

STIGMA OF MENTAL DISORDERS AND SCHOOL

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Abstract: *Psychiatry and people with mental disorder are incurred the danger of stigmatization. Stigma holds numerous negative consequences for the mentally ill such as discrimination, isolation etc. Schizophrenia might serve as a model for the study of the stigma influence upon the mentally ill individuals. The efforts being interrelated with the attitudes of our society towards the mentally ill are included in the “Anti-stigma program” of the World Psychiatric Association focused on the stigma of schizophrenia “Open the doors”. In the Czech Republic the above mentioned efforts are represented in the project “Change” as well as in the conception of Educational Framework Program both for the primary and the secondary educations. The aim of this paper is to inform a great number of specialists in pedagogy with the problems of the stigma of mental disorders and to outline all the possible ways how the questions connected with the stigma could be integrated into the curriculum of the educational branch “Teaching to health”.*

Keywords: *Destigmatization, Mental illness, Psychiatry, Educational Framework Program, Schizophrenia, Stigma, The Teaching to Health*

Introduction

Problems of mental diseases are traditionally intended for the experts – psychiatrists. Although psychiatry is an independent branch of medicine, due to the object of its attention, it is traditionally accompanied by stigma. It is possible to say that the level of amateur public awareness, as for the mental and behavioral disorders, is insufficient regardless to the fact that this problem concerns a great number of people all over the world (1). In the Czech Republic (in 1998-1999) on the basis of random representative sample of population it was found out that almost 27 % persons (30 % women, 24 % of men) had health troubles corresponding with diagnosis of mental disorder (2). Moreover, according to the latest statistics a number of psychiatric cases increase year by year (3).

The efforts how to make the awareness of students in the sphere of mental and behavioral disorders better is comprised in the conception of Educational Framework Program for primary (EFPP) and secondary educations (EFPS) as well as in the concept of research project “School and health in the 21st century” (4, 5, 6)

EFPP and EFPS are going to introduce a new educational sphere. “Man and his health” this includes an educational branch “The teaching to health” and the so called profile topics. The aims comprised in EFPP and EFPS have necessarily to be within the educational field “Teaching to health” and profile topics given a space for making information from somatic and mental diseases, accessible – with the only goal to make peoples’ health one of the priorities in the ladder of the values with each of us (4, 5).

The submitted paper emphasizes to acquaint the general pedagogical public with the problems of stigma of mental and behavioral disorders and it is trying to point out some possible ways how the questions connected with the stigma could be integrated into the curriculum of the educational branch “Teaching to health”.

Psychiatry

Psychiatry is a medical branch dealing with the reasons, diagnostics, treatment and prevention from mental disorders (7). Psychiatry is often mixed up with psychology mainly with the laymen.

Psychology is one of the branches of science about soul, studying peoples’ behavior and their experience, thinking, feelings. It’s dealing with the reasons of peoples’ behavior, personality testing their abilities, temperament, will, emotions. It is not a medical branch but these two branches of science closely cooperate because for both of them the aim of study and influence is also a man (7).

Psychiatry – is the widest sense of the word – can also be denoted as a branch of science dealing with disorders of human relations which shall imply that psychiatry is not purely medical science but the science interfering with psychology, sociology, etc. The greatest emphasis is laid on a human being as a biological entity, thus social one at the same time getting mature by studying social relations, systems of values and growing into a cultural background.

However this undoubtedly beneficial merging psychology with medicine through psychiatry results in calamitous consequences. It’s leading to erroneous belief that the reasons of mental diseases consist in psychology. It is necessary to set the record straight – making the medicine part of psychology, making the attitudes towards the sick people more human, the relationship doctor versus patient, the belief in God, searching the meaning of life, relationships to your neighbors, social questions, death, growing old, loneliness, and others are connected with all branches of medicine. Mental diseases are not psychologically and socially determined by any more factors than the other diseases. It means that they are determined both psychologically and socially “in the same way as cholera, AIDS, syphilis etc.” but it does not mean a casual determination and it also does not mean the roots of mental diseases should not be searched for, as obviously done with the above mentioned disorders (8). So-psychiatry deals with mental disorders the origin and development of which is closely connected with pathological changes of structure or brain chemical processes. What is the reason and the consequence? This is hard to decide. What is the casual relationship of the body and soul? Whatever we might have thought Cyril Höschl – a well known psychiatrist says: Nowadays the epidemiological studies have proved that depression deteriorates the prognosis and the expansion of heart attack and on the contrary, the heart attack deteriorates the prognosis and expansion of

depression (9). There is no difference between the psychological and the biological. All that is going on with our brain does not lack psychological dimension and all going on in our psychological space has its biological correlate. There is no contrast (9).

Psychiatry has a historically different position unlike the other medical branches apart from this fact it is also a pointer of human relations in the course of time: e.g. in Nazi Germany the mentally ill were liquidated within the program of euthanasia being considered ulcer of the society (10). Generally speaking, mentally ill people have always shared the fate of racial and ethnic groups but it only to a certain extent. The defense of human communities was to hide the mentally ill – in the middle age either in the form of sending them to the open sea “ship of madmen” (11) or locking these people in psychiatric clinics out of cities which witnesses present location of these asylums. Even these days due to the stigma of mental diseases the mentally ill people find themselves in a position of socially and economically declassed groups (8).

Stigma

Stigma of mental disease denotes such features of character which differentiate mentally ill people from the others. It is based on the stereotype of the mentally ill and its source is worries of becoming mentally ill. The stigma leads to discrimination and isolation of the mentally ill people. It creates a twisted picture of both psychiatric patients and the mental diseases and it lowers the hope of their rehabilitation (12).

A mentally ill individual appears to be a person with character defects; weak incapable unreliable, uncontrollable maybe even stupid and dangerous (12).

It is hard to believe statement that it can be the reason of a different brain activity and not a moral and mental failure. The soul for many people is a guarantee of our exceptional nature. Disease of the soul is often viewed as a result of an impact of some “higher power”. Depression – obsessively compulsive disorder and schizophrenia are by a lot of people understood to be a punishment or a disease caused by poor care of their soul (12).

A mentally ill human bears a burden of other peoples’ evaluation. This kind of assessment is deep rooted in culture and it is strengthened in everyday shape by stories in the newspapers, remarks in everyday conversation. It does not distinguish the individual cases and instead of experience taking into consideration with a concrete individual it reflects information from hearsay, literature and media switched into the point of view of general expectation (12). It actually concerns stereotype prejudices – a prejudice is an aversion or hostile attitude towards a person belonging to a certain group simply because of membership to this group (13). The prejudices ignore objective and relevant criteria of conclusion (14). The prejudices about the mentally ill resemble of ethnic and minority stereotypes. The Italians are emotional and the English cold-blooded. A sick person has to fear the consequences of a prejudice without the sweat of his brow and is unable to get rid of it. And this is the root of their denotation. They carry a permanent label – stigma. Stigma is derived from a Greek word meaning “mark” which is similar to one meaning to tattoo, prick or puncture. The original term referred to a sign which was cut or burnt into the body of a slave, traitor or criminal to publicize that there was something unusual or bad about the moral status of the bearer stigma can be connected with the religion, the

color of the skin nationality and, of course, the disease. In the past patients with venereal diseases, cancer, TBC and mental disorders were stigmatized. The prejudice contains a strong emotional component strengthened by society and culture which facilitates quick advancement of prejudice consequences into peoples' behavior. Culture, which does not want to use this "label" must guarantee not only outer group signs but the individual judgment help to a better orientation and the assessment (12).

It is necessary to distinguish between a disease and a patient's personality. Stigma hand in hand with the diagnosis occurs to be smaller as long as the other patients are not generally comprised in one simplified denotation the mentally ill labeled as schizophrenic hysteric, syphilitic consumptive are exposed to the fight with prejudices more than people suffering from depression fractures or inflammation of lungs etc. That is why those pejorative labels have been gradually replaced by descriptive ones e.g. a patient suffering from schizophrenia (12).

The worst thing is the isolation which props up the stigma. In the past years the isolation was considered the best way of treatment nowadays it does not seem to be as optimal as before (12).

The circle between diverging behavior and the illness was described in the labeling theory in the 60th. Differing behavior influences the people around us and it results in labeling (another word for stigmatization). It consists in perceiving the mentally ill patient just in agreement with the stereotype. This brings about the discrimination which strengthens patient's different behavior and experience. It deepens not on the basis of the disease but as a result of suffered social damage. The giving of precedence to group characters over the individual ones lead to a discrimination of the mentally ill people. These people often face problems connected with getting a job, housing etc. (15). Current understanding and use of the concept stigma in the social sciences is based on the work of E. Goffman who emphasizes that stigmatization limits interactive perspectives preventing the individual from realization of his capabilities (16).

From the previous idea follows that the main task of psychiatry is to protest against stigmatization and subsequent discrimination. This should lead to a better life quality of the mentally ill and to more favorable course of their illness. Schizophrenia is a good example of investigation between a stigma and reality. This mental disease was chosen for several reasons. Among typical symptoms of schizophrenia among typical symptoms such as belong hallucinations, heretical beliefs, psychomotor abnormalities and speaking defect. Schizophrenia requires a long period of treatment (17). A healthy man can hardly imagine and understand the mentioned symptoms and therefore he often falls back on stereotypes. And what's more a strong interconnection between stigma and long term results of the disease have negative affects on perception of the patients themselves (18). In 1996 (WPA) World Psychiatric Association initiated a global program centered on stigma and discrimination connected with schizophrenia. Let us mention some prejudices which preserve negatively label of schizophrenia disease:

"Schizophrenia is viewed as incurable".

In fact, schizophrenia needn't necessarily be the matter of the whole life.

"Schizophrenics have tendency to be violent and dangerous".

Most patients with schizophrenic have never committed any crime. Although a

number of crimes committed by the people of suffering from schizophrenic is slightly increased it is usually with uncured or badly cured people.

“Schizophrenics are unreliable and unable to work systematically.”

On the contrary – a regular job without stress with clearly set barriers is manageable and useful.

“Schizophrenia is the kind of permanent mentally backwardness”.

Compared to healthy individuals the schizophrenics had a little poorer results in IQ tests there are although some cases where schizophrenics achieved extraordinary creative and working performances (12).

Investigation of 2004 in cooperation with the project “Změna with agency DEMA” (a company providing services in the sphere of public opinion and market research). It concerns “Opinions of schizophrenic” – the results confirmed that the Czech general public shares stereotype attitudes:

1. Mental disorders are incurable.
2. The mentally ill are unpredictable and aggressive.

Only a part of population which got into a personal contact with schizophrenic patients took a better stand on this problem (19).

In a similar way as by schizophrenia, some other mental diseases are viewed as a stigma even by experts (medicine doctors). Both professionals and the mentally ill share prejudices which is not good, of course. The best means against stigma of mental disorder is to inform a patient about the course of the illness in great detail. This helps the patient to become reconciled with this illness. One of the aims of destigmatization is a close cooperation between a medical staff and a patient. With joint efforts they can remove problems arising more or less from the attitudes of society than from their real character (12).

Destigmatization in the world and in the Czech Republic

The resolution of OSN 46/119, adopted in 1991, launched the beginning of endeavor to change negative opinions towards mentally ill people. The resolution 46/119 proclaims the care and the treatment for the human right and served as a source for the formulation of “Principles protecting the mentally ill people and facilitating the care of these people”. These principles are inserted in the resolution 46/119 and include this statement (20).

On the basis of no discrimination of mental disease can arise (WPA) World Psychiatric Association being influence by OSN activities, began an extensive campaign “Open the doors” focused on stigma and discrimination concerning schizophrenia. The destigmatization campaign, concentrated on stigma, carried out in Australia, Sweden, Britain, Germany, Switzerland, Austria and the Czech Republic follows 2 aims:

- 1) In cooperation and close contact with the most watched mass media to make an explanatory program for the general public.
- 2) The experienced experts from the direct contact with the ill people will inform our public through the topics on psychiatry.

Besides medical staff, journalists and others the campaign is concentrated on students who form preferential goal group. The task of this program directed on stigmatization is to explain all the staff working in the psychiatry the problems of schizophrenia and stigmatization (21).

A great effort to change the situation concerning the stigmatization of mental disorders lead to creation of the world project with the title “Change” roofed by the Foundation Academia Medica Pragensis and other organizations. From the beginning this project joined the WPA program “Open the doors”. Thus the Czech Republic gave birth to the destigmatization project 2004–2007 planned for 3 years and directed on schizophrenia bipolar disorder and adolescent psychiatry. The main goal of the project is:

1. A systematic education of the public alerting to stigma of mental disorders and thus to reduce them.
2. To support shifting the medical care from large isolated institutions to community care (22).

Destigmatization and school

The conception of the EFPP and EFPS (4, 5) and the research project “School and Health” in 21st century (6) features the possibility of cooperation between school atmosphere and destigmatization projects. According to the experience from abroad, school offers a suitable setting for realization of destigmatization activities (23, 24).

Curricular reform put into practice with the help of EFPP and EFPS introduces an educational sphere “A man and health”, the part of which is an educational branch of science “Teaching to health.” Within this educational branch some space for destigmatization activities can be found (4, 5).

What is the most effective method of integration the problems of stigma of mental diseases into the curriculum of educational branch of science “Teaching to Health”. We can be inspired by Anti-stigma programs in Austrian schools in 1999 - 2004. It proved that the most efficient way how to change emotional attitudes towards the mentally ill - to be in close contact with them. The mere information without these contacts is not sufficient for changing our attitudes (25).

Taking into consideration all the difficulties which the destigmatization programs bring we should not give up the idea of changing our attitudes.

Conclusion

Destigmatization of psychiatry and mentally handicapped people still remain one of the most important and at the same time difficult tasks. Our aim is to change the stereotype of mentally ill person so that he/she could feel neither socially isolated nor sanctioned. It means to inform our public about display of mental disorders otherwise they could view it as “sensation” and “difference”. The sooner we begin with education in this branch of science the better. Therefore school occurs to be a suitable place where

confrontation between students and a mentally ill people can initiate a process viewing the world through the eyes of the other.

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STIGMA DUŠEVNÍHO ONEMOCNĚNÍ A ŠKOLA

Souhrn: Psychiatrie a lidé s duševním onemocněním jsou vystaveni stigmatizaci. Stigma pro tyto jedince představuje diskriminaci a izolaci. Modelem pro studium vlivu stigmatu na jedince s duševním onemocněním slouží schizofrenní onemocnění. Snaha o změnu postojů společnosti vůči lidem s duševním onemocněním je obsažena v destigmatizačním programu Světové psychiatrické asociace, zaměřeném proti stigmatu schizofrenie Open the doors. V ČR takovou snahu představuje projekt Změna, ale i koncepce Rámcových vzdělávacích programů pro základní a gymnaziální vzdělávání. Cílem textu je seznámit širší pedagogickou veřejnost s problematikou stigmatu duševních onemocnění a snaží se naznačit možné způsoby, jak okruh otázek souvisejících se stigmatem začlenit do kurikula vzdělávacího oboru Výchova ke zdraví.

Klíčová slova: destigmatizace, duševní onemocnění, psychiatrie, rámcový vzdělávací program, schizofrenní onemocnění, stigma, výchova ke zdraví