

Review

## Stigma in mental illness

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According to world wide data, one in four families has at least one member, currently suffering from mental illness or behavioral disorder.

Ignorance or lack of proper knowledge is the root cause of all stigmas. Stigma against mental illness is as old as civilization itself. Unfortunately over the centuries, public attitude has hardened and has become more irrational against all types of mental disorders. As a result we find now gross discrimination against people with mental illness in all spheres of life like job, marriage, housing, immigration, thus reducing the opportunities for the mentally ill for their rightful participation in the society.

Emotional reaction to mental illness is usually based on unfounded irrational misconceptions about mental illness. Perhaps one of the strongest prejudice against mental illness is the fear of violence by the mentally ill in spite of evidence to the contrary that vast majority of mentally ill persons never commit a crime. A combination of factors promotes this perception viz. sensationalized media reporting whenever a violent act is committed by a former mental patient, popular misuse of psychiatric terms such as psycho or psychopathic, narrow stereotypes by the entertainment industry. Mental illness is always shown as something to ridicule, or to laugh at or something, which is bizarre, disgusting or frightening.

Different illness cause different kind of emotional reactions in public. Most physical illnesses like cancer, diabetes or heart diseases cause a feeling of sympathy for the victim. Some other communicable diseases like tuberculosis or plague causes fear of catching the infection from the sufferer. Still others like leprosy with its ugly open sores cause a feeling

of disgust. Emotional reaction to mental illness is usually more than all these, it is perceived as something strange, mysterious and also dangerous. It is probably due to the difficulty in communicating with persons having mental illness and a certain unpredictability about their behavior. Such discrimination is usually based on unfounded irrational misconception about mental illness. Though according to the present international classification of diseases, there are ten different categories of mental disorders but public generally refers to all serious mental illness as one mental illness. As is well known, ignorance or lack of proper knowledge is the root cause of all stigmas.

The Mental health professionals are aware of the harmful effect of this stigma against mental illness. It interferes at every stage in the diagnosis, treatment and rehabilitation of all types of mental disorders. It forces people to avoid seeking needed psychiatric help and grossly interferes in all efforts for their rehabilitation.

As far as the Western scene goes, a large number of studies regarding stigma in mental illness have been conducted in U.S.A. & Canada. Majority of them showed that there is misinformation, fear and anxiety about mentally ill which makes the public stigmatize and reject them. Star<sup>1)</sup> pointed out that mental illness is something which people want to keep as far as possible. Cumming and Cumming<sup>2)</sup> found that the response to mental illness is a sequence of "denial, isolation and rejection" while the Joint Commission on Mental Illness and Health<sup>3)</sup> pointed out that there is a major lack of recognition of mental illness as an illness and a predominant tendency towards the rejection of both mental patients and those

who treat them. Various tools and techniques have been used in this aspect viz. questionnaires using Custodial Mental Illness Ideology Scale (CMI)<sup>4</sup>, the Opinions about Mental Illnesses Scale (OMI)<sup>5</sup> and Nunally Scale<sup>6</sup>.

In India, the concept of mental held by the lay person or his orientation towards mental illness is based mainly on a religious background characterized by fatalism and external locus of control. Perspective observers<sup>7-9</sup> have commented about the social stigma attached to mental illness. Dube<sup>10</sup> points out that a great deal of misconceptions, superstitions and ignorance exists in respect of mental disease with much stigma attached. Mental illnesses are viewed as a visitation of evil spirits of a goddess of curse. This takes the form of exaggerated belief in mystic influences, excessive faith in the power of saints, priests, medicaments, sorcerers and faith healers who are frequently engaged to cure cases of mental illnesses. There are a number of places in India reputed as centers of treatment endowed with healing power due to a deity. A large number of people with mental illness visit these places in hope of a cure but most return disillusioned and finally come to a psychiatric center for treatment.

On the basis of three decades of clinical work in the field of mental health, Verma<sup>11</sup> points out those eight specific misconceptions prevalent among people in India. It is believed that all mental illnesses are alike. The cause of mental illness is considered to be a single shock, sexual starvation, and result of 'heat' or of possession. Mentally ill are viewed as people with no capacity for understanding. Pessimism prevails about the possibility of a cure. Varma points out that the strong stigma attached to mental illness is based on misconceptions widespread among the educated and sophisticated sections of the society. Gupta et al<sup>12</sup> in their study found out that in an exclusive hospital for mental diseases at Ranchi, 60% of beds were occupied by long stay patients of whom just 7 % had need for hospitalization. Bhaskaran<sup>8</sup> pointed out that the long-term stay of other 93% of unwanted patients is a reflection of the rejection of the psychiatric patient by the family and the society. The stigma associated with mental illness is a social problem and concerns a change resistant situation of value orientation.

One of the earliest reports in this area is by

Neki<sup>13</sup> who carried out a research project at Amritsar in North India. ON the basis of this survey he reported that a sizeable section of public fears and tends to strongly reject the mentally ill. However he observed that in the rural population there was still considerable tolerance for the mentally ill. A series of studies were conducted by Sathyavathi et al<sup>14</sup>, Sathyavathi & Dwarki<sup>15</sup>, Rahmatullah & Sathyavathi<sup>16</sup>, Basumallik & Bhattacharya<sup>17</sup> to name a few who studied the responses of normal population towards mental illness.

They unanimously pointed out the un-crystallized opinions about the concept of mental health & mental illness held by the general public. Malhotra, Wig & Inam<sup>18</sup> investigated the ways by which the general public manages an individual showing deviant behavior and concluded that psychological persuasion, social manipulation, medical intervention, dietary regulation, mental health consultation, mystical and religious modes along with tendency of not seeking any type of intervention constituted seven ways of handling deviant behavior. Kshama & Chanabasavanna<sup>19</sup> studied the opinion of relatives of hospitalized psychiatric patients and found that women expressed authoritarian attitudes and men expressed higher economic groups while more benevolent attitudes.

Boral, Bachi & Nandi<sup>20</sup> studied the opinions about mental illness and found that majority of people believed that heredity was the main cause of mental illness. Other causes attributed to mental illness were due to unemployment, financial stress, loss of job, sudden loss in business, bereavement, failed love affair, sexual frustration and guilt due to excessive masturbation. Traditional methods like faith healing, ojha's magic, homeopathic and ayurvedic methods of treatment were preferred by less than 1/3rd of subjects studied. Awareness of psychotherapy as a form of treatment was absent and its acceptance was very low. Majority felt that drugs and ECT helped patients. Regarding the acceptance of the mentally ill, there was a reluctance to establish marital relationship between a cured mental patient or a person belonging to the family of such a patient. Majority thought favored marriage of the mental patient as a method of cure.

Devdasan & Gautam<sup>21</sup> studied the attitudes of medical practitioners towards mental illness and they found that the attitudes of general

practitioners were not negative but at the same time were not fully satisfactory and there was a necessity to equip the practitioners with greater knowledge of mental illness. Studies conducted by Gandhi & Agarwal<sup>22)</sup> towards attitude of public towards mentally retarded found that public does not differentiate between mental retardation and insanity. Prabhu et al (1984) concluded that the lay public including the educated urban groups is largely misinformed about the various aspects of mental health. The mentally ill are perceived as aggressive, violent and dangerous. There is a lack of awareness about available facilities to treat the mentally ill and a pervasive defeatism exists about the possible outcome of therapy. There is a tendency to maintain social distance from the mentally ill and to reject them.

The complexity in addressing mental illness has also been the focus of the latest report by the WHO, 'The World Health Report 2001: Mental Health, New Understanding, New Hope'. The WHO's call for a public health approach to reduce the burden of the estimated 450 million people with mental and behavioral disorders worldwide, should be taken as a serious pointer to the manner in which societies go about correcting their past failings. Upgrading the physical infrastructure along with successfully educating the public on the forms of mental illnesses, understanding the tragic consequential losses from a continued neglect and need for better preparedness by the community and immediate relations of the patients would reduce the burden of the mentally ill tremendously.

India was the first country in the world to launch, on 2nd October 1983, the global program IMPACT which aims at the prevention of avoidable disability including mental disability and the rehabilitation of the disabled. The successful implementation would depend on the information possessed and the attitudes held by various segments of society towards mental health issues as this would influence to a very large extent their involvement in the action for mental health.

To sum up, the underlying cause for neglect of the mentally ill is that while there has been a relatively higher emphasis on physical illness, mental disorders often are either dismissed through irrational reasoning or go unreported because of the fear of social stigma. Wig<sup>23)</sup> reported that the Indian Psychiatric

Society has been fighting the stigma against mental illness since the time of its formation in January 1947 and one of the first resolution against "Stigma and dread of mental illness" was moved by Colonel Lloyd in the I. P. S. council meeting of April, 1947. We are happy to record that even today our resolve to fight this stigma is equally strong. For the golden jubilee conference in January 1998, the chosen theme was "Free the society from stigma of mental illnesses." Let us join hands and resolve that no person and no family be discriminated because of mental illness in the world.

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