Second, stigma can be combated and diminished thereby improving the quality of life of those affected, of their families and of all others who participate in the treatment and rehabilitation process.

References

Changing Stigma through Contact

Patrick W Corrigan
Center for Psychiatric Rehabilitation, Evanston Northwestern Healthcare, Evanston, IL, USA

A review of the research literature suggests three approaches for diminishing social stigma: protest, education and contact. Although each may have positive impacts, previous studies have suggested that interpersonal contact between the general public and people with mental illness often leads to the largest and most significant change for the better. At a societal level, research has shown that contact may best be facilitated by having people publicly disclose their psychiatric history. There are costs and benefits to this disclosure, however, which the person must carefully consider. Potential costs include the risk of social opprobrium for admitting what some members of the public view as a socially deviant "lifestyle". Potential benefits include a greater sense of self-esteem for no longer having to keep an important part of one's self secret and less prejudice for people with mental illness as a community. This report discusses the methods and implications of stigma change techniques shown to be most effective by years of scientific research. Adv Schizophr Clin Psychiatry 2004;1(2):54–8.

Two lessons emerge from Professor Sartorius' commentary on the stigma of mental illness: firstly, the stigma and discrimination of mental illness can cause major hurdles to people who carry this label, and secondly, efforts to further understand stigma and, more importantly, erase its impact, must be informed by carefully conducted research in the same tradition of investigation that directs the identification and implementation of effective clinical care. Here, the findings and implications of this research are discussed in brief, with particular emphasis on the role of contact between the public and those who are mentally ill as the best strategy for promoting stigma change.

Three methods for changing stigma
While the research on changing mental illness stigma is limited, social psychologists have developed a rich body of research on strategies to improve intergroup attitudes related to race and ethnicity. Based on our review of this literature, we grouped the various approaches to changing public stigma into three distinct processes: protest, education and contact [1].

Protest strategies highlight the injustice of specific stigmas and lead to a moral appeal for people to reverse their thinking. However, such strategies can have limited impact for changing public attitudes, and may even yield a
rebound effect so that prejudices remain unchanged or actually become worse [2–4]. Although there are both cognitive and social explanations of this kind of rebound, perhaps the simplest is the construct of psychological reactance [5], i.e. “Don’t tell me what to think!”

Educational approaches to promoting changes in stigma aim to contrast myths with facts about mental illness and as such are very popular due to the ease with which they can be implemented. In the past, such strategies have included public service announcements, books, flyers, movies, videos and other audio-visual aids to dispel myths about mental illness and replace them with facts [6–8]. Although there is some evidence to suggest that people with a better understanding of mental illness are less likely to endorse stigma and discrimination [9–12] and that educational programs produce short-term improvements in attitudes [3,13–18], there is also some evidence to suggest that the magnitude and duration of improvement may be limited [3,13]. Further research is needed to determine the long-term effects of the educational approach.

Finally, interpersonal contact with members of the stigmatised group has long been considered an effective means for reducing intergroup prejudice. Since the mid-20th century, research has consistently presented evidence to support the “contact hypothesis”; that “optimal” contact interventions must contain the following four elements [19–22]:

- Equal status between groups. Neither the minority nor the majority group members should occupy a higher status; neither group is in charge. This differs from the type of contact some groups typically have with people with mental illness (e.g. doctor/patient, employer/employee).
- Common goals. Both groups should be working toward the same ends. Some studies of “optimal” contact have used contrived tasks such as completing a puzzle [23]. In more natural settings, this might include working together on a community project or solving a neighbourhood problem.
- No competition. The tone of the contact should be a joint effort, not a competitive one.
- Authority sanction. The contact intervention should be sponsored or endorsed by, for example, employment organisations, educational boards or other community organisations.

The benefits of interpersonal contact are further enhanced when it involves someone who moderately contradicts the stereotypes about their group [24,25; Reinke RR, Corrigan PW, unpublished manuscript]. Individuals that highly contradict prevailing stereotypes may not be believed or be considered as special exceptions. Likewise, contact with people that behave in ways consistent with stereotypes about their group may reinforce stigmatising attitudes or make them worse.

A recent meta-analysis of >200 studies of intergroup contact provides further support for its effectiveness at reducing prejudice [20]. The 44 studies in the meta-analysis that were structured to maximise the “optimal” conditions listed above were found to yield consistently larger reductions in prejudice than those that were not. The authors also found that contact interventions were most effective if they involved face-to-face interactions and took place in work or organisational settings. Smaller but still significant effect sizes were found for reducing prejudice against older adults and persons with mental illness. The authors note that several of the studies in these populations included only brief contact with individuals with severe disabilities and emphasise the importance of structured contact situations that counter prevailing negative stereotypes.

Several studies specifically focusing on the effects of contact on mental illness stigma have produced promising findings. Research from our group has shown that contact with someone who is mentally ill produced greater improvements in attitudes than protest, education and control conditions [3]. In a subsequent study, contact again produced the greatest improvements in attitudes and participant willingness to donate money to the National Alliance for the Mentally Ill [13]. Importantly, the beneficial effects of contact are not limited to adults; research with schoolchildren suggests that education combined with contact leads to greater attitude improvements than education alone [26].

Based on these studies, contact appears to be among the best strategies for changing the stigma of mental illness. While less amenable to widespread distribution than educational programs, carefully structured and strategically implemented contact interventions could have significant impact. Future research should elaborate further on factors that augment the effect of contact on stigma.

Promoting widespread contact by disclosing mental illness

Epidemiological research suggests that 15–20% of the population meet the criteria for significant mental illnesses such as major depression, bipolar disorder, schizophrenia and anxiety disorders [27,28]. Despite this, the general population is mostly unaware of the number of people with psychiatric disorders because it is largely a hidden stigma; the public is not aware that an individual has a psychiatric history unless that person admits it [29]. The gay community, which also has a largely hidden stigma, was able to challenge the prejudice and discrimination by
“coming out of the closet”. In similar fashion, people with mental illness who publicly declare their experiences with psychiatric disorders and the mental health system may be a significant force in challenging the stigma [30]. Given that this potentially represents one in five of the human race, the size of this effect could be massive.

As well as the potential benefits, there are significant costs that must be considered when an individual is deciding to publicly disclose his or her psychiatric history. These costs and benefits might be better understood by examining the consequences for gay men and lesbians. Perhaps most sobering among the risks of coming out is bodily harm. The news regularly reports on hate crimes where gay men in particular are the victims of extreme violence. Survey research has demonstrated the breadth of this violence; the results of one study showed 41% of a sample of lesbians and gay men reported being a victim of a bias-related crime since the age of 16, and another 9.5% reported an attempted bias crime against them [31]. On one hand, there does not seem to be a facile comparison between these kinds of hate crimes and people with mental illness. There is no clear evidence to suggest that people who declare their mental illness are frequently victims of crime and other abuse related to their mentally ill “lifestyle”. There may, however, be some guilt by association; homeless individuals are one group with which people with mental illness are frequently associated and are often victims of hate crime.

Some advocates believe that physical abuse against people with mental illness comes in a more subtle form [32,33]. This research suggests that the prescription of mandated treatments (e.g. involuntary inpatient commitment, outpatient commitment and mandated medication) is sometimes used as a violent measure against people with mental illness. Research has also shown that some people with mental illness who have been the target of mandated or coercive treatment experience these treatments as harmful and abusive [34].

There are other examples of less violent, but still punitive, consequences to disclosing a mental illness. Many members of the general public may choose to avoid people who have come out as being mentally ill, and such experiences of social disapproval may negatively impact the self-esteem of these people. A greater concern is that this may translate into job and housing discrimination against those who have disclosed their illness [35]. In the US, a good example of the former has been a national debate regarding gay and lesbian teachers. Although specific statistics have been difficult to gather, mounting evidence suggest that many homosexual teachers suffer from employment discrimination [36,37]. A similar pattern has been found for people with mental illness; individuals who have disclosed their psychiatric condition are less likely to obtain or maintain jobs because of stigma [38].

It must be noted that such acts are only the most flagrant examples of a society that views these groups with suspicion. The kind of stress that results from this culture can undoubtedly have negative psychological effects on any individual exposed to it; research suggests that teenagers struggling with their sexuality are more likely to attempt suicide [39] or other risky behaviours such as running away, substance abuse and prostitution [40,41]. Similarly, we should be concerned about the effects of public disclosure of mental illness on the person’s self-esteem and self-efficacy [38].

Despite the disadvantages, research has clearly shown multiple benefits to disclosing one’s sexual orientation. Perhaps the most significant of these is the removal of the stress that results from no longer having to keep a secret on such an important part of one’s identity [42]. Diminished stress leads to better relationships with one’s partner [43] and improved job satisfaction [44,45]. Moreover, people who have disclosed have subsequently reported greater support from their families [46]. As a group too, the homosexual community seem to have embraced coming out as beneficial for its own political and socioeconomic needs. On an individual basis, advocacy groups repeatedly urge gay men and lesbians to come out at all levels. Overall, though the benefit for the community seems clear, the impact on the individuals within that community is less transparent. There are no algorithms to suggest how the costs and benefits of coming out will add up to affect an individual. Hence, the individual must consider these advantages and disadvantages for themselves in deciding whether to disclose.

Conclusion
Of the three social approaches to changing stigma — protest, education and contact — there is some compelling evidence that contact between the public and people with mental illness may be the most effective approach to significant and lasting changes in attitude. If this evidence continues to be replicated in subsequent research, it has interesting implications for societal movements to erase the stigma of mental illness. It suggests that experts like mental health professionals and researchers may not be best positioned to challenge the stigma and discrimination of mental illness. It is the stories of people who live with the challenges of psychiatric disorder and corresponding stigma that may have the greatest impact. Interestingly, this conclusion reflects the empowerment principle that now dominates rehabilitation approaches to services for people with serious mental illness; that is, people with these disorders should have primary authority and responsibility for the development and implementation of programmes.
At a societal level, perhaps the best way to promote contact is for people who are hiding their psychiatric history to disclose it. While there are risks to this decision, including suffering public anger at admitting one’s deviance from the norm, there are also benefits for both the individual and community. Many people who have been forced to hide some stigmatised part of themselves find significant release at no longer having to keep the secret. As more people come out about their psychiatric history, public attitudes about the community of people labelled mentally ill should improve. Ultimately, it will be research that helps us to find the combination of education, protest and contact approaches that will best tear down the barriers posed by stigma. Clearly, people with mental illness will have a central role in this effort.

References

10. Link BG, Cullen FT. Contact with the mentally ill and perceptions of how dangerous they are. J Health Soc Behav 1986;27:289–303.