

EDITORIAL

STIGMA AGAINST MENTAL ILLNESS

Stigma against mental illness is probably as old as the civilization itself. There are references to discrimination on the basis of mental illness in almost all the ancient books of law. In the well known Indian classic "Laws of Manu" there are references to insane persons (UNMATTA) in the chapters related to marriage, inheritance, feast after death, rules regarding contract and appearance as a witness etc. The important thing to note, however, is that insanity is not being specially discriminated but is considered a kind of disability and mentioned along with other physical disabilities and socially or religiously disapproved behaviour. Unfortunately over the centuries the public attitude has hardened and has become more irrational against all types of mental disorders. As a result we find now gross discrimination against people with mental illness in all spheres of life like job, housing, marriage, immigration etc., thus greatly reducing the opportunities for the mentally ill for their rightful participation in the society. The mental health professionals are aware of the harmful effect of this stigma against mental illness. It interferes at every stage in the diagnosis, treatment & rehabilitation of all types of mental disorders. It forces people to avoid seeking needed psychiatric help and grossly interferes in all efforts for their rehabilitation.

Indian mental health professionals have conducted many studies on the attitude of general public towards mental illness and in the process have developed special psychological research instruments suitable for attitudinal studies in our population. In this connection one may refer to the development of culture specific valid & reliable questionnaires (Prabhu, 1983) and development of socio-culturally relevant vignettes stories (Malhotra & Wig, 1975) and pictures

(Murthy et al., 1985). In an excellent review of public attitude towards mental illness in India, Prabhu et al., concluded that, "The general trend of the studies carried out in India indicate that the lay public including the educated urban groups, are largely uninformed about the various aspects of mental health. The mentally ill are perceived as aggressive, violent and dangerous. There is a lack of awareness about the available facilities to treat the mentally ill and a pervasive defeatism exists about the possible outcome after therapy. There is a tendency to maintain social distance from the mentally ill and to reject them" (Prabhu et al., 1984).

Different illnesses cause different kind of emotional reactions in public. Most physical illnesses like a fracture or heart disease or even cancer causes a feeling of sympathy for the victim. Some other communicable diseases like tuberculosis or plague causes fear of catching the infection from the sufferer. Still others, like leprosy with its ugly open soers causes a feeling of disgust. Emotional reaction to mental illness is usually more than all these; it is perceived as something strange, mysterious and also dangerous. It is probably due to the difficulty in communicating with persons having mental illness and a certain unpredictability about their behaviour. Such discrimination is usually based on unfounded irrational misconceptions about mental illness. Though according to the present international classification of diseases, there are ten different categories of mental disorders but public generally refers to all serious mental disorders as one mental illness. If we carefully examine all the groups of mental disorders, it seems that the maximum prejudice is probably related to only one psychiatric category i.e. schizophrenia. All the common negative reactions associated with mental illness like

fear, disgust, danger, violence, incurability etc., are generally arising from public's perception of schizophrenia. As is well known, ignorance or lack of proper knowledge is the root cause of all stigma. People assume that everyone who has received a particular diagnosis or treatment is identical. In fact, individuals with the same diagnosis or receiving same treatment may manifest different kinds of symptoms. Even when the symptoms are the same, they may vary widely in their severity. It is in this context, that the former Chief Justice of India, Justice M.N. Venkatachaliah in his famous judgement in 1988 in the case of Ram Narain Gupta versus Mrs. Rameshwari Gupta observed, "This medical concern against too readily reducing a human being into a functional non entity and as a negative unit in the family or society, is law's concern also. In the last analysis the mere branding of a person as schizophrenic will not suffice. Schizophrenia is what schizophrenia does!"

Perhaps one of the strongest prejudice against mental illness is the fear of violence by mentally ill, inspite of poor scientific evidence. The vast majority of mentally ill persons never commit a violent crime. Recently a group of researchers & advocates for the mentally ill have summed up the current scientific position as follows (Link & Stueve, 1996) :

"Mental disorders & violence are closely linked within public mind. A combination of factors promotes this perception : sensationalized reporting by the media whenever a violent act is committed by a former mental patient, popular misuse of psychiatric terms (such as "psycho" or "psychopathic") and exploitation of stock formulas and narrow stereotypes by the entertainment industry. The public justifies its fear & rejection of people labelled mentally ill and attempts to segregate them in the community, by this assumption of danger. "In this connection, it is important to refer to the unfortunate role which media in our country like cinema, TV., or press, has played in perpetuating the prejudice against mental disorders. Mental illness is always shown as something to ridicule, some thing to laugh at, or something which is bizarre, disgusting or

frightening.

The important question remains how as mental health professionals can we reduce this stigma against mental illness in the mind of the public? The question is important because our very future as a speciality depends on it. How the public perceives mental illness will decide how our services will be utilized by the society. The answer to this question is not anything new-it is well known that root cause of all stigma, prejudices of all kind, is ignorance & lack of proper scientific knowledge. We are now also in a position with our scientific advances in treatment, both with drugs & psychotherapeutic interventions, to dispel that atmosphere of gloom and change that popular label of incurability of mental disorders. We also need to remember that stigma & prejudice have been associated with many other medical disorders but have been gradually conquered. One of the most dramatic example in our life time is that of tuberculosis. Barely fifty years ago, tuberculosis was a dreaded diseases. As children we were not allowed to go to a house or eat anything where someone had tuberculosis. The scene has completely changed now, it is still a serious illness but treatable & curable. Even the dreaded leprosy, the scourge of ancient times, no longer evokes that strong prejudice.

One of the problem with the antipsychotic drugs, in the past, has been powerful side effects. More than the symptoms of schizophrenia, many times the patients were socially isolated due to the marked extrapyramidal symptoms like stooping gait, masked facies, poverty of movements etc., due to their medication. Fortunately, in this decade we are on the thresh hold of a psychotherapeutic revolution with the arrival of atypical antipsychotic drugs like clozapine, risperidone, olanzapine etc. etc., which do not produce that serious extrapyramidal symptoms. This has given us an opportunity to fight the stigma against mental illness. Our schizophrenic patients who are taking long term medication for different reasons, need not physically look different than other people at work or in a social group.

Perhaps the most important step in

reducing this stigma is to reduce this closet mentality or the atmosphere of secrecy. Mental illness needs to be brought out in the open. People must also know about the positive side of mental illness; for example the evidence is accumulating, how creativity and mental illness are related. We professionals do not talk about our patients but we all know how in a family one brother may have schizophrenia or obsessive compulsive neurosis and the other brother may be a brilliant scientist; one sister may have a bipolar affective illness, while the other sister may be an outstanding artist and so on.

Recently, World Psychiatric Association has launched a new educational programme to fight schizophrenia and its stigma. Norman Sartorius, the current president of W.P.A. in a recent editorial in *British Journal of Psychiatry* has mentioned that the programme will include the production of material, their field testing and adaptation to different socio cultural settings. A number of colleagues from India are also working in this W.P.A. project. American Psychiatric Association has also recently come out with a position statement on discrimination against persons with previous psychiatric treatment.

The Indian Psychiatric Society has been fighting the stigma against mental illness for a long time. I.P.S. was formed in Jan. 1947 and one of the first resolution against "Stigma & dread of mental illness" was moved by Colonel Lloyd in the I.P.S. council meeting of April, 1947. We are happy to record that in the 50th year of the existence of Indian Psychiatric Society and 50th year of country's independence, our resolve to fight this stigma is equally strong. For the Golden Jubilee conference in Jaipur in January, 1998, the chosen theme is "Free the society from the stigma of mental illness." Let us once again resolve, that in free India, no person & no family would be discriminated because of mental illness.

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