

Stigmatization of Patients Suffering from Schizophrenia

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ABSTRACT

For the general public, but also for healthcare professionals, schizophrenia is still one of those areas of medicine connected with feelings of unease, fear and prejudice. These feelings lead to stigmatization and discrimination which are unjust processes which put patients suffering from mental illnesses into undesirable and unequal positions. Aim of this research was to establish the extent of stigmatization of mentally ill patients among the population of healthcare professionals and future healthcare professionals and if they differ from general population. Results show that stigmatization of schizophrenic patients is high among all included populations. Although there were no statistical differences between groups regarding the assessment of schizophrenic patients, nurses employed in psychiatric wards exhibited a tendency towards higher acceptance of schizophrenic patients, as well as better understanding of that illness. This data emphasizes a growing need for continuous education of general population but also of healthcare professionals.

Key words: *stigmatization, discrimination, schizophrenia, healthcare professionals*

Introduction

Stigmatization of mental illnesses has a long history, but it is quite possible that »intolerance« of mental illnesses (and rejection of patients suffering from those) became stronger and more evident in the last two centuries due to greater urbanization and ever growing demands put in front of workers in every sector of employment^{1,2}. However, that is only one part of this complex problem. Mental illnesses are also associated with stigmatization, discrimination and intolerance in rural areas and in all countries, while the level of industrialization and workforce sophistication have no apparent influence on these processes^{3,4}. Stigmatization of mental illnesses is present in different sociocultural conditions all over the world and is growing in strength, as are its negative consequences⁵. Stigma is caused by a combination of fear and lack of basic knowledge, which become foundations on which prejudice and myths are formed. Discrimination is a frequent consequence of stigma and it represents a severe violation of human rights^{6,7}. Because of discrimination, mentally ill individuals are often socially isolated and that leads to their feeling of being misunderstood⁸. Mentally ill patients are often, unjustifiably, perceived as dangerous, incapable and irresponsible, all of which in

turn leads to their social isolation, homelessness, economic deterioration and even addiction to alcohol and drugs^{9,10}.

Stigmatization certainly causes many problems, and these can be grouped in five categories:

- 1) lower importance of mental health services,
- 2) lower staff quality,
- 3) constant problems associated with employment and housing of mentally ill patients,
- 4) social isolation of mentally ill individuals and their families,
- 5) lower quality of care for various somatic illnesses in individuals earlier diagnosed with a psychiatric illness¹¹.

These effects of stigma are generally the same for all mental illnesses. However, they are especially present with schizophrenia¹².

Recent years saw emergence of a number of programs dedicated to lowering the stigma associated with mental illnesses. Among those better known are programs from Australia, Great Britain and Sweden¹³. Nevertheless, probably the greatest effect is associated with the »Glo-

bal program to reduce stigma and discrimination because of schizophrenia», started by the World Psychiatric Association (WPA) and Norman Sartorius during 1996, when he started his three year term as the WPA president^{14,15}. WPA program named »Open the Doors«¹⁶ differs from previously developed and started programs in five important characteristics:

- 1) it is an international program,
- 2) it is conceptualized as a lasting program, not a campaign,
- 3) family and patient associations are involved alongside national and local governments and healthcare systems on all program levels, from planning to evaluation,
- 4) strongly emphasized need to share knowledge and information collected during program implementation in various countries,
- 5) goals of the program were selected based on consultations with patients suffering from schizophrenia and their families; that practically means that the goals of this program vary in different countries (even different regions of the same country).

At this moment, this program is ongoing in twenty countries all over the world, with several countries planning to start the program in the future^{11,15–17}.

Several researches have been performed in order to gain better insight and understanding of stigma, its causes, mechanisms and factors that can increase or decrease stigma. All these data is invaluable in order to achieve the main goal of this program – decrease or even elimination of stigma and its consequences. Number of measures and actions that have been chosen according to specific needs of every participating country and region were put into motion. Those participating in the program have the possibility of learning from others through various contacts, visits and information sharing. Furthermore, this program led to the implementation of strategic guidelines that have afterwards been incorporated into rules for new programs. Based on experience and information collected through this program, instructions and guidelines are constantly being updated and improved and then applied in further practice and development of new programs.

Success of this program is evaluated for every region and every country separately, through comparison with planned goals that have been declared as extremely important by patients and their families. Evaluation process itself is based on the input from patients and their families for the period of program duration in a specific country^{18,19}. Some countries (Canada) even conducted research about public perception of the program before it started and during its implementation²⁰. Furthermore, there are several general indicators of program efficacy: increased use of program materials, better cooperation between participating regions and countries, growing number of publications, as well as requests from professional and amateur organizations for program presentations^{21,22}. The main obstacle on the road to this program's success is the fact that it takes a lot of time in

order to change attitude and behavior towards mentally ill. Constant repetition of program actions and financial support have to be maintained for years, despite the fact that anti-stigma programs usually produce only modest results directly upon implementation. Finally, success of the program also depends on continuous and permanent involvement of all structures within the healthcare system (and other social services), as well as on understanding that the fight against stigma is their most essential mission¹¹.

Among WPA programs we can find many examples of activities that have contributed to decrease stigma or prevent its consequences. Those examples emphasize three basic principles which have to be remembered when fighting stigma.

First, fight against stigma has the priority because stigmatization is a giant obstacle to any progress in the field of mental health.

Second, programs against stigmatization and discrimination need to have specific goals which need to be evaluated by mentally ill patients and their families^{11,15–17, 20–22}.

Third, every one of us can take some form of action in order to decrease or remove stigma associated with mental illnesses. It is necessary to ask yourself »What can I do in the fight against stigmatization?«, as well as encourage others to act in the same direction.

The aim of this research was to establish the extent of stigmatization of mentally ill patients among the population of healthcare professionals and future healthcare professionals and if they differ from general population regarding the extent of reported stigmatization.

Patients and Methods

This research included 151 participants (nurses from psychiatric wards $N_1=30$, nurses from surgery wards $N_2=30$, medical students $N_3=30$, students of psychology $N_4=30$, and non healthcare workers $N_5=31$ – randomly chosen individuals). Research was anonymous and all participants completed »Anti-stigma questionnaire« which consists of 30 questions answered by »yes«, »no« and »I do not know«.

Results

Results showed no statistically significant differences between groups. However, higher variability of results within certain groups does exist.

Part of the general population that was not educated about mental illnesses is also very poorly informed about psychological difficulties within their own families. They are not able to ascertain if someone from their family suffered or suffers from schizophrenia because they are not able to recognize the illness itself. Due to their inadequate education they do not know where to group patients suffering from schizophrenia and therefore believe that those patients are intellectually inferior. Significant

portion of people uneducated about mental health issues believe that schizophrenia is a self inflicted illness, and that fact by itself shows that education of general population is, to say the least, insufficient.

In this research, medical students blame bad parenting as the cause of schizophrenia. They shift the »guilt« from the patients to their families. Furthermore, they do not see the point in investing for research and treatment of schizophrenia and therefore significantly more often than other groups answer with »Yes« to the question: »Is investing in treatment of schizophrenia futile?«

Same lack of perspective when it comes to treatment and unrecognizing schizophrenia as a real psychiatric illness can be seen in answers of students of psychology. They have the impression that patients suffering from schizophrenia do not need psychiatric treatment and therefore they would not or do not know how to suggest treatment to them. »Would you suggest your friend suffering from psychical difficulties to consult a doctor?« – »No/I do not know«

Nurses that are not employed in psychiatric wards fear patients suffering from schizophrenia and perceive them to be sexually devious.

Lowest variability of results can be observed in the group of nurses employed at psychiatric wards. Every day contact with psychiatric patients makes the personnel employed at psychiatric wards cautious. However, they do recognize that treatment can help these patients, as well as perceive difficulties associated with untreated psychiatric illnesses (Table 1).

Although all groups generally have positive attitude towards patients suffering from schizophrenia, in practical situations they would not trust them. For example, they would not marry someone suffering from schizo-

phrenia, nor would they trust them to take care of their children. Also, they think that persons suffering from schizophrenia are not fit for any profession requiring many contacts with other people.

While taking a look at the list of professions for which research participants believe that patients suffering from schizophrenia are suitable for we can observe that the list is divided into groups of professions with little or no responsibilities, professions that do not require many skills or are performed under supervision. On the other hand, the other part of the list consists of highly specific professions which usually require higher education, like scientists, informaticians, artists, librarians and professors, all of which are sometimes labeled as »strange«, »eccentric« or »isolated« (Figure 1).

However, research participants believe that those suffering from schizophrenia are not suited to work with other people, or to be responsible for others and/or their property, nor that they are fit for professions that are potentially dangerous (professions that require carrying weapons or working with heavy machinery) (Figure 2).

Discussion

Results of this research can, at least partially, be compared with results of a research performed in 2005 on Croatian general population and its attitude towards mentally ill patients²³. Based on those results it was concluded that stigmatization of mentally ill patients in Croatia is very high and that they were perceived as lonely people with no desire for close contacts with other people.

It is thought that mentally ill people provoke feelings of pity and generally negative attitude, both of which

TABLE 1
RESPONSES WITH HIGHER VARIABILITY OF RESULTS ON ANTI-STIGMA QUESTIONNAIRE

Question number	Question	Hi score	Group	Answer
5	Has any member of your family suffered from schizophrenia?	11,35	Control group	I do not know
8	Patients suffering from schizophrenia are mentally retarded.	14.51	Control group	Yes
11	Bad parenting causes schizophrenia.	7.74	Medical students	Yes
14	Patients suffering from schizophrenia are guilty for their illness.	8.63	Control group	Yes
22	Are patients suffering from schizophrenia sexually devious?	7.36	Medical nurses – non psychiatric	Yes
25	Schizophrenia is not that present in medias.	8.01	Medical students	No
29	Is investing in treatment of schizophrenia futile?	8.07	Medical students	Yes
30	Would you suggest your friend suffering from psychical difficulties to consult a doctor?	10.94	Students of psychology	No, I do not know

Salesman
Auxiliary worker
Any profession with low requirements
Cleaner
Manual worker
Professor
Conductor and controller
Any administrative profession
Assembly line worker
Any profession with simple duties
Craftsman
I do not know
Agronomist
Artist
Clerk
Scientist
Manufacturer
Any profession that requires supervision
Librarian
Archivist
Florist
Informatician
Community service
Gardner
Any profession that does not have responsibilities of any kind
Any profession that does not require working with other people
Any profession within service industries
Any profession as long as they are treated
Any profession

Fig. 1. List of professions patients suffering from schizophrenia are suitable for.

Healthcare in general
Medical doctor
Surgeon
Psychiatrist
Soldier
Psychologist
Teacher
Prime minister
Educator
Policemen
Tourist worker
Judge
Professions with great responsibility
Driver
Heavy machinery operator
Any profession that requires high level of education
Pilot
Any profession that requires working with other people
Politician
Director
Waiter
Lawyer
Any public service profession
Nurse
Diver
Any profession that requires handling money
I do not know

Fig. 2. List of professions patients suffering from schizophrenia are not suitable for.

were confirmed by the results of this research. Also, general population fears mentally ill people, with fear originating in their unpredictable, unstable and problematic behavior. Prejudice towards patients suffering from schizophrenia causes people to perceive them as dangerous and sexually devious and that in turn leads to their isolation and the need to place them in social or other institutions where they would be under constant supervision.

Isolation in the workplace is also a common problem, mainly because colleagues do not trust people suffering from schizophrenia. Due to that distrust, people suffering from schizophrenia are thought to be fit only for positions that do not require higher education or positions with lower responsibility, often requiring lower skills, mostly under supervision. On the other hand, part of the general population perceives patients suffering from schizophrenia as fit for highly specific professions which usually require higher education, like scientists, informaticians, artists, librarians and professors, all of which are sometimes labeled as »strange«, »eccentric« or »isolated«.

Regarding personal relations it can be observed that although all groups generally have a positive attitude towards people suffering from schizophrenia in practical situations they would not trust them. Accepting and trusting people suffering from schizophrenia is clearly limited to abstract, imaginary and distant relations that can easily be avoided (neighbor, acquaintance).

Almost every time mental illness occurs same questions arise, why and what is the cause? These questions are interesting to mental health specialists but also to la-

ity. Different explanations can be found while searching for causes of mental illness, depending mainly on personal experiences and knowledge. Different populations have different »culprits« that cause illness. It can be observed that in general population there is a common belief that schizophrenia is a self induced illness. This belief is possibly the reason why people suffering from schizophrenia are treated with less empathy, which can turn them away or lead to greater social distancing. Stigmatization and discrimination of patients suffering from schizophrenia can also present itself in the form of shifting »guilt« for the illness to patients' family which then leads to isolation of that family as a whole or labeling it as faulty and inadequate.

Process of stigmatization also includes medical institutions in which mentally ill are treated and they become characterized as repressive and inefficient. Illness itself is perceived as incurable and treatment unnecessary, which in turn leads to decreased funding of psychiatric institutions and lower quality of mental health facilities, as well as minimizing and belittling of treatment results.

Results of this research point towards a need for constant education in the field of mental health, and not only of general population, but also of healthcare providers. These results are in accordance with results of other researches which emphasized the need to change collective consciousness and not only personal beliefs and attitudes, especially because individuals change those very rarely if based solely on personal experience^{23,24}.

Conclusion

Results of this research reveal positive general attitude towards mentally ill people. However, that positive attitude is prone to oscillations and definitely not something constant as it can vary significantly, depending on the relationship between participants and patients suffering from schizophrenia. People that are not in everyday contact with those suffering from schizophrenia have

an unclear idea what mental illness actually is and are not capable of recognizing gentle differences between health and illness, sometimes not being aware of what is not regular or healthy behavior.

Continuous education of general public and also of healthcare workers is necessary in order to decrease stigmatization of mentally ill, especially patients suffering from schizophrenia.

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STIGMATIZACIJA SHIZOFRENIH BOLESNIKA

SAŽETAK

Shizofrenija je za opću populaciju, ali i za zdravstvene djelatnike, još uvijek jedno od rijetkih područja u medicini s kojim se povezuju osjećaji nelagode, straha, predrasuda i izbjegavanja. Ti osjećaji vode stigmatizaciji i diskriminaciji, nepravednim procesima koji osobe s mentalnim poremećajima dovode u nepovoljan položaj. Cilj ovog istraživanja je bio utvrditi koliki je stupanj stigmatizacije psihičkih bolesnika među zdravstvenim djelatnicima, budućim djelatnicima u zdravstvu, te da li se oni u stupnju stigmatizacije razlikuju od opće populacije. Rezultati pokazuju da je stigmatizacija shizofrenih pacijenata visoka u svim istraživanim populacijama. Iako među skupinama nije postojalo statistički značajnih razlika u procjeni shizofrenih bolesnika, medicinske sestre i tehničari koje rade na odjelima psihijatrije pokazuju tendenciju k većem prihvaćanju shizofrenih bolesnika i razumijevanju njihove bolesti. Ovi podaci nam govore o stalnoj potrebi za edukacijom kako opće populacije tako i zdravstvenog osoblja koji rade sa shizofrenim bolesnicima.