness, related legislation, etc., to enhance the public's understanding of mental illness, to alleviate some of the public's misunderstanding and fear of mental illness, and to treat all groups of society equally in terms of social security and medical systems. Set an example for all sectors of society, and it also allow the mentally ill group to get more attention and understanding[5]. At the same time, by formulating some welfare policies that are conducive to improving the social status of mentally ill patients, it can improve social status and have more participation and expression rights, thereby enhancing sense of self-worth and achieving self-identification.

5. INNOVATION POINTS

1. This paper provides a new perspective on de-stigmatization interventions. The occurrence of stigma is common, and it is difficult to completely eliminate stigma phenomenon, but the top priority is to solve the problem of patient recovery. Considering intervention measures from dimensions of social support, social rejection, and self-evaluation that have great influence can reduce the degree of stigma. Avoid rising to the point of completely depriving the patient of their personality. There is fear of the patient. Fear is the instinct of a person to be unfamiliar and to have a potential threat.

2. This paper creatively proposes a process model of mental illness stigma. Regarding the causes of stigma, this paper integrates the viewpoints of sociology, social psychology, and biocultural schools, and refers to the viewpoints of functional orientation schools. Specific pathways for the role of cognitive and biological factors on stigma (incorporating specific factors such as biological instincts, individual direct experience, communication media, and class rights). In addition, this paper also explores the relationship between three factors (individuals feel threatened by mentally ill patients and its instinct to exclude factors affect their cognition, personal cognitive biases contribute to the formation of institutional stigma, social institutions and media reacts against individual cognition), between the three factors and the phenomenon of stigma (individual cognition gradually guides and controls the stigmatizing behavior of the individual, and in turn further strengthens or corrects the individual's original cognition), self-stigma The relationship between fame and public stigma (self-stigma is the result of the internalization of public stigma, and the two catalyze each other), forms a dynamic model of fluidity and change.

6. CONCLUSION

Starting from the theoretical model, this paper analyzes the causes of mental illness stigma and seeks solutions based on the actual situation in my country, which has strong feasibility. This paper synthesizes the existing static model assumptions—based on multi-dimensional structure and dynamic model—based on two major models based on the formation mechanism of social representation of stigma, and integrates social psychology, sociology, evolution theory, and functional theory, taking the dynamic model as the assumption, and combining with the actual situation in my country, put forward a model of mental illness stigmatization process. Finally, measures to de-stigmatize mental illness are proposed from multiple perspectives.

ACKNOWLEDGMENTS

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