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SOCIAL ASPECTS OF MENTAL ILLNESS AND RELATED ETHICAL ISSUES (PREJUDICE, STIGMATISATION)[1]

Abstract

At the beginning the paper introduces the role of patient and the four features of the role, as formulated by T. Parsons and E. Freidson in their sociology works. Based on this concept of the role of the patient, the text argues in favour of recognising the mental illness as a real illness. (This recognition is not obvious and is often disputed.) Next, the paper explains the phenomenon of prejudices, and how they are formed. It is related to the stereotypes and the process of categorisation, and therefore the work presents these terms as well. Some specific examples of prejudice both against the mentally ill and psychiatry as such are also introduced. In the last chapter, the issue of stigma and stigmatisation related to the mental illness is presented. The focus is made on the etymology of the word "stigma" and its current use. The paper aims at clarifying the social status of the mentally ill, who suffer not only from their disease, but also from the above mentioned negative social phenomena such as prejudices and stigmatisation.

Keywords: mental illness, prejudice, stigma

Abstrakt

Artykuł odnosi się do prezentacji roli pacjenta i określenia typowych cech roli, z uwzględnieniem koncepcji sformułowanych przez T. Parsons'a and E. Freidson'a. Bazując na koncepcji roli pacjenta przyjmuje się, że choroby psychiczne uznawane są za prawdziwe choroby (mimo że podejście to nie jest tak oczywiste, przez co jest często podważane). W dalszej części artykułu wyjaśnione są kwestie związane z problemem uprzedzeń w odniesieniu do stereo typizacji i kategoryzacji. W tej części znajdujemy przykłady uprzedzeń wobec osób chorych psychicznie i psychiatrii. Odpowiednie znaczenie przypisane jest również piętnowaniu czy też stygmatyzowaniu osób cierpiących na choroby psychiczne. Celem pracy było zwrócenie uwagi na status społeczny osób chorych psychicznie, którzy doświadczają nie tylko cierpienia z powodu samej choroby, ale także z powodu negatywnych społecznych uprzedzeń i stygmatyzacji.

Słowa kluczowe: choroby psychiczne, uprzedzenie, napiętnowanie

Introduction

People with mental illness represent a marginalized group of citizens, which is, however, not insignificant as regards numbers of patients. Moreover, the number of treated people with a diagnosed psychiatric disorder is growing.[2] Mental disorders and their treatment are associated with social pathologies such as prejudices and stigmatisation. They are often not viewed as real illnesses. People are prejudiced and unjustly associate mental disorders and their origin with the presumed moral misconduct or moral lapses of patients.

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[2] In 2013 in psychiatric clinics in the Czech Republic there was a total of 2,896,000 examinations/treatments. Compared to 2012 there was a 2% increase in the number of examinations and a 4% increase in the number of treatments. A total of 59,556 hospitalisations were registered in inpatient psychiatric clinics in 2013. Here the increase is minuscule compared to 2012. Compiled by: ©ÚZIS ČR 2010–2016, Psychiatrická péče 2013, (on-line), available ta: www.uzis.cz/publikace/psychiatricka-pece-2013, cited on March 11, 2016.

Thus, this bias hinders the effective treatment of these people. Social pathologies become a burden and "second diseases" for the mentally ill.

The article aims to point out that mental disorder is a true illness. It also explains briefly the pathological phenomena of prejudices and stigmatisation. Meeting this objective is essential and necessary prerequisite for better acceptance of the mentally ill by the communities they live in. At the same time, it allows to achieve better therapeutic results, which are largely hindered by prejudices and stigmatisation.

Sociological understanding of illness as an important basis for the recognition of psychological disorders as illnesses. Sociologists understand illness as a specific deviance. Unlike social deviances, it is not followed by any negative sanctions, because it differs from them in the criterion of personal responsibility. Sociology described 4 features in the role of a patient as outlined by Talcott Parsons in his work *The Social System* (1965), further elaborated by Eliot Freidson's *Profession of Medicine* (1970):

The features are as follows:

- the patient is considered not responsible for the origin of his state and unable to modify this state using his own will;
- the patient is exempt from his present duties;
- the patient is obliged to evince the awareness that his condition is undesirable and transient;
- the patient is obliged to find experts and collaborate with them, unless there is a spontaneous improvement of his health condition.

The first two features represent sort of rights or privileges of patients, the other two are their obligations. I have been talking about illness and disease in general so far [Chromý, 1990: 15–16].

However, a provocative question arises: "Is mental illness a real illness?" In psychiatry in the USA, there exists an established ideological strand called "anti-psychiatry" and its main representative is a Hungarian American Thomas Szasz. The proponents of this current are close to the position that mental illness is not actually a disease. They consider the symptoms of the disease to be rather the results of the poor socialisation of the people, their poor integration into society, etc. They see a political issue in the whole psychiatric care as a system, which swallows huge amounts of money feeding a large number of psychiatrists and psychotherapists. There are also other arguments against the assessment of the mental illness as a real disease – we often do not know the origin of mental illnesses (etiopathogenesis), we often do not find organic damage and it is difficult to anticipate the development in a patient's health condition (difficult prediction). The mental illness lies beyond the biological understanding of the disease, but in the modern science this concept is a thing of the past as it is not sustainable any more.

To give a satisfactory positive argument that the mental illness is a real disease, I have to go back to sociology and to the understanding of the disease as a social category. The social category of illness prevents its sufferers from performing their usual roles and they cannot change their state just by their will. The International Classification of Diseases (ICD-10) presents a list of states having such mentioned assumptions. Therefore, in the ICD-10 there is a psychiatric section as well.

Each disease is a burden for the patient and his caregivers, and this applies to mental illnesses as well. "Mental illness is primarily a heavy personal destiny. The symptoms and impaired mental functions can be extremely persistent. The related social harm may have an effect similar to the disease itself. There are very serious prejudices against people with "irrational" thinking and behaviour. The afflicted are threatened by misunderstanding and exclusion. This attitude even today hinders an adequate assessment of the afflicted people and prevents from providing necessary psychiatric treatment" [Eikelmann, 1999: 13].

It is a slow and hard process to remove the prejudices and prejudicial attitudes. Historically, only the 20th century saw society waking up and starting to accept and apply facts proved by psychiatry. Voltaire aptly expressed the primary position of prejudice: "Prejudice stepped into the pulpit first, only then followed by reason; this is a normal procedure for the human spirit." Chamfort appreciates the importance of fighting prejudices when he says:" Who destroyed just one prejudice served the whole mankind" [Baudiš, 2002: 52].

What is prejudice

The Czech word *předsudek* is derived from the Latin noun *praejudicium*. In ancient times the word meant what we now call precedent, being a judgement based on previous decision and experience. Later this word in English (*prejudice*) denoted premature or hasty judgement. It was not until today that this expression

gained an emotional tinge of favour or disfavour which accompanies this premature and hasty judgement. Indeed, prejudice may be either favourable (for) or unfavourable (against). The unfavourable prejudices are more frequent and more serious in terms of social impact, though, therefore in this text we will use them in the sense of negative and rejecting positions and beliefs [Allport, 2004: 38].

Prejudice contains a moral evaluation and mixes a favourable and unfavourable attitude, which is related to an overly generalised belief [Janská, 2008: 63]. The attitude and the belief are two essential components of a satisfactory definition of prejudice. Therefore, one of the possible and appropriate definitions of prejudice can read: a "favourable or unfavourable attitude towards a person or a thing one adopts in advance, with no real experience or regardless of it." [Allport, 2004: 38].

The stereotype of an individual with a mental disorder To describe the emergence of prejudices it is first necessary to explain the sociological concepts of stereotype and categorisation. Stereotype is a habitual way of acting or a sum of judgments about the personal features of people (e.g., people with mental illness) based on categorisation. Categorisation is a process of assigning an object to a particular concept, which allows you to include in advance information that cannot be immediately perceived. The input information the stereotype is based on may be biased and based upon stories such as "it is said…," or they can be based upon a truth that it is wrongly generalised.

Psychiatric experts point out that the expert point of view on mental illness differs diametrically from the "folk image" of mental disease, in technical terms from the "stereotype of an individual with a mental disorder." This stereotype is very tenacious and it is very difficult to disprove it through education. It is characterised by prejudices, delusions, inadequate generalisations and it is closely associated with stigmatisation. It is usually linked with thoroughly negative adjectives such as unpredictable, unreliable, irrational, dangerous. In fact, this stereotype captures only a small number of individuals with a mental illness. "Its existence has far-reaching negative consequences." [Chromý, 2002: 219]. It creates a great difference in the recognition of mental illness by laymen and by professionals. To the layman, this stereotype often serves as a "diagnostic criterion." The mentioned stereotype is nourished by the media and appears in other public manifestations, for example, the news about crime gives us an impression that the mentally ill are a kind of criminal community. But statistics confirm that the mentally ill become crime victims more often than other social groups.

Another example might be a senseless and mindless use of psychiatric terms in politics (e.g., "schizophrenic political situation"). "People are afraid of the mentally ill. They do not understand them and tend to regard them as erratic, incompetent and possibly dangerous "fools" [Libiger, 2002: 397]. In the past society protected itself from these people through their exclusion and isolation. "Society surrounded them with prejudices and treated them differently: it discriminated against them" [Libiger, 2002: 397]. Even today the discrimination of mental patients is not a thing of the past. Only the forms have changed.

Social dissociation of the healthy people from the mentally ill is considerable. It grows the more, the less specific knowledge and experience with the mentally ill the healthy majority has. If the general public simply has an abstract idea about the problem of mental illness that is affected by the public opinion, it rather tends to reject, dissociate itself and segregate from the mentally ill [Eikelmann, 1999: 13].

On the other hand, it may be noted that if a layman has contact with a "former" patient (contact with a patient who normally functions in society and who performs standard social roles), it can have a positive influence on his attitude towards the mentally ill. If a layman hasn't such an experience, he adopts a generally shared stereotype of the mentally ill and evaluates the patient in a way that is critical, simplified and not objective. "When people have a positive experience with the mentally ill, they change their attitude towards the mentally ill as a group" [Chromý, 1990: 68].

The widespread prejudices and attitudes towards psychiatry and the mentally ill "The widespread prejudices and attitudes towards psychiatry and the mentally ill still include the following convictions:

- mental illnesses are hardly curable;
- mental disorders are usually congenital;
- schizophrenia is a chronic mental illness leading to the collapse of the whole mental life;
- the behaviour of a mentally ill person is unpredictable and often violent;
- psychological effects, and particularly overwork, are the major cause of mental disorders;
- the constitutional, hereditary, congenital aspects are often underestimated;
- most psychiatric drugs are addictive and have harmful effects;

- toxic effects (alcohol, drugs) are trivialised;
- everyone who has come into contact with psychiatry is marked for a long time" [Baudiš, 2002: 52–53].

Prejudices are often the reason why ill people with mental problems do not seek the help of professionals. "A mental illness still tends to be considered shameful. In many cases, it is socially more acceptable to undergo abortion than visit a psychiatrist. This deep deformation makes the situation hard not only for the ill person himself, but especially for his closest family and friends" [Škoda, 2014: 101].

Stigmatisation

Mental illnesses belong to so-called stigmatised diseases. The fact that the mentally ill are stigmatised and how it happens was described in the late 1950s by sociologist Erving Goffman (1963, 1972). Since then the degrading conditions in psychiatric clinics have improved a lot in favour of the patients. The unequal medical provision for the mentally ill in comparison with somatic patients is one aspect of a central social problem – the attitude to the mentally ill. This attitude is directly affected by stigma. The bearers of a stigmatised illness are confronted with various degrees of rejection, which is contrary to the normal obligation to sympathise with and help the ill. The subcategory of the stigmatised diseases gives their bearers the reputation of ribalds and violators of the moral standards of society. Let us consider the examples of gamblers or people addicted to psychoactive substances. If we speak about stigmatisation we understand the labelling or marking of the patient with a stigma.

Stigma

Stigma is a word of Greek origin. The ancient Greeks used it to denote "bodily signs designed to show something unusual and bad about the moral status of the bearer. These signs were carved or burned into the body and pointed out that their bearer was a slave, a criminal or a traitor – a person tainted, ritually impure, who is advisable to avoid, especially in public" [Goffman, 2003: 9]. In the Christian period the expression took on other metaphorical layers: it referred to the physical signs of holiness in the form of blooming flowers on the skin or wounds similar to those Jesus had on his body after his crucifixion. From this biblical allusion, it started to be used in medicine referring to bodily signs of physical disorder. Today, the sociological and psychological use of the word stigma is closer to its original Greek meaning. "However, it refers more to the shame itself than to the physical evidence. There is also a shift in what kinds of shame attract attention" [Goffman, 2003: 9].

"Stigma is a sign of the supposed inferiority, leading to the rejection of its bearer by other people. The source of stigma may be a visible feature (e.g., deformity of the body), or an invisible circumstance (e.g., membership in a group of people)" [Chromý, 2002: 220]. Rejecting them means the effort to avoid these stigmatised individuals in different situations (housing, work, free time activities, partnerships). Based on the nature of the stigma there may also be a different extent of rejection. Mental illness as a stigma has a wide-ranging and strongly negative impact upon social life, treatment or experiencing of stigmatised individuals. The stigma of mental disorder is nourished by ignorance regarding mental illnesses, neglecting their high prevalence and their true picture.

Stigmatisation of the mentally ill is related to social prejudices, which, together with attributing blame and discrimination, are known to be precursors of stigmatisation. Stigma not only refers to the patient himself. The radiation of stigma also falls on family members, and also on psychiatrists and caregivers. Therefore, psychiatry has very little prestige among other medical disciplines which is unjust. (This is illustrated by a very unhelpful joke: "What's the difference between psychiatrists and patients in a psychiatric hospital? – There is only one difference: the doctors have the keys and the patients don't.")

Summary

In conclusion, a simple fact needs to be emphasised: that mentally ill people are really suffering from their illness. They feel a mental torment often associated with anxiety, delusions and cognitive failure. That is sufficient reason for why we should treat them like real suffering patients because they truly are ill. The

aim is to help them recover. Prejudices and stigmatisation simply make their treatment more difficult and prevent mental patients from returning to normal society, to be among mentally healthy people.

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