

The Impact of Stigma on Self-Esteem and Confidence

Summarized by Thomas T. Thomas

In addition to the challenges of living and coping with a devastating illness, people with brain disease must deal with the stigma that society places on such illness and cope with the impacts to self-esteem and confidence. The Public Awareness Committee of Alameda County's Behavioral Health Care System has created an anti-stigma presentation that is currently being taken to colleges, church groups, business organizations, and clinical staffs. Three speakers—a consumer, a provider, and a family member—made the presentation at our July 25 meeting. This was a chance for NAMI-East Bay members to offer insights and points to add, and to consider joining the speakers bureau themselves.



SYDNEY LOGGINS

Sydney Loggins is a consumer with dual diagnosis. For her severe depression, panic attacks, anxiety, and seasonal affective disorder she takes medication, has a strong support group, and follows a wellness recovery action plan (WRAP). Recovering from addiction to cocaine, crack, and marijuana, she has been clean for 21 years. Loggins is the Executive Director of Peers Envisioning and Engaging in Recovery Services (PEERS), which operates under a grant from Richmond Health Care Services. “A lot of people don’t like to

disclose their diagnosis,” she said. “I do, because people can look at me and say to themselves, ‘maybe I can progress in my life, too.’”

Mark Solomons is a service provider, working at the Institute for Aging in San Francisco with elderly and disabled adults. He is a student in an MSW program at Cal State East Bay and an intern at Mount Diablo Adult Day Health Care. He is also a consumer, having been hospitalized five times and is currently on medication for schizo-affective disorder. He said he does outreach on stigma because the psychiatric system does not recognize other ways of looking at mental illness. He recalled that during his first break at age 18 he had a classic *kundalini* experience—a Sanskrit term for a type of bodily energy—that went unrecognized by his doctor. However, Solomons said he has also been helped by western medicine, which allows people to be treated early and not have to be hospitalized.



MARK SOLOMONS

Fanya Margo McDaniel is a family member. Her 33-year-old son had his first break at age 20 and has been hospitalized five or six times and 5150ed. The experience was rough not only on her but on a younger sibling who often had to

confront his brother about how he was treating their mother. Her son has been stable for eight or nine years now, has his own apartment, and is working and going to school—advances that McDaniel credits to good family support and his



FANYA MARGO
MCDANIEL

ability to relate to people his own age. She said she became involved in the speakers bureau not only to help people struggling with mental health stigma but to help family members and neighbors. “Mental health problems are usually not spoken of in the African-American community,” she said.

“What is stigma?” the speakers asked the audience members, who responded with their own thoughts and feelings. Stigma is people reacting differently, being leery of you, discriminating against you—say, at a job interview. It’s not being able to tell people “this is who I am.” It’s hiding your condition at work and having to shrug off questions and jokes rather than admit that is who you are. Stigma is carrying the secret feeling that you did something wrong. It’s having to tell white lies—having to say “my son had a stroke” instead of “my son has a mental illness.”

One person pointed out that schools are doing a better job of teaching children about mental and physical development issues through the policy of mainstreaming people with disabilities in regular classrooms. But most mental illnesses develop at age 18 or later, when the person has already left school and there are not many opportunities for fellow students to learn about them.

People with mental illness are among the most stigmatized groups. And stigma is one of the greatest barriers to people with mental illness getting the help they need. Much of this stigma comes from the media, which often portrays mentally ill people as violent and dangerous on TV shows and in movies. NAMI has a program, Stigma Busters, that challenges these portrayals in entertainment and advertising.

Mark Solomons then led a discussion of some of the myths and realities surrounding mental illness.

Myth: Mental illness affects only a few people.

Reality: Each of us experiences these issues during a lifetime. No one is exempt. For example, grief and bereavement at the loss of a loved one sometimes border on depression. And severe depression can be triggered or increased by a physical illness or loss of function, such as due to Alzheimer’s disease.

Myth: Mental illness is incurable.

Reality: Many people with mental illness have productive lives through peer support, cognitive behavioral therapy, medication, WRAP, vocational rehabilitation, exercise, good sleep patterns, and adequate sunlight. Work opportunities are directly beneficial by giving meaning to a person’s life as well as self-esteem and an income. The Americans with Disabilities Act (ADA) is helping place more people with mental illness in the workplace.

Myth: Medications are just a crutch.

Reality: Medication is not always necessary in all cases. But for mental illnesses with a biological component they can certainly help. The model is that if you have a broken arm, you need a cast. If you have diabetes, you need insulin. And if you have a neurotransmitter imbalance, you need a serotonin-based, an MAO-inhibitor-based, or similar medication.

McDaniel said that she and her son's father created a WRAP for their son, drawing on his own ideas and suggestions. One of the things they discovered is that mental illness is not "all the time." The disease has intermittent periods when her son is lucid and rational. Those are times to reach for and maintain recovery. Solomons said that his own father went through mental health training and became involved in his support.

Loggins told the audience that a WRAP generally involves looking at your daily maintenance plan—exercise, shower, walk, meet with friends. The process includes understanding the things you do when you are well and other things you do when unwell. She suggested building a trusted, strong support group that can help with things like keeping doctor's appointments. She also suggested journaling—writing down your experiences—so that you can read back and recall all that you have gone through and achieved.

An important part of the WRAP plan is to identify the early warning signs and the things that trigger an episode or break, such as certain foods, smells, situations, or activities. Then it's important to plan what you will do—trusted people to contact, options and defenses to follow. A person with mental illness must acknowledge his or her own limitations, Loggins said, and learn what he or she can and cannot do. "You may be as much an expert about your own illness as your therapist is," she said.

The speaker team then described the effects of stigma and discrimination. Stigma can prevent an individual from reaching out for treatment. Stigma can lead to dual diagnosis as people turn to drugs and alcohol to self-medicate. Stigma can breed suffering, crisis, hospitalization, criminalization, and victimization. When people with mental illness are portrayed in the media as violent, it can lead neighborhoods to reject treatment centers and affordable housing opportunities. Individuals subjected to stigma and discrimination can become isolated, lose confidence in their abilities, and stop contributing to society. Stigma can deny employment opportunities to people with mental illness.

Medical insurance coverage discriminates against people with mental illness. For example, while people with physical illness usually can have as many doctor visits as their treatment requires, people with mental illness are limited in the number of therapy sessions. Psychotropic medications can also be very expensive—hundreds of dollars a month, in cases cited by audience members.

Internalized stigma can be very damaging. The person with mental illness starts believing what society says, behaving in negative ways, and viewing him- or herself in similarly disparaging terms. "You feel that you need to be fixed," as one person put it. The person so affected has no self-confidence. The person stops leading a fulfilling life.

By contrast, employment opportunities reduce the person's isolation, offer shelter and support, offer the chance to show him- or herself as a capable worker

and so counter the stigma, can give a person goals in life, and let the person mean something to society.

Margo McDaniel said that stigma can affect social and cultural perceptions. For example, people look at a mentally ill person of a certain ethnic group and think that is how the whole group acts. To counter this, some authors are writing an introduction to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) that addresses religious, cultural, and social values. “People make moral and social judgments based on these values,” she said. “We need to become less judgmental. People who are different already face discrimination, for example, because of their color, and we don’t want to add mental illness as another layer of stigma.”

What can we all do to counter stigma? Part of the solution is in the language: don’t say “schizophrenic” as if that is what the person is, but “person with schizophrenia,” because that is only one part of a person’s makeup, like red hair or dancing ability. We need to move beyond the diagnosis as a label just as society has moved beyond terms like “insane,” “crazy,” and “nuts.”

Another solution is to confront myths, prejudice, and harmful jokes in the moment rather than keeping silent. To be silent implies consent and agreement. We can assertively communicate to send the message that will get through to the person displaying prejudice. “Assertiveness is not aggression or hostility,” Sydney Loggins said. “Assertiveness is getting what you want.”

One audience member described taking on a personal challenge to create a choir of physically and mentally challenged people. She was given the chance to work with young people and adults who had autism. “They are no different from the choir members at our church,” she said. “If they want to sing, they sing. If they want to act out and go ballistic, they act out. The only difference is in the way society treats them.”