PREJUDICES AS PRECONDITION FOR STIGMATIZATION OF PEOPLE BASED ON MENTAL HEALTH SIGN

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ABSTRACT

The research presents the problem of mental health stigma due to the existence of stereotypes and prejudices about people with mental disorders as the basis of their stigmatization. We aimed to discover prejudices and stereotypes among teachers about people with mental health disorders as the precondition for stigmatization based on mental health and their level of tolerance. As well as that another research purpose was to determine the content of socio-psychological work to overcome such prejudices, increase tolerance for otherness and prevent the spreading of stigmatization in various social and educational environments. The online survey took 1680 people – pedagogical workers from different regions of Ukraine.

Our research has shown that fears and feelings associated with mental disorders lead to prejudice, to rationalize, justify negative feelings, and treat stigmatized people negatively. These prejudices are rather veiled, hidden, because of their opened expression is still socially unacceptable. The analysis of the problem allowed us to conclude that it is necessary to determine the main directions of work with different target groups to reduce existing prejudices prevent the spread of social stigma and increase tolerance for otherness in various social and educational environments.

Key words: stigma, people with mental health disorders, implicit prejudices, overcoming prejudices.

INTRODUCTION

Stigma is a sign of contempt or distrust that separates a person from others. Stigma is a social attribute, a label that discredits a person or group and leads to the devaluation of the individual.

One of the most common is a stigma based on mental health. It is associated with people's anxiety and fears that mental disorders cause. Harmful stereotypes and prejudices among people lead to stigmatization and discrimination of people with mental health disorders and their close circle of relatives.

The research analysis presents the problem of stigmatization is most actively studied concerning persons with mental health disorders (I. Bovina, B. Link & J. Phelan, A. Watson & P. Corrigan) [1; 2; 3] and persons with HIV

(N. Belonosova, A. Khryanin, B. Berger et al.) [4; 5; 6]. In the example of the persons' research, scientists also describe the phenomenon of self-stigmatization, which includes feelings of a person's shame and expectations of discriminatory acts associated with the disease [4; 2; 3].

Stigmatization negatively affects various aspects of human life and deprives a person of opportunities to achieve life goals, get a competitive job living independently in a safe and comfortable home. Stigma is also a major barrier to asking for help and successful treatment for stigmatized people based on mental health.

The phenomenon of stigmatization as S. Plous, Yu. Smirnova research proved is inextricably linked with prejudices, which can act as a prerequisite for stigmatization, and as its result [7; 8]. Prejudices perform the function of rationalization, justification of negative feelings and negative behavior towards stigmatized individuals or groups. In a particular social environment prejudices determine which qualities of the object become prerequisites for stigmatization.

Stigma, as C. Snider & M. Flaherty notes, in principle, is a fundamentally a social phenomenon, formed by the culture and structure of society rooted in social relations [9]. The stigmatized perception of representatives of a certain social group, as a rule, manifests in situations of social interaction (interpersonal or intergroup) [7; 8; 10].

S. Plous, Yu. Smirnova focuses on interpersonal determinants of stigmatization, which are considered in the structure of prejudices [7; 10]. Most researchers, as noted by S. Plous, agree that it involves a prejudgment, usually negative, about a group or its members. As commonly used in psychology, prejudice is not merely a statement of opinion or belief, but an attitude that includes feelings such as contempt, dislike, or loathing [7]. The authors note that the phenomenon of stigmatization is inextricably related with prejudices, which can act as preconditions for stigmatization, and as a result, and serve the purposes of rationalization, justification of negative feelings and negative behavior towards stigmatized individuals or groups [7, 8, 10].

Theoretical analysis of the problem of stigmatization made grounds to the authors (L. Korobka, I. Yastremska) to consider stigmatization as a complex and

inhomogeneous phenomenon that has a meaning and deploys through the time. Its manifests itself in situations of social interaction, defined as a process of unreasonable attribution ("gluing" of stigma) to a person or a group of people of certain negative social qualities, based on the presence of certain features, and as a state of stigmatization as one that expresses the process itself, its cause, result and its consequence [11; 12].

The problem of stigmatization is also relevant when it comes to the educational environment. To prevent stigma and discrimination in the one, considerable significance is attached to the development of relations built on the values of tolerance. One of the most important components in the formation of tolerance of the younger generation and a tolerant educational environment as a condition for preventing stigmatization is the teachers' tolerance.

This indicates the importance of focusing the attention of the pedagogical community on the problem of the appearance and spreading of stigmatization in various social environments; the need to provide knowledge about the phenomenon of stigmatization and ways to prevent it in the process of professional training and teacher development.

In this context it is important not only to deepen socio-psychological ideas about stigma and the consequences of this process, to identify prejudices in society about certain stigmatized people, groups and the level of tolerance to them. This suggests that the urgent social challenges are the prevention of stigma based on mental health, overcoming prejudices, prevention of its occurrence and spread to people with mental health disorders.

THE AIM

We aimed to discover prejudices and stereotypes among teachers about people with mental health disorders as the precondition for stigmatization based on mental health and their level of tolerance. As well as that another research purpose was to determine the content of socio-psychological work to overcome such prejudices, increase tolerance for otherness and prevent the spreading of stigmatization in various social and educational environments.

MATERIALS AND METHODS

In order to identify the existence of stereotypes and prejudices against certain stigmatized groups (people with mental health disorders), agree with these prejudices and apply them to themselves as the precondition for stigmatization and self-stigmatization, literature analysis used in combination with online survey results. Number of respondents - 1680 people – education workers from different regions of Ukraine (Sumy, Chernihiv, Chernivtsi, L'viv and Ternopil), aged from 23 to 60 (81% - women, 19% - men).

Research of prejudice against individuals as the basis for their stigmatization carried out using the Self-stigma of Mental Illness Scale (SSMIS) developed by P. Corrigan et al. [13], which consists of scales as:

– "Knowledge" revealing a person's knowledge about stereotypes in the society, prejudice against such persons and their environment,

– "Agreement" reflects the extent a person agrees with these stereotypes,

– "Self-Use" indicates what stereotypes a person uses to himself.

The "SSMIS" scale was developed and used to assess the level of self-stigmatization in people with mental disorders. For presentation to healthy people, this technique was modified - part of the questions about the presence of a mental disorder replaced by appropriate in the conditional version (If I had a mental disorder ...). The modified scale was the basis of our online questionnaire consisting of nine stereotypical statements (prejudices) about people with mental health disorders. Respondents assessed whether they agreed or disagreed with the statements (on a 6-point scale) from the following three positions:

– "The prevailing opinion in society is that ..." ("Knowledge" scale),

– "I think that ..." ("Agreement" scale),

– "If I had a mental health disorder…" (Self-Use Scale).

The questionnaire also included stimulus material of the express-questionnaire "Tolerance Index" by G. Soldatova and others aimed at diagnosing such aspects of tolerance as ethnic tolerance, social tolerance, tolerance as a personality trait and

identifying a general indicator of tolerance as a prerequisite for prevention in particular based on mental health [14: 46-50].

Descriptive statistics (average values, percentage distribution) used for statistical processing of questionnaire results.

RESULTS

According to research of prejudices against people with mental health disorders, it was found that on the knowledge scale (Society believes that ...) the average value for the entire sample of 28 points (24-39) – is in the range of average values. 35% of respondents believe that there are such stereotypes in society; (10% – absolutely agree; 25% – rather agree); 65% of respondents do not agree that there are such stereotypes in society (15% - strongly disagree and 50% – rather disagree).

On the agreement scale (I think …) – or how much a person agrees with such stereotypes, the average value for the entire sample of 27 points (24-39) – is in the range of average values. It is believed that such stereotypes exist – 31% of respondents (10% strongly agree; 21% – rather agree); 69% – did not agree with that (34% – completely disagree and 35% – rather disagree). Most respondents agree with such statements as most people with mental health disorders cannot be trusted (58% of respondents); they are unpredictable (70%), dangerous (50%), they cannot take care of themselves (47%), and they cannot get a job (57%).

According to the self-assessment scale, the percentage of people who agreed with these statements about themselves – if they had such health disorders - is growing. According to the research results, about 60% of people agreed that if they had such problems and others blamed them, they would not be able to take care of themselves, get well, they would not be able to get or keep a current job.

The results of the tolerance research: the overall tolerance is in the range of average values (61-99) – its average value is 87,3; 44% of respondents had a high level of tolerance, 56% of respondents - medium and low level of tolerance (37% and 19%). Taking the total indicator of medium and low level it is quite high – 56% of respondents.

According to the subscale "ethnic tolerance", which aims to identify human attitudes towards members of other ethnic groups and attitudes in the space of intercultural interaction - an average of 29,2 – is in the range of averages (20-31) and is the highest compared to averages of other subscales. The percentage distribution of respondents is 49% of respondents who found a high level of ethnic tolerance, 37% – medium and 14% – low. Taking the total indicator of medium and low level it is quite high – 51%.

According to the subscale "social tolerance", which aims to identify tolerant and intolerant manifestations to different social groups, as well as the attitude of the individual to certain social processes - an average of 30,4 – is in the range of average values (23-36). A high level to the subscale recorded in 36% of respondents, medium – 45%, and low – 19%. Taking the total indicator of medium and low level of social tolerance, it is quite high – 64% indicating the manifestation of intolerance towards various social groups, including people with mental health disorders, as well as the presence of certain intolerant attitudes of personality to some social processes.

According to the subscale "tolerance as a personality trait" including items that diagnose personality traits, attitudes and beliefs that determine a person's attitude to the world around - an average of 27,7 – is in the range of average values (20-31); 48% of respondents are a high level of tolerance, 23% – medium and 29% – low. Taking the total indicator of medium and low level, it is also quite high – 52%.

DISCUSSION

Theoretical analysis of the problem allowed defining stigmatization as a complex and inhomogeneous phenomenon. It manifests itself in situations of social interaction and considers it as a process and as a state that expresses both cause, effect and consequence. Prejudices are the purpose of rationalization, justification of negative feelings and negative behavior of those who stigmatize, as well as affect the behavior of stigmatized people, provoking or exacerbating the relevant deviations can be prerequisites for stigmatization.

The results of the questionnaire suggest that people have fears and feelings related to mental health disorders. Especially regarding their application to themselves

- in case of mental disorder they are treated with prejudice, accusations, while some respondents agree that there is a prejudice in society against people with mental health disorders, and even fewer who agree with such prejudices. In our opinion, this indicates that prejudices, which are based on strong negative emotions, associated with mental health disorders, are rather veiled, hidden, because their open expression is still socially unacceptable in society and causes condemnation. Last rather based on the lack of a positive attitude towards people with mental health disorders. The so-called "subtle" prejudices, which manifest themselves in a hidden, veiled manner, were noted in the S. Plous and Yu. Smirnova's research, who noted that in modern society the development of tolerance is especially important, its values require human behavior to correspond to the ideals of equality and justice [7; 8]. The obvious negative forms based on strong negative emotions are replaced by prejudices that manifest themselves in a veiled manner.

Our results of the existence of stereotypes and prejudices about people with mental health disorders are also consistent with the results of research of B. Schulze & M. Angermeyer, T. Scheff, P. Hayward, R. Basiy [15; 16; 17; 18]. According to B. Schulze, the main identified stereotypes about people with mental health disorders are their perception as aggressive, unpredictable, dangerous [15]. T. Scheff notes that mental health disorders lead to feelings of rejection or even immediate cause, on the one hand, a weak knowledge of mental disease. In addition, it leads to ignorance of the existence of other, more constructive ways of communication than those that exist, and on the other hand, the reason for this lies in the stereotypes cultivated in society associated with mental health disorders [16].

Mental disease stereotypes, according to P. Hayward & J. Bright, focus on being (ir-) responsible, dangerous and dependent, having a poor prognosis and poor social skills [17]. R. Basiy notes the main stereotypes about people with mental health disorders are some perceptions of them as aggressive and intellectually underdeveloped [18]. Stereotypes about people with mental diseases, according to P. Corrigan & P. Kleinlein, include the fact that these people are dangerous, incompetent in anything and blame by themselves for their disease [19].

The results of our survey of teachers showed a similar perception of people with mental health disorders – that most people with mental health disorders cannot be trusted; that they are dangerous, can't take care of themselves and can't get a job.

It has to be noted that knowledge of the stereotypes held by “most people” in society about people with mental health disorders and their families is also a source of self-stigmatization [20].

In that case, the prejudices (the problem of relationships) affect the formation of the stigma of mental disease, which coexist with other factors as ignorance (the problem of knowledge), and stigmatization and discrimination (the problem of behavior).

Fighting stigma and stigmatization is a complex action with many implications and considered from different perspectives (sick people, their families, health professionals, psychologists, and psychotherapists, teachers, public) for getting knowledge and experience in fighting stigma, overcoming harmful stereotypes and prejudices.

In our opinion, socio-psychological knowledge of understanding why a certain characteristic has become a target for stigmatization has a significant role in reducing stigma [11]. To prevent stigma and self-stigma associated with mental health, it is important to identify and overcome prejudices, especially hidden ones, based on the lack of a positive attitude towards those who are ill. At the same time, psychosocial support for stigmatized people and preventing self-stigma is important as well as intensification of individual and collective efforts to create an information environment in which openly, honestly and constructively discuss the challenges associated with such health disorders. Their consequences, as well as nurturing a supportive, tolerant environment with compassion, caring attitude to each other and ensuring optimal full social functioning of persons with mental health disorders are important.

In our opinion programs to promote the empowerment of stigmatized people should focus, for example, on increasing self-esteem and self-efficacy, reducing feelings of powerlessness and strengthening the sense of power, and expanding the social network of the individual. Resistance to stigmatization and empowerment, as

noted by C. van Zelst, I. Sibitz et al. can be implemented in therapeutic and/or educational programs in which experienced experts play an important role [20; 21].

Researchers P. Corrigan & K. Kosyluk [22] and W. Rössler [23] mentioned the role of educational work in fighting stigma in everyday life aimed at changing the destructive stereotype with true knowledge and facts, as well as the important role of an effective channel to reduce stigma – "contact" with a person with a mental disorder in our daily lives [24]. To this contact, we get a much more realistic picture of mental disease, which helps to research our stereotypes and prejudices.

CONCLUSIONS

Our results show the existence of prejudices against people with mental health disorders, which are rather implicit, manifested in the situation of their application by the respondents. These prejudices are veiled, hidden, because their open expression is still socially unacceptable. To prevent mental health stigma, it is important to identify, to alleviate and overcome such prejudices.

Talking about work to reduce prejudice, it should be paid attention that they can be both explicit (conscious) and implicit (unconscious). The distribution of prejudices into explicit and implicit involves the use of various strategies aimed at weakening and overcoming them. Weakening of feelings of threat, fear, etc. (influence on emotional manifestations) reduces implicit prejudices. Knowledge of one's own prejudices forces a person to judge others more carefully, which helps to weaken explicit prejudices. As a result, various strategies developed to identify, alleviate and overcome prejudices against people with mental health disorders.

The analysis of the problem allowed us to conclude that it is necessary to determine the main directions of work with different target groups to reduce existing prejudices prevent the spread of social stigma and increase tolerance for otherness in various social and educational environments. Depending on the target groups, working fields include detection, weakening and prevention of prejudices that dominate in society, increasing tolerance (implementation of de-stigmatization programs through the education system and the media). Also, the work includes increasing the professional competence of specialists (medical workers, psychologists, social

workers, teachers through advanced training programs, seminars, training); social and psychological work of specialists with people who have become the object of prejudice and their close environment (psychological counseling and psychotherapy).

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Conflicts of Interest

Author declares that there is no conflict of interest.

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