

Mental health and society PSYC3200 seminar 1

This seminar activity will take place in week 3

The task in this seminar involves thinking about public attitudes to mental ill health and identifying how authors in the field have conceptualised some of the issues involved in the debate. It is intended that by the end of this you should be aware of the nature of societal opinion and the various forms it might be manifested, for example public opinion, television, films, newspapers and so on. It is hoped that you will be able to critically understand how the mass media may inform public opinion – it's not always as obvious as it sounds.

It is also intended that students should appreciate the potentially stigmatising effect of having a psychiatric diagnosis.

Getting us in the mood: a little directed reading

It is worthwhile also comparing your findings and impressions with those of previous researchers on the subject. There are some items (available in the brown library <http://www.brown.uk.com/liblist.htm>) which will be of assistance in this which you should read before the tutorial:

Anderson , M. (2003) 'One flew over the psychiatric unit': Mental illness and the media *Journal of Psychiatric and Mental Health Nursing*, 10, 297–306.

Cutcliffe, J.R. & Hannigan, B. (2001) Mass media, 'monsters' and mental health clients: the need for increased lobbying, *Journal of Psychiatric and Mental Health Nursing*, 2001, 8, 315–321

Hannigan, B. (1999) Mental health care in the community: An analysis of contemporary public attitudes towards, and public representations of, mental illness, *Journal of Mental Health*, 8, (5), 431-440

Philo, G., Secker, J., Platt, S., Henderson, L. McLaughlin, G. & Burnside, J. (1996) Media images of mental distress, In Heller, T., Reynolds, J., Gomm, R., Muston, R & Pattison, S. (Eds.) *Mental Health Matters*, London: Macmillan/OUP.

For the purposes of this session we can define mental ill health quite widely and include such things as alcohol and drug problems, possibly including being a sex offender (I suppose it would come under the paraphillias), or having learning difficulties, as well as the classics of e.g. schizophrenia, depression, anxiety disorders, eating disorders and so on.

Activity 1 The words we use

Think of all the words you can in everyday language that relate to conditions of the mind or the nervous system. Maybe it would help to spend five minutes writing a few down. Then share them with the rest of the group.

Activity 2 What's in the mass media?

News

Soap operas

Celebrities, supermodels and famous people.

Films

To what extent are the themes we have identified in the mass media similar to what's been found in the literature so far? In what ways do they differ? What can we add to the discussion of media images of 'mental illness' as a result of our activities? What other avenues are there for research in the future? Thinking about the relation between one's own research and the background literature is an important part of writing up research and is a useful skill for coursework and final year project work

Activity 3 Getting the message from academic literature.

What follows is an exercise in extracting concepts and quotes from academic material. Below are a series of quotes from journal articles concerning stigma and the social difficulties faced by people with a mental health problem. Divide up into groups of 3. Read through the quotations for 5-10 minutes and make a few notes, and confer with the other members of your group of three so that you can answer the following questions

1) What is stigma? What words or phrases would you use to give another person a sense of the issue?

2) What kinds of social problems do people with mental health problems face according to the literature? What other examples can you add from your own experience or what you've seen in the media?

3) What has been tried in order to reduce the degree of stigma and discrimination faced by people with mental health problems in the UK? Can you remember seeing any of this stuff over the last few years? To what extent might it be effective? Why or why not?

4) What problems have been identified with the concept of stigma? Why does it not appeal to other stakeholders - researchers, practitioners or 'sufferers'? What should replace it?

Here we go with the quotes

"My then 13-year-old daughter summed it up this way: 'If David's body were hurting, people would send gifts, but because it is his mind that is hurting, they throw bricks.' And so we were thrust into the stigma/blame loop. [People would say] "She's the one with the crazy son. Maybe he's crazy because she is?" (Ben-Dor, 2001, p. 330).

"Growing up with a mentally ill mother was oppressive and worrisome, and it interfered with the development of my sense of self. I was terrified that I was like my mother and therefore had something wrong with me. Acutely self-conscious, I felt inferior to other children." (Lanquetot, 1988, p. 337).

Edwards and Timmons (2005, ps. 472-473):

"Stigma was first described by Goffman (1963) as a socially constructed phenomenon where a person shows "evidence of an attribute that makes him different from others . . . and of a less desirable kind . . . he is then reduced in our minds from a whole and usual person, to a tainted, discounted one . . . whom has a spoiled identity" (p. 12). Many studies have confirmed that the individual with a mental illness encounters rejection and discrimination (Haywood et al., 2002; Knight, Wykes, & Hayward, 2003; Green, Hayes, Dickinson, Whittaker, & Gilheany, 2003). This results in individuals not being offered employment opportunities (Link, 1982; Wahl, 1999;

Boardman, 2003), housing is not leased to them (Page, 1995; Wahl, 1999), their parenting abilities are unfairly questioned (Read & Baker, 1996) and they are unable to get health insurance (Wahl, 1999). Furthermore they experience stigma from health professionals (Lefley, 1989; Deegan, 1990; Mental Health Foundation, 2000; Royal College of Psychiatrists, 2001; Schulze & Angermeyer, 2003) meaning that access to services is delayed (White, 1998; Norman & Malla, 2001; Dinos, Stevens, Serfaty, Weich, & King, 2004) and the level of care they receive is inadequate (Deegan, 1990; Schulze & Angermeyer, 2003)."

Green et al (2003, ps. 223-4) say:

"In the UK the Royal College of Psychiatrists initiated two campaigns: 'Defeat Depression' 1991 – 1996 (Paykel et al., 1997) and 'Changing Minds: Every family in the Land' 1998 – 2003 (James, 1998; Crisp, 1999, 2000). The 'Respect' campaign launched by Mind in 1997 also aimed to reduce the stigma of mental illness (Wilson, 2001). In the main, these initiatives aim to persuade people who do not have mental health problems to behave in a non-stigmatising socially inclusive way towards those who do. Whilst campaigns are sometimes targeted at specific groups such as health professionals, an important target group of most campaigns is the general population, and evaluation of them often focuses upon the attitudes of the general public (see for example Paykel et al., 1998). There tends to be little (if any) consideration about the impact of campaigns upon people with mental health problems. There is an implicit assumption that if the campaigns succeed in making general attitudes less stigmatising they will improve their quality of life."

Sayce (1998, p. 331-332) and Oliver (1992) argue that

"disabled people have not found stigma a useful concept because it has been unable to throw off the shackles of the individualistic approach to disability with its focus on the discredited and the discreditable'. The legacy of Goffmann's work on stigma (Goffmann, 1963), he argues, has been a focus on individual self perception, and micro-level interpersonal interactions, rather than widespread and patterned exclusion from economic and social life. 'Stigma' has not provided a rallying point for collective strategies to improve access or challenge prejudice. Instead the disability movement has turned to structural notions of discrimination and oppression. In relation to mental health specifically, Judi Chamberlin has argued that 'the concept of 'stigma' is itself stigmatising. It implies that there is something wrong with the person, while discrimination puts the onus where it belongs, on the individuals and groups that are practising it' (Chamberlin, 1997). A recent national strategy to combat discrimination against people with mental illness in New Zealand drew on the following argument: 'Years of research into public attitudes and stigma have not led to the development of effective models for change...Whereas stigma attaches to the consumer, discrimination results from actions of others. If placed in a human rights framework, there is clear evidence that widespread discrimination is exercised against people with mental illness. More importantly, that framework also offers a well-tested methodology for identifying and resolving discriminatory practices' (New Zealand Mental Health Commission, 1997). The mark of shame, it can reasonably be argued, should reside not with the service user, but with those who behave unjustly towards her or him."

Final activity. What should we do about it?

Imagine that you were an adviser to say, a mental healthy charity or pressure group like Mind, a professional body representing e.g. psychologists, psychiatrists or nurses. Or even a government department. What would you try to do to help the situation of people with mental health problems? Is it possible to change attitudes, or change people's behaviour? Why or why not?

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