

## Implications of Cultural Stigma on the Mentally Ill

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## Introduction

Due to ongoing stigma, most people in today's society express little regard toward managing their mental health. Having a strong understanding of one's mental state allows a person to experience clear cognition and appropriate behavior day to day. When a person's thoughts, behaviors, and emotions stray from what is considered 'normal' they are diagnosed with a psychiatric disorder. There are many forms of mental illness, but the most common types referred to in today's studies are depression, generalized anxiety disorder, panic disorder, phobias, schizophrenia, obsessive compulsive disorder, and post-traumatic stress disorder (National Collaborating Centre..., 2011). The etiology of mental disorders is still under research, but there is a large amount of evidence indicating that genetics plays a major role (Mannarini & Rossi, 2019). In other words, the development of a mental illness is out of an individual's control, but their ability to accept and work through their disorder is dependent on their attitude and societal support. A person's perception of their mental illness can have a profound effect on their ability to manage their disease. Such attitudes are highly influenced by the person's cultural beliefs regarding their mental illness. The Chinese culture has struggled with this matter since the beginning of time, and as a result, millions of their civilians are without proper care (Shao, Wang, & Xie, 2015). Whereas, the Swedish have taken initiative to abolish their stigma surrounding mental health and are now working towards integrating the mentally ill into society. The quality of life of an individual suffering from a mental disorder is heavily dependent on their culture's perceived importance of mental health, diagnosis of the psychiatric disorder, and treatment effectiveness. Therefore, a unique approach to decimate each culture's negative stigma towards mental health must be taken immediately to alleviate the suffering of all those affected.

## Stigma

## Causes

Unless a person has experienced one first hand, the concept of mental illness is very difficult to grasp. This is because there are often no physical manifestations of the disease. Unlike a broken bone or pneumonia, which can be diagnosed by screenings, a mental disorder has no set diagnostic protocol. Therefore, because the general population is unable to distinguish what a mental illness looks like on the surface, they conclude it must not be a real disorder (Mannarini & Rossi, 2019). Additionally, when a disease gains the reputation of being incurable, the general public is quick to tie a negative connotation with the diagnosis (Beldie et al., 2012). Therefore, the perceived lack of effective treatment for psychiatric disorders has been found to be one of the main causes of stigmatization related to mental illness.

There are many other factors which influence the stigma toward people with mental disorders, these include different levels of education, gender, healthcare systems, and cultural differences (Ma, Huang, Nie, Silenzio, & Wei, 2018). Although, cultural background has been found to be the main proponent for such stigma (Xu, Li, Zhang, & Wang, 2018). The attitudes and beliefs of a person's culture outline how they should go about every day life. Not only does culture impact how society understands mental health, but it also dictates how the illness is managed (Putul, Kahua, Choudhury, & Shobhana, 2018). These perceptions held by society can trickle down to infiltrate the minds of those suffering from mental disorders. This type of stigma, known as self-stigma, can impact a person's approach for help, type of help they expect to receive, management strategies, and use of social support systems (Putul et al., 2018). Among other factors, cultural background is the most influential in the development of a society's stigma regarding the understanding of, and treatment for those with mental disorders.

## Effects

The effects of stigma on those with a mental illness can be severely incapacitating. In fact, stigma has been found to be potentially more injurious than the disease itself (Xu et al., 2018). As mentioned earlier, most knowledge concerning mental illness is disregarded by members of society who are not affected by such illnesses. As a result, many people suffering from common mental disorders may not receive the appropriate support of their community (Mannarini & Rossi, 2019). For example, the diagnosis of a mental disorder has been found to disturb family relationships and limit one's ability to socialize and acquire employment (Xu et al., 2018). Negative attitudes of society have also been found to deter those suffering from a mental illness from reaching out for help (Xu et al., 2018). This is done out of fear of disclosing a diagnosis which involves their culture's stigma regarding mental illness (Mannarini & Rossi, 2019). Consequently, their access to early treatment and recovery from their illness is dramatically reduced (Xu et al., 2018). The tendency for stigma to segregate those with mental disorders from society has significantly detrimental effects on one's self-perception. It has been found that these people often experience lowered self-esteem, increased depression, and a sense of hopelessness (Vogel et al., 2013). As a result, negative cultural stigma regarding mental health reduces the overall quality of life of those suffering from a mental disorder.

### **Self-Stigma**

People with a mental illness may be aware of their stereotype, and unfortunately, they often agree with it. This type of stigma is an internalization of their culture's beliefs, resulting in self-stigma. The definition of self-stigma is described, "as the reduction in a person's self-esteem or sense of self-worth due to the perception that he or she is socially unacceptable" (Tucker et al., 2013, p. 520). The cultural stigma regarding mental health implies that anyone who needs psychological services is weak. Subsequently, when a person is experiencing mental illness or is

considering seeking help, they self-label themselves as socially unacceptable (Vogel et al., 2013). By applying negative public attitudes to themselves, they are likely to suffer from diminished self-esteem and self-efficacy (Vogel et al., 2013). Since their values concerning mental health align with the condescending perspectives held by society, they too endorse poor attitudes towards treatment. Those who suffer from a mental disorder, but also believe in their culture's stereotype, have lower treatment compliance rates and are less willing to return for follow-up counseling sessions (Tucker et al., 2013). Subsequently, self-stigma plays a major role in seeking help, the effectiveness of psychological treatment, as well as the success of recovery from mental illness. Even though stigma is present in almost all cultures, it can take different forms depending on what is normal for that society (Vogel et al., 2013). Not all countries operate with the same beliefs, so it is important to understand the benefits and drawbacks of each extreme.

## **Chinese Culture**

### **Overview**

As one of the largest, most powerful societies in today's world, it is disappointing that the Chinese culture is still struggling to effectively manage their mental health crisis. Their rate of those suffering from common mental health disorders is about 12%, which compared to other countries, is considered average (Ritchie & Roser, 2019). Although, it is important to note the significance of this culture, as it accounts for just over one billion people of our international population. Even though 12% may not seem impressive, this statistic indicates that over 173 million people in China are suffering from a diagnosable mental health disorder (Shao et al., 2015). Unfortunately, there are an additional sixteen million Chinese civilians living with severe mental disorders, most of which remain untreated (Ding, 2014). This is likely due to their

cultures' failure to acknowledge mental illness as a disease. Instead, the Chinese are more likely to regard mental health issues as personal problems (Xu et al., 2018). As a direct result, their culture significantly lacks the proper resources for those suffering with a mental illness. In a recent study during the year 2011, it was found that, "the ratio of psychiatrists to those with severe mental disorders was less than 1:7692" (Ding, 2014, p. 582). This statistic highlights how scarce psychiatric resources are for those who need medical attention in China. Unfortunately, these shortcomings will continue until the public makes an initiative to break the stigma and spread awareness regarding mental health.

Not only do they lack the means to provide the mentally ill with adequate coping resources, but the Chinese culture has promoted extremely unhealthy ways of treating those who are affected. Up until the year 2012, involuntary detention was practiced in China as a way of forcing those who were deemed mentally ill into a hospital for 'proper' treatment. A survey done in Shanghai, "...of 8547 psychiatric inpatients... found that only 1.1% of the patients were admitted voluntarily" (Xu et al., 2018, p. 131). In other words, ninety-nine percent of those in a mental institution in Shanghai did not chose to admit themselves into the facility. This became so normalized that the Chinese culture coined a, "new term for 'being misidentified as mentally disordered' (Bei Jingshenbing) to label events of the kind" (Ding, 2014, p. 581). In one particular case, a man without a mental disorder was involuntarily detained in two mental hospitals for over six and a half years by his local government (Ding, 2014). During his time at the institutions he was physically restricted forty-eight times, forced to take medication, received electroconvulsive therapy fifty-four times, and had multiple suicide attempts (Ding, 2014). After the Chinese media reported several other similar cases there was a demand for a change in legislation. On May 1, 2012 the Mental Health Law of China was implemented, making involuntary detention illegal.

This law accomplished a variety of other objectives such as implementing legal rules regarding mental health promotion, as well as the prevention, diagnosis, treatment, and rehabilitation of mental disorders (Ding, 2014). Although this law has good intentions, it becomes a matter of the willingness of the Chinese people to abide by these guidelines that will determine its success. As of now, there are indications that involuntary detention, although illegal, is still taking place in China (Ma et al., 2018). Therefore, a great deal of work is still ahead of the Chinese culture if they wish to resolve their stigma regarding mental health.

### **Traditional Values**

In order to resolve the stigma, it is important to understand how the Chinese culture formed its negative stance in the first place. The Chinese have always been known for their emphasis of family in everyday life. These tight-knit family bondages, also known as filial piety, is a core value in Confucianism (Xu et al., 2018). In China, mental illness is seen as an issue affecting the family as a unit, rather than just the individual themselves. Consequently, if the diagnosis is made public, it won't just be the mentally ill person who is affected, but their entire family (Xu et al., 2018). Recently a study in China found that, "approximately 40% of patients with schizophrenia reported that their family members were unfairly treated because of the illness" (Xu et al., 2018, p. 131). As a result, this drives the family to secrecy, and in the case of the above mentioned study, over 60% of their family members concealed their relationship (Xu et al., 2018). This denial is unhealthy to the affected individual and their family because it deprives them both of proper support. Some families go to extremes to avoid public scrutiny. For example, they may restrain their suffering family member from leaving their home due to fear of sabotaging their family's name (Xu et al., 2018). Other traditional beliefs may attempt to explain the mental illness as a means of punishment for the individual. In Buddhism, such beliefs are

held to explain the phenomena of reincarnation. They claim the mentally ill to be experiencing the penalties in their current life due to a previous life of sin (Xu et al., 2018). Overall, the stigma regarding mental illness is deep rooted within the Chinese culture, so an extensive approach to resolving their stigma is required.

### **Three Interconnecting Levels of Stigma**

Three interconnecting levels of stigma exist in the Chinese culture, those being structural, interpersonal, and intrapersonal. Structural stigma is comprised of the discriminatory social policies and legislation that exists in China's government. Even with the implementation of the National Mental Health Law in 2012, there are still many barriers to its utilization. Such obstacles include a relatively low political prioritization and financial investment in mental health services (Xu et al., 2018). Additionally, there is a low rate of reimbursement for mental health care costs, lack of knowledge regarding mental illness, and subsequently, abnormally low rates of seeking psychiatric help (Xu et al., 2018). It is unlikely the anti-stigma programs will experience success if these barriers are to continue. Interpersonal stigma exists between the community and those suffering from a mental illness. In China 2010, "it has been reported that 14% of licensed physicians did not have the formal degree, and 46% of registered nurses... had no academic qualification" to work in a psychiatric setting (Xu et al., 2018, p. 130). These statistics reflect what little regard the Chinese have for mental health, as a substantial portion of 'trained professionals' in the field are unqualified. Contrary to popular belief, in China it has been found that the attitudes of healthcare professionals are no different from the public view of mental health, and attitudes of the police are shown to be even worse (Beldie et al., 2012). These findings further prove that mental health stigma not only exists throughout the government, but is also common in the every day person. Intrapersonal stigma, otherwise known as self-stigma,



occurs at an alarmingly high rate in the Chinese culture. Internalized stigma is proportional to the degree of stigma present in a person's culture, which accounts for the high level of self-stigma experienced by those who are mentally ill in China. Findings suggest that self-stigma is negatively correlated with the availability of social support (Xu et al., 2018). Since the Chinese culture upholds such poor structural and interpersonal stigmas, it follows that their prevalence of self-stigma is just as detrimental. Although, China is not alone in suffering the consequences of their mental health stigma, but it is their inability to address such issues that sets them apart from more advanced, psychiatrically aware societies.

### **Swedish Culture**

#### **Overview**

Like most societies, the Swedish culture has always suffered with their stigma regarding mental health. Negative attitudes, stereotypes, and discrimination is still prevalent in their community today (Hansson, Stjernswärd, & Svensson, 2016). The effects of stigma are universal, and some are shown to resemble the nature of those exhibited in Chinese culture. In Sweden, stigma has been found to affect the achievement of adequate housing, employment, and secure financial status (Hansson et al., 2016). Stigma has also become a major barrier to seeking help, and was found to increase drop-out rates and nonadherence to psychiatric treatment (Hansson et al., 2016). Fortunately, they are one of the few midsized European countries to recognize this shortcoming, and in the past decade they have taken the initiative to improve their mental health awareness. Before deciding how to go about resolving their mental health crisis, the Swedish community did an extensive investigation of their country's stance on mental health. The research showed that out of all members of society with a disability, it was those with a mental illness that were the most isolated (Hansson et al., 2016). Therefore, one of the main

goals of their reform would be to integrate all persons with mental disorders back into society (Hansson et al., 2016). Up to now there have been three major campaigns in Sweden to resolve their stigma regarding mental health. Unfortunately, the first two attempts failed to accomplish their goals. It was only after examining the nature of these attempts that mental health advocates learned from their strengths and weaknesses to create a third, 'successful' campaign.

### **First Campaign**

The main goal of the first campaign, conducted by the Swedish Schizophrenia Association in 1997, was to inform the general public about schizophrenia (Beldie et al., 2012). Their campaign was also made to reduce stigma and prejudice, as well as bring attention to the families of those who are mentally ill and create meeting places for them to relate and exchange experiences (Beldie et al., 2012). They accomplished such goals in three stages. The first stage of their campaign was to use advertisements in newspapers, television, and subways to inform authorities about their efforts (Beldie et al., 2012). In the second stage, they reached the general public through similar means and also displayed paintings illustrated by people with schizophrenia (Beldie et al., 2012). The final stage was aimed at public schools, with the intention of changing the attitudes of students and teachers (Beldie et al., 2012). The failure of this campaign is confirmed through several hundred telephone interviews that a media consultant conducted before and after the campaign took place. The findings of these interviews indicated there was no improvement towards mental illness, in fact, there was a slight worsening (Beldie et al., 2012). Even though Sweden's first campaign was unable to reach its objectives, it was the country's much needed first step in the right direction

### **Second Campaign**

The second year-long campaign titled, “Psykekampanjen”, took place in 1999. This movement was conducted by The Equality Ombudsman, The National Association of Social and Mental Health (RSMH), and the Schizophrenia Association. This was a governmentally funded campaign that focused on improving the possibilities of social inclusion by improving the public attitude towards mental health (Beldie et al., 2012). The campaign sought to change the perception towards mental illness by using media, art exhibitions, and performances (Beldie et al., 2012). Like the first campaign, there was a large emphasis placed on the integration of the patients into society by normalizing their interaction with health care and social service providers. Critics of the campaign claimed that its message only reached those who already were convinced of its importance, therefore missing a major portion of the population (Beldie et al., 2012). These people remained uninterested and poorly informed regarding the mental health stigma during this year-long campaign (Beldie et al., 2012). Overall, it was decided that this campaign failed to attain its main goal of reaching the general public, and therefore further action was required.

### **Third Campaign**

Sweden’s third and final campaign finally received enough public support for it to be considered ‘successful’. This anti-stigma campaign began about ten years after the termination of “Psykekampanjen” and was initiated and financed by their government. This campaign received the title “Hjärnkoll” and ran from the years 2010 to 2014. The results of Hjärnkoll were very promising, as mental health literacy, attitudes, and intended future behavior all experienced positive changes during the campaign years (Hansson et al., 2016). This campaign was comprised of four components. The first being its focus on connecting those who have never experienced a mental illness with someone who has lived through it. There were about three

hundred and fifty ‘ambassadors’ who volunteered to share their experiences with others in hopes of clearing away misconceptions and normalizing their condition (Hansson et al., 2016). The campaign also spread mental health awareness through the television, internet, and newspapers (Hansson et al., 2016). The last two components of the anti-stigma movement included its focus on mental health in the workplace and the mobilization on local levels to promote positive, sustainable activities (Hansson et al., 2016). An especially important feature of this campaign was its focus on specific populations. They learned from their last two failed campaigns that it is more effective to narrow their efforts on specific groups rather than on the general public as a whole (Beldie et al., 2012). Examples of such groups included those with the highest levels of stigma regarding mental health: journalists, health care professionals, social workers, and the police (Beldie et al., 2012). Conversely, this campaign was able to discern which populations were more likely to regard mental health with importance. In its analysis, “female gender, higher education, and more familiarity with mental illness were significantly related to better mental health literacy, more positive attitudes...” and being more likely to interact with mentally ill people in the future (Hansson et al., 2016, p. 74). These findings are important to keep in mind for future reference, as they allow great strides to be made through focusing on a community’s strengths.

### **Implications of Research**

#### **Takeaway from Other Cultures**

After reviewing the ways in which the two cultures regard their stigma of mental illness, it is obvious they exist in opposite extremes. It is important to analyze the strengths and weakness of these societies in order to discern America’s next move forward. A theme expressed in both cultures was a need for increased public and professional awareness regarding mental

health maintenance and psychiatric disorders. One way this was successfully done in Sweden was by offering more opportunities for individuals with a mental illness to share their experience with those who are unfamiliar with the disease (Xu et al., 2018). As the Swedish have also demonstrated, focusing on sub-populations is highly effective in translating information to the public. These populations include, health care providers, journalists, police officers, social workers, younger people, those living in rural areas, and those who are less educated (Xu et al., 2018). Concentrating on primary health care providers is key to endorsing mental health management because they are the largest group of healthcare workers encountering mentally ill patients day to day (Ma et al., 2018). Therefore, their attitude towards the mentally ill will affect the quality of the mental health services they provide to psychiatric patients. Providers with a positive stigma regarding mental health are more likely to provide meaningful care, health education, and rehabilitation advice (Ma et al., 2018). Additionally, the promotion of a bio-genetic approach to the development of mental illness may help to reduce stigma. This is because the general public would no longer associate the disease to the person suffering, but rather to a medical diagnosis with a cure (Mannarini & Rossi, 2019). Lastly, it is important to build off the sub-populations who already express a positive stance concerning mental health. This would influence the remainder of the general public to take note of the beliefs of their fellow citizens and begin to model their behavior. Therefore, identifying females, those with higher levels of education, or those who experience frequent contact with mentally ill patients can be very helpful in reducing the mental health stigma (Hansson et al., 2016). Overall, after analyzing these two cultures, several tools to fight stigma surrounding mental illness are readily accessible for United States citizens to make use of.

### **The Five U.S. Anti-Stigma Interventions**

The most effective mechanisms to fight stigma can be broken down into five categories; education, mental health literacy campaigns, contact, peer services, and legislative and policy change (Norms, Board on Behavioral, Education, & National Academies of Sciences, 2016). The United States has begun to implement some of these ideas into practice, but further emphasis to each is necessary for the ultimate dissolution of the mental health stigma. Education encompasses the disbursement of factual information concerning stigmatized mental illness with the goal of reversing negative perspectives by correcting misinformation (Norms et al., 2016). This can be done in a public-school setting, across colleges, and with news and social media promotion. Not only does education combat public stigma, but it has also been found, “effective in reducing self-stigma, improving stress management, and boosting self-esteem,” of the individual suffering from a mental illness (Norms et al., 2016). Mental health literacy campaigns, as seen in Switzerland, are also proven ways to use education to dissolve the mental illness stigma. Regardless of the level of education, when implemented, these programs have been found to improve the attitudes, knowledge, and help-seeking behavior of the younger generations (Norms et al., 2016).

Contact between those with mental health conditions and those without also is found to suppress the mental health stigma. Therefore, the United States should further push this occurrence to overcome the interpersonal divide and facilitate genuine interactions between these groups of people (Norms et al., 2016). One way America has begun to practice this is through the use of peer services. The peer service system works to foster a nonjudgmental, nondiscriminatory healthcare environment by hiring health care team members who have lived experiences with a mental illness (Norms et al., 2016). These team members openly identify with their own experiences so that anyone seeking help may also feel welcome to do so.

The final approach, legislative and policy change, has proven to be America's most successful anti-stigma intervention. The United States has a long history of utilizing legal policies to protect and normalize stigmatized groups, the most notable being their Civil Rights Act of 1964 (Norms et al., 2016). The American Disabilities Act (ADA) was just recently amended in 2008 to better accommodate those with mental illnesses. Prior to this amendment those with a mental illness would automatically lose their protective rights under the ADA when they responded to treatment or learned to manage their symptoms (Norms et al., 2016). Now the ADA has recognized that symptoms can occur in breakouts so those with a mental disorder should be protected at all times, even when they are perceived to be 'fine' (Norms et al., 2016). To synthesize, the United States has learned a great deal from other countries and formulated their own five step anti-stigma strategy. America is set on positive track towards improving their mental health stigma, but there is still a great deal of work ahead of this society to accomplish such goals.

### **Conclusion**

The mental health stigma expressed by a person's culture has a profound effect on their overall quality of life. The causes of stigma may be deep rooted in a community's value and belief system, thereby making them very difficult to resolve. The Chinese culture showcases the degree of destruction a mental health stigma can have on any mentally ill person and their family. Self-stigma is a natural defense mechanism in which a person adopts the perspective of their culture in hopes of disassociating themselves from their disease. Unfortunately, the internalization of negative public stigma only deteriorates a person's self-worth further. There have been several midsize European countries who have initiated anti-stigma campaigns to combat this mental health crisis and raise awareness for managing one's mental well-being. After

several failed attempts, Sweden has taken a major stride in the right direction by successfully beginning the integration of the mentally ill into their society. The failures of Chinese legislature and the triumphs of Swedish campaigns has provided the United States with a promising foundation. No matter how deep rooted the mental health stigma may be in a culture, the resources for shattering such a stigma are readily available and should be used immediately by Americans to prevent further exploitation of the mentally ill.



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