

# Free of Stigma

*One who is suffering from a debilitating mental illness and in need of treatment is neither wholly at liberty nor free of stigma.*  
—US Supreme Court<sup>1</sup>

**F**or quite some time now, the word “stigma” has been getting a fair amount of play from mental health advocates. They mean well. Of this I’m sure. But since there hasn’t really been a major shift in people’s thinking for multiple decades in terms of seeing mental illness as comparable to physical illness, it may be about time to step back and rethink our approach.

Let’s begin with some fundamentals. Consider the word “stigma.” It means shame; disgrace; humiliation. To stigmatize means to brand, slur, or defame. The term was rediscovered, to some extent, in the 1960s by sociologist Erving Goffman. Goffman<sup>2</sup> noted that “stigma is a process by which *the reaction of others spoils normal identity*.” From his sociological perspective, he pointed out that it was society that defines and declares who are the “spoiled personalities.” Thus, a social stigma, at its core, is the disapproval of *persons* on the basis of certain characteristics that distinguish them from the prevailing empowered groups of a society. It is cultural norms we are speaking of here, not illnesses.

When we talk about the “stigma of mental illness,” or that mental illness is “stigmatized,” we are—to varying extents—pushing the connotation of a “spoiled identity” forward. We imply, via our subtext, that mental illness is the subject of a defamatory, humiliating thought stream. But we are against it! Unfortunately, that last bit gets drowned out in all the noise created by the trumpeting of the word “stigma.” We did indeed mean well but find ourselves led into *directing a stigma*.

Need some examples for comparison? How about if we were to talk about the “stigma of epilepsy”? Long ago, epilepsy was seen as frightening and a manifestation of evil. But today, if we were to find someone talking about the “stigma of epilepsy,” it would probably sound rather silly. Misunderstanding or lack of education? Sure. Stigmatized group? Not any longer by the majority of society.

Not too long ago, there was the “stigma of rape.” But women’s rights groups, responding to the claim, put

a stop to the notion. They were not “spoiled” by having been attacked and were rightly outraged at the assertion. Thus, we stopped directing a stigma—precipitously. Here we have a precedent set that seems to have worked—when a “spoiled personality” has been declared, the empowered voices of that society and their indomitable spirit have prevailed.

They have prevailed by refusing to allow the directing of a stigma. Survivors of sexual assault are persons. Millions of individuals who happen to have varying mental illnesses (just as the millions with varying physical illnesses) are persons. Society defines the prejudicial stigma. Unwittingly, we may continue directing a prejudice. We continue to stigmatize an illness, paradoxically, by emphasizing that it is stigmatized.

Consider this: one public belief about mental illness is very clear—the strong stereotype of dangerousness and desire for social distance from those who suffer from a serious mental illness.<sup>3</sup> What is more alarming is that in comparing research from 1950 with that from 1996, we see that somehow perceptions of people with mental illness as violent or frightening have *substantially increased*, rather than decreased. In other words, those with serious mental illness are more feared today than they were half a century ago.<sup>4</sup> Can these findings suggest anything other than continued discrimination?

The anti-stigma campaign was well-intended. It was clever. But we are now well beyond relying on clever. In an era when, shamefully, mental illness is viewed as a second-class citizen to physical illness (never mind the false distinction), perhaps it is time to ask ourselves: “Stigma? How’s that been working out for us?”

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## References

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