



SELF-STIGMA AND MENTAL ILLNESS

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Content**Page**

HUG (Action for Mental Health)?	3
HUG'S Aims	3
Introduction	4
What is Self-stigma?	4
What is the effect of Self-stigma?	5
Why does Self-stigma exist?	7
What can we do to combat Self-stigma?	8
Conclusion	8

WHAT IS HUG (Action for Mental Health)?

HUG (Action for Mental Health) is a network of people who have experience of mental health problems.



At present, HUG has approximately 470 members and 14 branches across the Highlands. HUG has been in existence now for 15 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are
- Be valued
- Not be feared
- Live lives free from harassment
- Live the lives we choose
- Be accepted by friends and loved ones
- Not be ashamed of what we have experienced

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead.
- Challenging stigma and raising awareness and understanding of mental health issues.

HUG's AIMS:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.
- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

INTRODUCTION

For many years members of HUG have said that although the stigma and discrimination we face from society because of our mental illness is an awful reality, the 'self-stigma' we put on ourselves is sometimes even worse or more debilitating. At a recent Friday Forum meeting of HUG (involving ten people) we discussed this topic in more detail and came up with the following conclusions about self stigma and ways of combating it.

WHAT IS SELF-STIGMA?

Self-stigma is conventionally seen as the shame that we may feel because we have been diagnosed as having a mental illness.

It is internalising the prejudice that society holds about people with a mental illness and assuming that this is a valid way of viewing ourselves.

In some ways this blunt statement, which means that we share the prejudices society has about us and impose on ourselves, could be seen as the root of self-stigma.

In HUG we see it as a more complex matter than this. Few of our members would say that they experience self-stigma when looked at solely in this way.

We have been educated by our friends and peers, by professionals and campaigns such as 'See me' to come to an understanding that stigma is wrong and unfair, and yet many of us would say that we feel a profound sense of shame and guilt for having a mental illness despite believing stigma to be wrong and acting to challenge it.

This is because the reality is complex. Mental illness can cause us to lose confidence in ourselves, and can cause a myriad of negative thoughts that all add up to an unrealistic self-image, which are both a reflection of illness and a reflection of our assumptions about society's views of us.

Our actions when ill can cause us to act to those around us, who we may love dearly, in ways that we come to bitterly regret later. The fact that we cannot forgive ourselves for these actions and are forever altered by them can be seen as stigma, as it is a result of an illness over which we have limited or no control and it can also be seen as the opposite. It may be that we are taking responsibility for the choices we make in life whether these are a product of illness or other circumstances.

All of the above are examples of ways in which we see ourselves. We are a multilayered product of the effect of illness, prejudice, social assumptions and our own actions, which can combine to provoke what, can be seen as poor self-image, guilt or self-stigma.

Self-stigma is the stigma we place on ourselves because we have a mental illness. By calling it stigma we accept that it is an inaccurate and harmful view but when we look at the actual definition of stigma, which is a mark of shame, we come to a more realistic vision because some shame is avoidable and unnecessary and some is inevitable in our lives and if not justified, can be natural to our condition and common humanity.

WHAT ARE THE EFFECTS OF SELF-STIGMA?

The effects of self-stigma are almost always negative and include much of the following:

By feeling shame and guilt, by being hyper and aware of our condition and other people's reaction to it, we can act in a number of ways.

“It is putting ourselves down all the time and losing the confidence to believe in ourselves or believing we can do anything.”

We can become very isolated and find it hard to get involved in relationships both because of our condition and also because we assume that people will avoid us or because we believe that because we are ill we are unable to develop friendships and relationships.

“We can blame ourselves for the fact that we can't have relationships because we have so many issues.”

Because we lose faith in our judgement and actions, we can accept the prejudices and assumptions other people make about us as being justified, and assume that we do not have the right or ability to challenge them.

We can also become so convinced about the views of others towards us that we see stigma all around us even when it does not exist.

“Self-stigma is assuming that the actions of others to you will always be negative or that you will act in a way that will result in being judged or viewed negatively by those around you.”

“Is the assumptions we make about how other people react to us.”

The effect of these assumptions and how this makes us view ourselves can prevent us from participating in the everyday activities other people take for granted.

“Self-stigma is assuming that you are not worthy to do things like eating and enjoying yourselves and socialising.”

“It is being too frightened to express our emotions because we are worried it will show we are ill or reinforce attitudes to illness.”

Because we feel powerless, doubt our judgement and feel that we have little right to challenge others, we can find that we accept abuse, refuse to challenge decisions being made about us and assume that other people will make better decisions for us than we can for ourselves.

Low self esteem and low confidence can be a result of illness or our past and can also be a part of self-stigma.

The assumptions we make about self-stigma are, in a strange sense also self-stigma. We assume that we will have low self-esteem but this is not always the case and certainly does not have to be inevitable.

Because we can be so conscious that we are seen as different we can stigmatise ourselves. Self-stigma is also, not believing that we have the right to be different.

“Self-stigma is constantly thinking you are different to other people.”

Self-stigma is not being confident to be who we really are unless we are with other people who are like us.

When we exhibit self-stigma it can manifest itself in the fact that we may hide our experiences from our friends and relatives or become self-conscious when having to explain why we have not got a job when we have to complete a form and stating our occupation on it.

Some of us define ourselves by our mental illness, which can be seen as self-stigma and the fact that we see this definition as automatically negative can be seen as a further example of self-stigma.

Equally self-stigma can be seen in the anger we feel at being diagnosed with a mental illness despite evidence to support the diagnosis. We can feel insulted at the diagnosis. The insult can be because we do not like all the assumptions that we assume go with mental illness. On the other hand some of us relax into illness and in our complete acceptance of illness and impairment stigmatise ourselves and diminish our life chances.

Self-stigma is being embarrassed and self-conscious about our condition, which can be revealed in the awkwardness some of us feel when waiting in a waiting room to see our psychiatrist.

In the very attempt to liberate ourselves, we create ways of seeing the world and of responding to those around us that reinforce division, victimhood and stigma. For instance equating past abuses from psychiatry as a reflection of the current reality can, in one way, be an attempt to understand our history but it can also mean that we automatically assume that ‘the system’ or psychiatry is all about oppression, often in the absence of convincing evidence to support this.

WHY DOES SELF-STIGMA EXIST?

Despite the above sentence stigma exists because in the past people were treated as alien if they had a mental illness, people who are ‘different’ can be feared and people who are ‘normal’ can fear becoming outcasts if they fail to function conventionally. For this and other reasons we face discrimination.

The vast majority of us were brought up in an environment that reinforced these anxieties and prejudices and inevitably will have accepted them. It is also inevitable that we will carry some of these fears into our own self-perceptions and actions when we in turn become ill.

We all stereotype the people around us, it is a natural and human reaction to label and categorise our friends, relations and acquaintances. We do the same to ourselves and when we label ourselves in negative ways this is bound to have consequences to our self-image.

“It can be condition programming – you are told what you are like so you fulfil it.”

“It is also a part of our life experience and past and culture – it is very rarely as unsubtle as saying I am mentally ill and therefore a lesser person.”

Underneath the stigma of mental illness is the fact that weakness, frailty and nervousness, insecurity, anxiety and sadness are all things that people avoid and wish didn't apply to them.

However, they are a feature of many of the experiences that we have when we become ill and as we become aware, that in conventional terms we lack some of the qualities mainstream society celebrates, and possess many of the attributes that mainstream society rejects so self stigma becomes a potent force within us which is truly a reflection of mental illness, culture, prejudice and the values that many societies uphold so strongly. As a result we become not only victims of our illness but the values our friends and neighbours and we ourselves hold about what are desirable and acceptable in people.

WHAT SELF STIGMA IS NOT

“I am a lesser person because of my illness – with my background and education I would have expected more success but because of illness have not achieved this. This is not stigma but a reality.”

Some of us would strongly believe that the consequences of illness have an inevitable effect on us that is sad but not a reflection of prejudice either from society or ourselves.

WHAT CAN WE DO TO COMBAT SELF-STIGMA?

We had the following thoughts about how we can challenge the stigma we hold within us:

It is very difficult not to judge oneself for weakness, but it would be good if we could:

- Learn to accept ourselves
- Educate other people
- Educate children to express themselves through individuality not conformity
- Through talking treatments, help see ourselves in a more positive light
- Become more aware of ourselves and our rights
- Challenge ourselves and challenge our thoughts
- Have tools to know we can reach out for help from friends
- Learn to understand our feelings
- Learn to see the world more positively
- Join together with each other
- Find shared experiences
- Support each other
- Learn to trust others
- Develop friendships
- Overcome the assumptions our past experience has provoked within ourselves

CONCLUSION

Self-stigma is a potent force that damages the lives of many people with a mental illness. It is both a reflection of the prejudice we can all have to mental illness and a reaction to the reality of what mental illness entails and how society views what can be seen as weakness and failure.

Challenging self-stigma requires more than the simple educational tools that many stigma initiatives use which dispel myths and prejudices and in some ways attempt to normalise the image of us. It also needs us to look at celebrating or accepting difference, at how we overcome trauma and regain self respect and trust in those around us and above all in ourselves.

With thanks to all who contributed to this report.

Please feel free to photocopy this report. However if you use this report or quote from it or use it to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.

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