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Perceiving Others as Different: A Discussion on the Stigmatization of the Mentally Ill

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I. INTRODUCTION

Perceptions have a way of shaping the world that we live in, and consequently become our realities. Culture also drives our perceptions because it shapes our understanding of our environments. When examining these beliefs, it is no surprise that each individual has their own personal values and worldviews, which is often affected by cultural norms; this in turn affects the way we perceive the world. These perceptions have an immediate impact on the way society stigmatizes groups that are not generally deemed “normal.”

The problem with our perceptions is that they may not necessarily take into account groups that are often stigmatized. Research indicates that anyone who “carries a visible ‘stigma sign’” becomes reduced from the view of a “whole and usual person” into one that is less desired or “discounted.”¹ This implies that constructing our own realities may cause us to leave out groups that are not a part of our individual realities. Thus, stigmatized groups like the mentally ill become misunderstood. Since definitions of the mentally ill have changed throughout history, our understanding of them has also been affected. This discrepancy of

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1. Stephen Pollack et al., *The Dimensions of Stigma: The Social Situation of the Mentally Ill Person and the Male Homosexual*, 85 J. ABNORMAL PSYCHOL. 105, 105 (1976) (discussing social processes of stigmatization).

definitions alludes to the fact that there have been inconsistent perceptions of the mentally ill for quite some time. This article will seek to explain numerous perceptions of the mentally ill and how those perceptions have come to govern our legal, social, and psychological understanding of them.

II. SOCIAL PERCEPTIONS

Since we understand that perceptions have an impact on our beliefs, and our beliefs impact our perceptions, it is important to understand how those perceptions affect our understanding of stigmatized groups like the mentally ill. To begin, the mentally ill are a group that appears to be highly misunderstood. Specifically, there are numerous indications that individuals are afraid of the mentally ill. For example, in background research it was found that, “mentally ill persons continue to invoke strong affective reactions commonly described in terms of fear and rejection.”² It was also discovered that based on social norms, people socially distance themselves from the mentally ill.³ In a similar study, when coworkers were described as mentally ill, the coworkers without mental illness preferred to work alone and those same coworkers without mental illness blamed their mentally ill coworkers for any inadequacies that they may present.⁴ Simply, these studies capture many of the feelings that others have about this group, such that a person who is believed to be mentally ill evokes feelings of fear, distance, or blame.⁵ The problem with these beliefs is that individual feelings of the mentally ill can quickly grow into societal conceptions of them. With beliefs such as these, it would be easy to understand how people with mental illness have been stigmatized over time. It is beyond the scope of this article to explain all of the stigmatization that exists against people with mental illness. However, this article will highlight several of the major causes of this pattern of stigmatization and the way in which it has occurred.

Now that negative societal perceptions of people with mental illness have been briefly explained, it is important to address where these stigmas may have originated. There are arguments that many of the feelings held about the mentally ill are present because of an assumed belief that the mentally

2. Danette Marie & Brad Miles, *Social Distance and Perceived Dangerousness Across Four Diagnostic Categories of Mental Disorder*, 42 AUSTL. & N.Z. J. PSYCHIATRY 126, 126-127 (2008) (discussing social perceptions about people with mental illness).

3. Ross M. G. Norman et al., *The Role of Perceived Norms In the Stigmatization of Mental Illness*, 43 SOC. PSYCHIATRY & PSYCHIATRIC EPIDEMIOLOGY 851, 851 (2008) (discussing common stereotypes for people with mental illness).

4. Amerigo Farina & Kenneth Ring, *The Influence of Perceived Mental Illness on Interpersonal Relations*, 70 J. ABNORMAL PSYCHOL. 47, 47 (1965) (providing results of research about task performance of co-workers with mental illness).

5. See generally Danette Marie & Brad Miles, *supra* note 2, at 126-127.

ill are violent. The mere “dangerous to others” clause (which seems to drive our legal system and its laws about the civil commitment of people with psychological disturbances) may attest to the very fact that the mentally ill are perceived as dangerous.⁶ Overall, there seems to be a general predisposition that the term mentally ill somehow equates to “craziness,” and “craziness” equates to dangerousness. Feelings such as these are unfortunate because they cause divisions to occur between people with and without mental illness. As long as we have laws that support differences in treatment of people with mental illness, the public will continue to see these individuals as different.⁷

Societal stigma of the mentally ill also derives, in part, from our access to the media. Although contemporary society appears more accepting of people with mental illness, this is not necessarily the case. While there are more representations of the mentally ill in general society and the media, those representations are not always depicted accurately or positively. Research suggests that the mentally ill are depicted in violent ways on television or are reported as the perpetrators of violent offenses.⁸ These depictions of people with mental illness continue to fuel public perceptions that these are people who should be feared. Until the media begins to combat their presentations of the mentally ill, it will be difficult to convince the general public to combat their beliefs about this group as well. Thus, until negative perceptions of the mentally ill are changed, society will continue to stigmatize them.

In order to change the pervasive negative societal perceptions of the mentally ill, legal perceptions of the mentally ill must also change. Therefore, it is important to understand how societal perceptions influence our legal understanding of this particular population.

III. LEGAL PERCEPTIONS

From past to present, popular sentiment considerably influenced the decisions of legal practitioners. Prior to the 1700s, society viewed mental illness as resulting from evil and demonic possession.⁹ The legal system responded to society’s erroneous beliefs by torturing and burning these individuals at the stake.¹⁰ During the 1800s to the mid 1900s, mentally ill

6. John Monahan, *Mental Disorder and Violent Behavior: Perceptions and Evidence*, 47 AM. PSYCHOLOGIST 511, 511 (1992) (discussing the role beliefs and perceptions in the development of legal standards).

7. *Id.*

8. *Id.* at 513.

9. See Historical Views of Abnormal Behavior, <http://www.psych.ucsb.edu/~kopeikin/103lec2.htm> (last visited January 12, 2010) [hereinafter Historical Views].

10. See Treatment for Mental Illness Falls Short, <http://www.healthcentral.com/peoplespharmacy/408/61181.html> (last visited January 12, 2010).

persons were viewed as genetically inferior and defective; as a result, they were killed, sterilized, and institutionalized.¹¹ With society's changing viewpoints of people with mental illness, deinstitutionalization and legal reform occurred.

Undoubtedly, social perceptions of the mentally ill have influenced and continue to influence the players in the legal arena. Throughout history there have been varied perspectives of mental illness within the judicial system. Early laws regarding the mentally ill were punitive and were primarily concerned with removing the individual from society. Frankly, it appears that these laws were largely due to an overall societal fear of this unique population.¹² More recently, a greater understanding and awareness of mental illness has led to the enactment of laws pertaining to treating these individuals with the goal of successfully returning them to society.¹³

Presently, mentally ill individuals are given much more consideration in our legal system. In fact, there are two major laws that protect individuals with mental illness against discrimination: the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.¹⁴ While prior efforts seem to have focused on the assurance of individual rights and evolved to encompass "traditional and visible minorities," current efforts are focused on addressing concerns about "invisible, under protected minorities;" these were extended to include people with disabilities who suffer from mental disorders.¹⁵ The rights and protections afforded to people with mental illness have been outlined at both the state and federal level.¹⁶

Currently, there are statutes that codify aspects of the rules and procedures to treat the mentally ill. Legal definitions of "mental illness" considerably differ across jurisdictions.¹⁷ For example, with regard to the issue of criminal responsibility, the State of Illinois views mental illness as a "substantial disorder of thought, mood, or behavior which afflicted a person at the time of the commission of the offense and which impaired that person's judgment, but not to the extent that he is unable to appreciate the

11. See Historical Views, *supra* note 9.

12. See DEP'T OF HEALTH & HUM. SVS., MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL 6 (1999), available at <http://www.surgeongeneral.gov/library/mentalhealth/pdfs/c1.pdf>.

13. Historical Views, *supra* note 9.

14. CHRISTOPHER SLOBOGIN ET AL., L. & MENTAL HEALTH SYS.: CIV. & CRIM. ASPECTS 1249 (2009).

15. Liliana Lyra Jubilut, *Death Penalty and Mental Illness: The Challenge of Reconciling Human Rights, Criminal Law, and Psychiatric Standards*, 6 SEATTLE J. SOC. JUST. 353, 353 (2007) (discussing efforts to protect people with mental illness from discrimination).

16. Protection and Advocacy for Mentally Ill Persons Act, 405 ILL. COMP. STAT. 45/0.01 (2008); 42 U.S.C. § 10801 (2006).

17. See 720 ILL. COMP. STAT. 5/6-2 (2008); see also FLA. STAT. § 394.455 (2006).

wrongfulness of his behavior.”¹⁸ In the State of Florida however, mental illness is defined as “an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person’s ability to meet the ordinary demands of living, regardless of etiology.”¹⁹

Society’s ever-changing perceptions of mental illness have indeed had a tremendous impact on the legal system. The lessening of societal stigma against the mentally ill contributed to the enactment of laws to protect these individuals. Moreover, the emergence of mental health professionals assisted in educating society about mental illness and thus, decreased some of the negative perceptions associated with this particular population. In examining how societal perceptions influenced the legal system, it is also extremely important to consider the role of the mental health practitioner.

IV. PSYCHOLOGICAL PERCEPTIONS

Much like social and legal perceptions affect this particular population, psychology also plays an important role; the foundation of treatment and the search for answers lie in the psychological community. Psychology is relied upon to provide expert knowledge in order to assist society in coping with the uncertainty and unpredictability of mental illness. Advocacy for these individuals is often made difficult by the preconceptions of society and the legal system.

Society often relies heavily on what is seen and heard, more specifically if it is supported by research. When issues of mental illness are raised or at the forefront of public attention, society turns to mental health professionals for assistance. When examining how societal views shape our laws and the role psychology plays, it is first appropriate to explain the exact characteristics of mental illness. An essential step to understanding the complexities of mental illness involves developing the capacity to understand that it encompasses not only a physical component but also a mental component. To help clarify this idea, the body and mind, cannot exist in isolation from one another.²⁰

More specifically, a mental illness or mental disorder is conceptualized as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (i.e., a painful symptom) or disability (i.e., impairment in one or more areas of functioning) or with a significantly increased risk of

18. 720 ILL. COMP. STAT. 5/6-2 (2008).

19. FLA. STAT. § 394.455 (2006).

20. MARIE L. THOMPSON, MENTAL ILLNESS 5 (2006).

suffering death, pain, disability, or an important loss of freedom.”²¹ However, this particular definition of a mental illness or disorder is not inflexible. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* mentions that mental illness “lacks a consistent operational definition” that can be used interchangeably.²² The symptoms relating to mental illness may range from experiencing visual or auditory hallucinations to depressed moods and various other behavioral or mood disturbances. People have different personalities, so therefore, people experience different afflictions in relation to mental illness; however, society fails to realize this and instead views people with mental illness as a homogenous group. It is important to remember that no two illnesses are alike.

In discussing the effects of psychology’s influence on the perceptions of people with mental illness, clinician’s must also factor in the overwhelming need for advocacy for these individuals. The role of a psychologist in the mental health community is imperative for the well-being of this population and others. As previously described, individuals who suffer from a mental illness or a mental defect are viewed as people who are often discriminated against. It is up to mental health clinicians and other advocacy organizations to provide a voice for these individuals. According to the ethical principles provided by the American Psychological Association (APA), Code 3.01 explains “psychologist do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.”²³ This ethical code alone enhances the role of psychology and holds every mental health provider to a higher standard; it allows mentally ill clients to feel like “normal” inhabitants of society because they are seen as human beings and are not defined by their mental illness.

It is also important to consider that “[d]ignity, justice, and respect—without discrimination—for all consumers of psychological services, for all target populations,—are requirements of good ethical practice as defined in general codes of ethics.”²⁴ These individuals look toward mental health practitioners to be treated with equality and through practitioners, more advocacy driven developments should arise. Clinicians are “protectors of

21. AMERICAN PSYCHOLOGICAL ASSOCIATION, DIAGNOSTIC & STAT. MANUAL OF MENTAL DISORDERS TEXT REVISION (4th ed. 2000), Pg. xxxi.

22. *Id.* at xxx.

23. See AMERICAN PSYCHOL. ASS’N, ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT 5 (2002), available at <http://www.apa.org/ethics/code/code.pdf>.

24. Jean L. Pettifor, *Practise Wise: Ethical Issues with Special Populations*, 20 CAN. PSYCHOL. REV. 148, 148 (1979) (describing the importance of standard ethics practices when working with various special populations).

client welfare and agents of social control” and they also hold great responsibility because their opinions can lead to positive changes in the law and society’s perceptions about the mentally ill.²⁵ Without mental health professionals as a driving force behind policy change, the community risks ostracizing people who are vital contributors to society.

Currently, the psychological perspective in the mental health field is one of respect and admiration for a group of people who are often excluded and seen as inferior to the majority. Individuals who consistently deal with the unwarranted judgment from others are searching for people to empathize and understand the injustices they face on a daily basis. When these individuals are not adequately protected by the law or society, it increases the responsibility and significance of the role psychologists play as mental health professionals. As psychologists, the goal is to “promote respect for the personal autonomy of our clients and to strive to preserve their constitutional rights of equal protection and due process.”²⁶

V. CONCLUSION

Sadly, the mentally ill are commonly negatively stigmatized and have been for quite some time. Society often fears the mentally ill, but people with mental illness are human beings deserving of equal dignity and respect. So the next step is to determine how to refute the negative perceptions of the mentally ill. When following the logic of the contact hypothesis, which explains that frequent interactions with members of a stigmatized or out-group may increase positive perceptions of them, it would make sense that increased positive exposure or more interactions with the mentally ill could bring about positive impressions of them.²⁷ Ultimately, until we as a society come to recognize and acknowledge the perceptions and biases we hold of people with mental illness, this group will remain stigmatized and ostracized. Therefore, we must educate society on the true nature of mental illness in order to dispel the myths that have been perpetuated over time.

25. Gary B. Melton & Ellen Greenberg Garrison, *Fear, Prejudice, and Neglect: Discrimination Against Mentally Disabled Persons*, 42 AM. PSYCHOLOGIST 1007, 1014 (1987) (discussing ethical principles of mental health professionals).

26. *Id.* at 1007.

27. Donna M. Desforges et al., *Effects of Structured Cooperative Contact on Changing Negative Attitudes Toward Stigmatized Social Groups*, 60 J. PERSONALITY & SOC. PSYCHOL. 531, 531 (1991) (defining the contact hypothesis and reporting the results of a study on the contact hypothesis).