

Adult Behavioral Health Planning Council

Presentation by Advocacy Unlimited, Inc.



June 8, 2023

Michaela I. Fissel, MA

INTRODUCTION

Once a person receives a psychiatric diagnosis there is a high probability they will begin to identify with the limitations of the label and develop internalized stigma (Livingston & Boyd, 2010).

In the mental health research, the term, “**internalized stigma**” is used to describe the application of the negative attitudes and beliefs held by the others, towards the self (Corrigan & Rao, 2012).

The influence of the stereotypes and negative attitudes held about psychiatric disorders on a person's own identity is known as **illness identity**.

Illness identity is defined as the roles and attitudes a person develops in relation to their current understanding of what it means to receive a psychiatric diagnosis (Yanos, Roe, & Lysaker, 2010).

ILLNESS IDENTITY

The set of roles and attitudes that people develop about themselves, and is directly influenced by the messaging and support cross-contextually.

Society reinforces fundamental beliefs that perpetuate oppression and discrimination toward oneself, leading to an “exacerbation of symptoms”.

Therefore, to identify as a person living with a psychiatric diagnosis is to knowingly associate with all of the negative, scary, and limiting beliefs propagated by our society.

Separating from the zeitgeist of the times is critical to working with internalized stigma and resolving feelings of shame.

A person is NOT their diagnosis, and a life beyond a psychiatric diagnosis is possible.

Knowing this is necessary to fully claim a meaningful and purposeful identity.

INTERNALIZED STIGMA

A 2017 study involving more than 200 individuals diagnosed by psychiatry over a period of two years found that greater internalized stigma was associated with poorer recovery outcomes after one and two years, including:

reduced hope	difficulties with social relationships
lower self-esteem	reduced likelihood of staying with treatment
increased psychiatric symptoms	more difficulties at work

Internalized Stigma is the perceived negative, and false, beliefs about ourselves, and *shame* keeps us believing it.

Shame is "the intensely painful feeling or experience of believing you are flawed and unworthy of love and belonging" (Brown, 2006)

INTERNALIZED STIGMA

A study published in April 2020 assessed moviegoers' perspective on “mental illness” after viewing the popular film *Joker* (2019), which portrays the lead character as a person with mental illness who becomes extremely violent. (Scarf, Zimmerman, Winter, et. al.)

The study found that viewing the film “was associated with higher levels of prejudice toward those with mental illness.” Based on the findings, the authors suggest that the, “*Joker* may exacerbate self-stigma for those with a mental illness.”

The stigma of mental illness is found globally. In 2016, researchers concluded, “there is no country, society or culture where people with mental illness have the same societal value as people without mental illness.” (Rössler)

LEARNED HELPLESSNESS

Learned helplessness is the result of someone repeatedly facing uncontrollable, stressful situations, that are perceived or actually beyond their control. Over-time, and dependent on protective factors, a person will “learn” that they are helpless in that situation and no longer try to change it. Once a person having this experience accepts that they cannot control the circumstances, they lose motivation. Even if an opportunity arises that allows the person to alter their circumstances, they do not take action.

Examples of what a person can experience with learned helplessness:

- feeling a lack of control over the outcome of situations
- failing to ask for help
- having low self-esteem
- putting less effort into tasks
- lack of persistence
- feelings of frustration
- Passivity giving up easily
- decreased motivation

The findings of a 2019 study indicates that the interactions between service providers and service users continue to be driven by a paternalistic and patriarchal approach. (Khuory)

SHAME RESILIENCE

In a 2020 study, researchers found that shame resilience mediates empathy in the treatment of depression. (Alvarez)

Participants reported a statistical decrease in depressive symptoms at both mid- and posttest.

RECOVERY ORIENTATION

Stronger perception of programmatic recovery orientation is associated with less stigmatizing beliefs towards people who are the recipients of services (Stacey, 2017)

LANGUAGE

Language shapes our identity. (Edwards, 2009; Llamas & Watts, 2010)

**CHANGE YOUR MIND
CHANGE YOUR BRAIN**

FINAL THOUGHTS

Provide education and training to all staff on recovery orientation, on an ongoing and regular basis.

Increasing the peer workforce

Inclusion of people with direct lived experience in the planning, implementation and evaluation of policy and practice at all levels and sectors.

CITATIONS

- Alvarez D. V. (2020). Using shame resilience to decrease depressive symptoms in an adult intensive outpatient population. *Perspectives in psychiatric care*, 56(2), 363–370. <https://doi.org/10.1111/ppc.12443>
- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society-The Journal of Contemporary Social Services*, 87(1), 43–52.
- Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: stages, disclosure, and strategies for change. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 57(8), 464–469. <https://doi.org/10.1177/070674371205700804>
- Edwards, John. Language and identity: An introduction. Cambridge: Cambridge University Press, 2009. Print.
- Khoury E. (2019). Recovery Attitudes and Recovery Practices Have an Impact on Psychosocial Outreach Interventions in Community Mental Health Care. *Frontiers in psychiatry*, 10, 560. <https://doi.org/10.3389/fpsyt.2019.00560>
- Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. *Social science & medicine (1982)*, 71(12), 2150–2161. <https://doi.org/10.1016/j.socscimed.2010.09.030>
- Llamas, C., & Watt, D. (Eds.). (2010). Language and Identities. Edinburgh University Press.
- Meaghan A. Stacy & Robert Rosenheck (2019) The association of recovery orientation and stigmatizing beliefs, *Journal of Mental Health*, 28:3, 276-281, DOI: 10.1080/09638237.2017.1417573
- Rössler W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250–1253. <https://doi.org/10.15252/embr.201643041>
- Scarf D, Zimmerman H, Winter T, et al. (2020). Association of Viewing the Films *Joker* or *Terminator: Dark Fate* With Prejudice Toward Individuals With Mental Illness. *JAMA Netw Open*.3(4) 1-3. doi:10.1001/jamanetworkopen.2020.3423
- Yanos, P. T., Roe, D., & Lysaker, P. H. (2010). The Impact of Illness Identity on Recovery from Severe Mental Illness. *American journal of psychiatric rehabilitation*, 13(2), 73–93. <https://doi.org/10.1080/15487761003756860>

QUESTIONS

mfissel@advocacyunlimited.org

www.advocacyunlimited.org