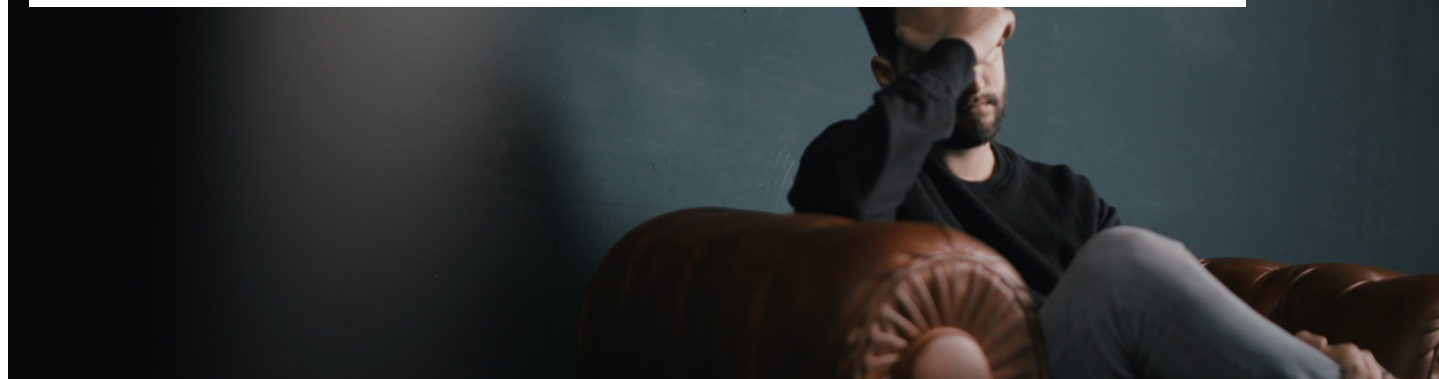


The stigmatization of schizophrenia



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ABSTRACT

The objective of the following literature review was to analyze the current stigma surrounding schizophrenia in North America, its implications, as well as to suggest potential interventions. The current societal climate reveals that many individuals maintain an inaccurate understanding of the etiology and symptoms of schizophrenia, leading to a negative prejudice. Prejudice and discriminatory behaviours were exacerbated by common misconceptions such as the false narrative that individuals with schizophrenia have enhanced violent tendencies. Suggestions to minimize stigma and its effects are further discussed and include the renaming of schizophrenia, the use of virtual reality programs, the refinement of education programs, and an overall shift in how the media presents schizophrenia.

The concept of stigma has been applied to a vast array of circumstances and can be composed of a multitude of definitions. For the purpose of this paper, the term stigma will be referred to using the following commonly cited definition: “a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society”.¹ Schizophrenia, a severe psychotic disorder, is defined in the 2013 Diagnostic and Statistical Manual of Mental Disorders (DSM) by 5 key symptoms: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms.² Schizophrenia affects more than 21 million people worldwide, and one in every two schizophrenia-afflicted subjects does not receive care

for the disease.³ One pertinent factor that affects the prognosis of schizophrenia is the stigma surrounding the disorder. Schizophrenia, although potentially debilitating, maintains the possibility for recovery, with early intervention and a well-developed treatment plan. In one study, psychosocial functioning, defined as a patient’s ability to fulfill their role in society as a member of a family or a professional career, was considered an essential outcome measure in the recovery process of schizophrenia.⁴ Psychosocial rehabilitation was considered to be “of major relevance to reduce negative symptoms, a crucial barrier towards a better quality of life”.⁴ This indicates that although neurological functioning and genetics may play a large role in the development of schizophrenia, it remains a condition

with many contributing psychosocial factors outside of the realm of biological processes.

DISCUSSION

Current misperceptions

The current social stigma that exists may make it difficult for patients to seek treatment due to the negative attitudes that surround receiving a schizophrenia diagnosis. By altering the harmful public perception towards schizophrenia, the potential for improvement in symptomatic outcomes and management of schizophrenia may be seen. Research has revealed that an important way to minimize the burden of disease in schizophrenia is to “reduce the stigma associated with the illness itself”.⁵ The Schizophrenia Society of Canada indicates that currently, 92% of Canadians have heard about schizophrenia.⁶ However, an accurate understanding of this mental disorder is lacking. Many Canadians still confuse dissociative identity disorder (DID) with schizophrenia.⁶ This is interesting to note, as the defining feature of DID in the DSM-5 is “the presence of two or more distinct personality states”.⁷ Schizophrenia, on the other hand, is not defined by the presence of multiple personality states, rather, the primary symptoms are hallucinations and delusions. Evidently, these disorders are accompanied by distinctive symptomology, making the current public confusion a mystery.

Individuals with schizophrenia as assailants

One common misconception held by society is that most patients with schizophrenia tend to act dangerously or violently. The Leger Marketing Survey of 2008 examined the beliefs held by Canadians regarding schizophrenia. Participants were asked if “schizophrenia patients are likely to act violently toward others” to which 60% responded yes.⁵ Another Canadian study revealed a similar result: participants “significantly overestimated the risk of violence among schizophrenia and depression”.⁸ This study also concluded that “those with schizophrenia had the lowest occurrence of violence over the course of the year (14.8%), compared to those with a bipolar disorder (22.0%) or major depressive disorder (28.5%)”.⁸ Finally, delusions, a major symptom of schizophrenia, were “not associated with violence”.⁸ Researchers in Europe and Australia performed one of the largest systematic reviews

and meta-analyses to date on this topic, reviewing the risk of violence in psychotic disorders. This meta-analysis included 20 studies with a total of 18,423 individuals who met the inclusion criteria and were diagnosed with either schizophrenia or other forms of psychosis.⁹ The investigators found that although schizophrenia and other psychoses are associated with violent offending, most of the excess risk appears to be mediated by substance abuse disorder comorbidity.⁹ Succinctly, the risk in patients who have schizophrenia comorbid with substance abuse disorder is similar to that for substance abuse disorder without psychosis.⁹ Another significant study revealed a similar conclusion: “the prevalence of violence among those with a substance abuse disorder appears to be a major determinant of violence and this is true whether it occurs in the context of a concurrent mental illness or not”.⁸ It is important to note that this study reserved the term mental illness for major mental illnesses including schizophrenia and depression, and as such the sample included severe and non-psychotic mental disorders. In any case, these findings reveal an evident misconception regarding a supposed tendency towards violence in individuals with schizophrenia, and a lack of emphasis on the contributions of substance abuse disorders. As a method to combat common misperceptions, the media should shift their focus to the relevance of substance abuse disorder comorbidity in schizophrenia, rather than framing schizophrenia in a way that makes it seem as if violence is an unavoidable outcome.

Individuals with schizophrenia as victims

The current emphasis placed on violent crimes committed by people with schizophrenia has taken headline attention away from violent crimes committed against this group of people. A systematic review article done by Roberto Maniglio explored four databases, analyzing articles published from 1966-2007 on criminal victimization in severely mentally ill persons with schizophrenia, psychosis, depression, and bipolar disorder.¹⁰ According to this review, numerous studies have discovered similar conclusions: rates of violent victimization in individuals with schizophrenia tend to be significantly higher than those of the general population.¹⁰ Similarly, a study in The United States found that “the rate of violent victimization was 75 to 120 percent higher among individuals with schizophrenia than among the general public”.¹¹ These studies provide several examples of correlations between

victimization rates and schizophrenia diagnosis; however, it is difficult to draw direct conclusions. For example, researchers often used different definitions of victimization, and due to the multifactorial nature of this topic, many confounders such as substance abuse disorder and delay in treatment may interfere with causal conclusions. Nonetheless, there is an explicit need for shifting the paradigm that individuals with schizophrenia tend to be excessively violent.

Avoidance of individuals with schizophrenia

Another relevant concern with the current perspective on individuals with schizophrenia involves the belief that avoidance is an acceptable behaviour. In the previously cited study by Leger marketing, 40% of respondents felt as if discrimination is too strong of a term to describe avoiding someone who has a mental illness.⁵ People may dislike the implications associated with the term ‘discrimination’, even though their mindset may indeed be discriminatory. This avoidance is highly detrimental and may lead to social exclusion. It is evident that society’s current perspective may be based on incorrect sentiments. These attitudes must change in order to more accurately and holistically understand the population living with schizophrenia.

The effects of stigma

In 2002 in the British Medical Journal, Norman Sartorius, the former director of the WHO’s Division of Mental Health stated that “stigma remains the main obstacle to a better life for the many hundreds of millions of people suffering from mental disorders”.¹² It is evident in the literature that many individuals with schizophrenia are aware of the presence of stigma in their daily lives. A cross-sectional study that included 1229 surveys from 14 different sites indicated that 41.7% of the total sample with a schizophrenia diagnosis reported moderate or high levels of self-stigma.¹³ The majority of participants (69.4%) felt that the public held negative attitudes towards mental health service users.¹³ The negative effects of stigma may primarily be seen in the delay associated with seeking treatment. Obtaining a diagnosis early on remains a vastly important factor in the likely course of schizophrenia. In a study published by Yale University, it was found that detecting and treating schizophrenia rapidly

improves the patients’ response to treatment.¹⁴ An article published by the Canadian Psychiatric Association determined that treatment is delayed for an average of one to two years in schizophrenic patients.¹⁵ Delays may happen at any point in the course of the disease, either initially in terms of getting help, or delays surrounding the actual execution of a treatment plan.¹⁵ Researchers in the United States studied the relationship between perceived stigma and delays in seeking treatment for first-episode of psychosis (FEP) in patients diagnosed with one of the following psychotic disorders: schizophreniform disorder, schizophrenia, schizoaffective disorder, brief psychotic episode, or psychosis.¹⁶ The findings of this study indicated that “independent of symptom severity, perceived stigma may contribute to delay in seeking treatment for FEP”.¹⁶ Several meta-synthetic reviews have identified, “either self-stigma or perceived stigma as a common reason for not seeking treatment”.¹⁶ In the course of their treatment, individuals with mental illness often report feeling devalued, dismissed, and dehumanized by health professionals.¹⁷ Patients also indicate feeling excluded from decisions, dealing with coercive treatment, not being given enough information about their condition, and being spoken to with stigmatizing language.¹⁷ It must be noted that there are many barriers that individuals with mental health conditions face when seeking treatment; therefore, the overall individual contribution of stigma is difficult to quantify, especially with a lack of quantitative studies addressing this nuanced question. What can be concluded definitively, however, is that stigma may be one of the reasons why individuals delay seeking treatment for schizophrenia.

SUGGESTIONS FOR FUTURE INTERVENTIONS

Renaming of the disorder

Many interventions have been attempted to minimize stigma, some of which have shown success. One method which has been successfully implemented in East Asia is the renaming of schizophrenia. Japan was the first country to change the name schizophrenia “Seishin-Bunretsu-Byo” to the new name of integration disorder or “Togo-Shitcho-Sho”.¹⁸ The goal of this change was to remove the stigma associated with the previous name. This name change was implemented by 78% of psychiatric practices, so it is safe to assume that the change was not ignored, rather, a great effort was made by Japan to reinvent the term. This

new name was also accompanied by an updated concept of the disorder that emphasized a full and lasting recovery if treated with modern pharmacotherapy and psychosocial care.¹⁸ Although these findings are preliminary and require additional investigation and improved generalizability, the alteration of the term schizophrenia could potentially recreate society's perspective on the disease. Whilst this change may require a great deal of effort, it could potentially minimize negative biases and misconceptions and introduce an ability to form new and more positive associations with the term.

Virtual reality

Another potential method by which stigma could be reduced is through the use of virtual reality (VR) to create opportunities for perspective-taking. Research in the field of social psychology has shown perspective-taking to be a reliable method in reducing negative social stereotyping.¹⁹ Additionally, research in psychology has shown that "one approach to reducing stigmatization is to establish meaningful encounters between those who are affected by a mental disorder and those who are not".²⁰ Currently, there is a lack of experimental research in the realm of VR and mental illness stigma; however, preliminary research has been conducted and suggests that virtual environments can serve as effective proxies in battling implicit stereotypes.²¹ Novel research in Europe has been performed to discover whether destigmatization of mental disorders, specifically, schizophrenia, could be enhanced through intergroup contact using VR.²⁰ Successful destigmatization was seen in a few conditions such as when "the encountered person appears likeable to the target audience".²⁰ Additionally, it was imperative that the contact was not "superficial once-off contact"²⁰ and that "repeated, positive intergroup contact such as friendships"²⁰ were stimulated, in order to decrease measures of stigmatization after the interaction. Ample research has shown that contact is an important strategy to decrease stereotypes and mental health stigma.²² However, not everyone has encounters with schizophrenia firsthand, and as such, VR provides a direct way to experience the dimensions of schizophrenia and shows the potential to reduce stigma. As VR is a relatively recent development, further research must be done on the effects of its usage for mental health phenomena. One issue with VR is that due to its novelty and complex features, it is rather expensive.²³

Re-shaping education

The more traditional, and highly effective method to destigmatize schizophrenia is the re-shaping of the current educational climate for healthcare workers. Currently, psychiatric education programs in the West focus predominantly on the neurobiological models of mental illnesses, emphasizing the biological causes of the disease.²⁴ Although a thorough understanding of the biochemical and anatomical processes surrounding schizophrenia is necessary for the healthcare field, a reductionist perspective may minimize the importance of several determinants of health. Specifically, an understanding of sociodemographic factors that may lead to or exacerbate schizophrenia. Research has shown that "describing mental illness in medical instead of psychosocial terms actually led to harsher behavior towards people with mental illness".²⁴ There may be many negative consequences of viewing disorders strictly through a biological lens. If everyone were to look at mental illnesses as simply a malfunctioning of the brain, the approach to treatment would be to regain functioning to a 'normal' level. Being diagnosed with a mental disorder is much more complex than this. Research indicates that "integrated pharmacological and psychosocial treatments, such as psychoeducation and shared decision-making, have been shown to significantly improve outcomes for people living with schizophrenia".²⁵ A more holistic, biopsychosocial approach should be integrated with the current perspective, specifically in educational settings of healthcare workers. Further research should examine the results of this integration and may assess whether there are benefits of extending this education outwards in more generalized educational settings such as high schools.

CONCLUSION

Schizophrenia is a debilitating and severe mental disorder; whose etiology needs to be regarded through a biopsychosocial lens, rather than a strict biological lens. The current stigma surrounding schizophrenia contributes to a difficult recovery process, and rapid measures should be taken to decrease the amount of negative stigma surrounding schizophrenia. It is difficult enough to have to manage the physical symptoms, and as such numerous stakeholders including government representatives, health care teams, and mental health researchers must come together and find ways to minimize this negative bias towards mental illness. Some areas for future research could focus on the reshaping

of education and media, development of objective methods of understanding the stigma experience, and potentially a renaming of the term schizophrenia. Society should work towards reaching an atmosphere where a schizophrenia diagnosis is not accompanied by additional stigma in everyday life, rather a healthy support system that allows for a recovery process or the ability to manage symptoms successfully.

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