Psychiatric Rehabilitation Journal
2015, Vol. 38, No. 2, 99–102

1095-158X/15/$12.00 http://dx.doi.org/10.1037/prj0000152

EDITORIAL

Self-Stigma Regarding Mental Illness: Definition, Impact, and Relationship to Societal Stigma

Alicia Lucksted
University of Maryland School of Medicine

Amy L. Drapalski
VA Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC), Baltimore, Maryland

In the early 1900s Cooley's concept of the "looking glass self" (Cooley, 1902, 1909) articulated that ideas about ourselves are profoundly shaped by how we believe others see us—that one's self concept is socially constructed. As a result, negative judgments from others are often incorporated into one's self concept (Allport, 1954; Crocker & Major, 1989; Link, Cullen, Struening, et al., 1989; Mead, 1934), resulting in 'shame' (Allport, 1954; Crocker & Major, 1989; Goffman, 1961; Scheyett, 2005). Later, Allport (1954); Goffman (1961, 1963) and others expanded this by highlighting the inherently social aspect of stigmatization, defining stigma as negative judgments we levy against each other based on devalued group identities (e.g., "the mentally ill"; Scheyett, 2005).

These concepts have been applied to the social-distancing and discrimination often faced by people experiencing or labeled with mental illnesses (Link, Cullen, Struening, et al., 1989; Scheff, 1966; Wahl, 1999), drawing in part on theory regarding other marginalized identities (e.g., Meyer, 2003). One result has been the idea of "internalized stigma" or "self-stigma" (shortened from 'stigmatization'), the incorporation of others' prejudices and stereotypes about people with mental illnesses into beliefs about oneself. Previous research has documented internalized stigma's many harms, while also clarifying that stigmatized individuals are often resilient and paths between societal stigmatization and individual impacts are diverse (Corrigan & Watson, 2002; Crocker & Major, 1989; Watson, Corrigan, Larson, & Sells, 2007). Resistance to internalizing stigmatization is also persistent, if too rarely documented (Beers, 1908; Grobe, 1995; Jefferson, 1947).

Nonetheless, that many people with mental health problems experience significant negative effects from internalized stigma is now well documented in research (Ritsher & Phelan, 2004; West et al., 2011) and first person accounts (Deegan, 1993; Gallo, 1994; Shimrat, 1997). These include reduced self-esteem, empowerment, hope, and sense of recovery, as well as exacerbated psychiatric symptoms and a greater reluctance to engage in treatment and other supports (Livingston & Boyd, 2010; Ritsher & Phelan, 2004). Such proximal effects, in turn, have potential distal consequences, such as impeding pursuit of life goals, reducing community participation and hindering social relationships and support (Lysaker, Roe, & Yanos, 2007; Yanos, Roe, Markus, & Lysaker, 2008). Much like breathing in polluted air, it is very hard to not take in at least pieces of societal prejudices like racism, sexism, classism, homophobia, and mental illness stigmatization (e.g., Bearman, Korobov, & Thorne, 2009; Meyer, 2003; Williams & Williams-Morris, 2000). When one then also belongs to the stigmatized group, internalizing the messages is often impossible to entirely avoid (Conde & Gorman, 2009; David, 2013) Thus, people who find themselves experiencing self-stigma are not at fault—but *are* left with the effects.

In October 2013, we brought together 30 researchers in the area of mental illness self-stigma to discuss the current state of the field and to identify future priorities ("Reducing Internalized Stigma of Mental Illness: Mapping Future Directions," Baltimore Maryland). These included the differences between and relationships among self-stigma and related constructs; exploring models or theories of the development, maintenance, and amelioration of self-stigma; validating new and existing measures of self-stigma with a variety of populations; and advancing strategies and programs designed to prevent, reduce, or eliminate self-stigma. That small working meeting was the impetus for this special issue. A call for papers was circulated widely, and final authors include both conference attendees and others. The resulting articles push forward our knowledge about and inquiry into the effects and dynamics of internalized stigma associated with mental illness as well as potential avenues and strategies for intervening to reduce it.

Several seek to clarify our understanding of the concept of self-stigma and the interrelationships between it and other constructs (e.g., public stigma, anticipated stigma). For example, Quinn, Williams, and Weisz (2015) explore the relationship between discrimination experiences, anticipated stigma, and self-stigma in an effort to understand how self-stigma might develop. Their findings suggest that because of prior experiences of discrimination, individuals with mental illness may come to expect and anticipate that they will be stigmatized, which, in turn, may contribute to believing that the stereotypes involved are true. Further, Jennings et al. (2015) examine the role of perceived need

Alicia Lucksted, Department of Psychiatry, University of Maryland School of Medicine; Amy L. Drapalski, VA Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC), Baltimore, Maryland.

Correspondence concerning this article should be addressed to Alicia Lucksted, Department of Psychiatry, Division of Psychiatric Services Research, University of Maryland School of Medicine, 737 West Lombard Street, Room 528, Baltimore MD 21201. E-mail: aluckste@psych.umaryland.edu

for self-reliance in the relationship between perceived societal stigma and self-stigma associated with treatment seeking among college students with mental health problems/concerns. They found that perceived stigma may affect mental health treatment seeking by increasing individuals' self-stigmatizing attitudes and their preferences for handling mental health issues on their own, suggesting that self-reliance may serve as significant barrier to care. Link, Wells, Phelan, and Yang (2015) explore aspects of "symbolic interaction stigma," the process by which individuals perceive what others think of a stigmatized status and therefore anticipate how others might respond to them as a result of that status, rehearsing or imagining how they might respond in a stigmatizing situation. Based on preliminary results from a sample of individuals hospitalized for psychiatric concerns, their findings suggest that aspects of symbolic interaction may play an important role in the process in which some individuals interpret and respond to stigma experiences. In contrast to the other articles in this issue, Aakre, Klingaman, and Docherty (2015) use implicit methods to assess stigma and self-stigma among individuals with and without a diagnosis of schizophrenia. Consistent with current theories of self-stigma, their results suggest that the meaning and characteristics a person assigns to a diagnosis may impact how that person views themselves as a person with that diagnosis, thus influencing whether one develops self-stigma.

Other articles in this special issue broaden the populations and settings from which knowledge about self-stigma and its impact is ascertained and expands that knowledge by examining new questions about factors impacting the development and maintenance of self-stigma. Much of past research on self-stigma has focused on adults with serious mental illnesses, such as schizophrenia, schizoaffective disorder, or bipolar disorder, and those receiving services at community based mental health settings. Less is known about self-stigma experienced by individuals with other mental health diagnoses, in other services settings, or across the life span. Articles in this issue help fill that gap. For example, several examine self-stigma among veterans and military personnel. Boyd, Juanamarga, and Hashemi (2015) consider perceived stigma and self-stigma associated with psychiatric medications among veterans receiving outpatient mental health services at a Veteran's Affairs Medical Center, finding that both are common among veterans receiving psychiatric medication. Wade et al. (2015) and Britt, Jennings, Cheung, Pury, and Zinzow (2015) both examine relationships between stigma-related concepts among active duty military personnel. Wade and colleagues (2015) consider public and self-stigma associated with treatment seeking, help-seeking attitudes, and perceived intent to seek treatment in active duty military personnel being assessed for traumatic brain injury. They conclude that an individual's perception of oneself as a person seeking mental health treatment may influence attitudes toward and intentions to seek out treatment or support. Britt and colleagues (2015) attempt to understand the relationship between perceived stigma of treatment seeking, self-stigma associated with treatment seeking, and stigmatizing perceptions of soldiers who seek treatment, on actual treatment seeking and drop-out in active duty military personnel. Their findings suggest varied relationships, with stigmatizing beliefs about those who seek treatment especially important to treatment seeking and self-stigma associated with treatment seeking key to treatment drop-out.

Several other articles in this issue expand our knowledge of self-stigma and its effects to new service settings. West, Vayshenker, Rotter, and Yanos (2015) show that the negative effects of self-stigma on self-concept and medication adherence found in community mental health settings are also present among individuals in forensic psychiatric settings. Moreover, their work explores the potential additive negative effects of experiencing self-stigma associated with multiple stigmatized identities (e.g., race, mental illness, and criminal) on an individual's self-concept. Focusing on younger adults, McKeague, Hennessy, O'Driscoll, and Heary (2015) and Denenny, Thompson, Pitts, Dixon, and Schiffman (2015) improve our understanding of the experiences, process, and impact of self-stigma at different developmental stages and across a broader range of diagnoses. McKeague and colleagues (2015) describe the perspective of young adults diagnosed with attention-deficit disorder and depression on their experiences of stigma and self-stigma, including the experience of being diagnosed with a mental illness at an early age and the process by which strategies for challenging and addressing stigma can develop. Denenny and colleagues (2015) explore the role of peer social support in self-stigma among college students with mental health concerns. They conclude that the absence of peer social support, particularly for those at risk for psychosis, may be important in self-stigma.

To date, a handful of interventions have been developed to address self-stigma directly and many are in the early stages of development with limited effectiveness information available. Continued work is needed to understand what components or strategies are most effective, in what formats and for whom interventions are most effective, and how to tailor interventions for different needs. We also need to explore how to offer interventions in a variety of different modalities so as to increase accessibility, uptake, and effectiveness. Several articles in this special issue expand knowledge in these areas by comparing and contrasting existing interventions and describing programs to reduce self-stigma. Yanos, Lucksted, Drapalski, Roe, and Lysaker (2015) review and compare interventions aimed at helping individuals learn tools and strategies to reduce self-stigma, highlighting key elements and research on the effectiveness of each in an effort to provide guidance on their suitability for particular populations or treatment settings. Additionally, Harris et al. (2015) describe the effect of participation in a VA partial hospitalization program that offers targeted programming aimed at addressing self-stigma in veterans with mental health concerns and the impact of disability status and service era on the effects of the program. Conner, McKinnon, Ward, Reynolds, and Brown (2015) describe the effects of a peer education intervention for older adults with depression on reducing self-stigma, and identifies mechanisms through which peer support influenced self-stigma.

Finally, additional articles highlight personal struggles and successes with overcoming self-stigma. MacKay, Bradstreet, McArthur, and Dunion (2015) explored experiences and effects of self-stigma as well as practical strategies to address its negative consequences via qualitative interviews with mental health service users in Scotland. Their work highlights the power of deconstructing and revising personal narratives regarding one's mental health diagnosis and the personal meanings ascribed to it, and considers the role of power dynamics in stigmatization. In the Speaking Out Column, Lipfird (2015) describes her personal experiences with stigma and self-stigma and offers insight into what can harm and

help one's efforts to overcome them. In the Education and Training Column, Nemec, Swarbrick, and Legere (2015) discuss the potential impact of stigmatizing messages from mental health providers on recovery and provide guidance on ways to intervene at a program level to potentially reduce them, including education and increasing opportunities for both providers and program members to have contact with individuals who can share their recovery experiences and stories.

We intend this collection of new research, conceptualization, and reflection to help advance knowledge of self-stigma and foster its amelioration. These contributions can also stimulate the next set of questions with regard to self-stigma. For example, how can we expedite the pace at which interventions targeting self-stigma are evaluated to develop more effective and more personalized approaches? How can the field derive the most benefit out of the diversity of interventions currently being developed and used? And, through what channels and formats can effective programs and strategies be delivered to make them more accessible to people who would benefit from them?

Additionally, what can people who experience mental health problems and/or receive mental health treatment and do *not* develop self-stigma tell us about preventing it? Are there protective factors the field should be more aware of and, if so, ways to promote those factors early on? "Inoculation" experiences that could be made widely available? As evidenced in Lipfird's (2015) article in this issue, individuals who have successfully dealt with self-stigma in substantial ways have much to add to the discussion about what can help.

Finally, the articles in this issue help illuminate the dynamics among internalized stigma and the many facets of societal stigmatization more generally. Self-stigma is only one, albeit an impactful, part of a complex problem. By advancing our understanding of stigmatization's multifaceted pathways and the components and factors that affect these pathways, we hope that the contributions in this issue will assist readers in precipitating the dismantling of self-stigma.

References

Aakre, J. M., Klingaman, E. A., & Docherty, N. M. (2015). The relationship between stigma sentiments and self-identity of individuals with schizophrenia. *Psychiatric Rehabilitation Journal, 38,* 125–131. http://dx.doi.org/10.1037/prj0000119

Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison Wesley.

Bearman, S., Korobov, N., & Thorne, A. (2009). The fabric of internalized sexism. *Journal of Integrated Social Sciences, 1,* 10–47.

Beers, C. W. (1908). *A mind that found itself: An autobiography*. New York, NY: Longmans, Green.

Boyd, J. E., Juanamarga, J., & Hashemi, P. (2015). Stigma of taking psychiatric medications among psychiatric outpatient veterans. *Psychiatric Rehabilitation Journal, 38,* 132–134. http://dx.doi.org/10.1037/prj0000122

Britt, T. W., Jennings, K. S., Cheung, J. H., Pury, C. L. S., & Zinzow, H. M. (2015). The role of different stigma perceptions in treatment seeking and dropout among active duty military personnel. *Psychiatric Rehabilitation Journal, 38,* 142–149. http://dx.doi.org/10.1037/prj0000120

Conde, E., & Gorman, D. M. (2009). Krieger's conceptualization and measurement of discrimination and internalized oppression in studies of adverse health outcomes. *GeoJournal, 74,* 131–142. http://dx.doi.org/10.1007/s10708-009-9262-0

Conner, K. O., McKinnon, S. A., Ward, C. J., Reynolds, C. F., III, & Brown, C. (2015). Peer education as a strategy for reducing internalized stigma among depressed older adults. *Psychiatric Rehabilitation Journal, 38,* 186–193. http://dx.doi.org/10.1037/prj0000109

Cooley, C. H. (1902). *Human nature and the social order*. New York, NY: Charles Scribner's Sons.

Cooley, C. H. (1909). *Social organization: A study of the larger mind*. New York, NY: Charles Scribner's Sons.

Corrigan, P., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice, 9,* 35–53. http://dx.doi.org/10.1093/clipsy.9.1.35

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96,* 608–630. http://dx.doi.org/10.1037/0033-295X.96.4.608

David, E. J. R. (Ed.), (2013). *Internalized oppression: The psychology of marginalized groups*. New York, NY: Springer.

Deegan, P. E. (1993). Recovering our sense of value after being labeled mentally ill. *Journal of Psychosocial Nursing and Mental Health Services, 31,* 7–11.

Denenny, D., Thompson, E., Pitts, S. C., Dixon, L. B., & Schiffman, J. (2015). Subthreshold psychotic symptom distress, self-stigma, and peer social support among college students with mental health concerns. *Psychiatric Rehabilitation Journal, 38,* 164–170. http://dx.doi.org/10.1037/prj0000124

Gallo, K. M. (1994). First person account: Self-stigmatization. *Schizophrenia Bulletin, 20,* 407–410. http://dx.doi.org/10.1093/schbul/20.2.407

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York, NY: Anchor Books.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon & Schuster.

Grobe, J. (Ed.). (1995). *Beyond bedlam: Contemporary women psychiatric survivors speak out*. Chicago, IL: Third Side Press.

Harris, J. I., Farchmin, L., Stull, L., Boyd, J., Schumacher, M., & Drapalski, A. L. (2015). Prediction of changes in self-stigma among veterans participating in partial psychiatric hospitalization: The role of disability status and military cohort. *Psychiatric Rehabilitation Journal, 38,* 179–185. http://dx.doi.org/10.1037/prj0000118

Jefferson, L. (1947). *These are my sisters*. Tulsa, OK: Vickers Publishing Co.

Jennings, K. S., Cheung, J. H., Britt, T. W., Goguen, K. N., Jeffirs, S. M., Peasley, A. L., & Lee, A. C. (2015). How are perceived stigma, self-stigma, and self-reliance related to treatment-seeking? A three-path model. *Psychiatric Rehabilitation Journal, 38,* 109–116. http://dx.doi.org/10.1037/prj0000138

Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review, 54,* 400–423. http://dx.doi.org/10.2307/2095613

Link, B. G., Wells, J., Phelan, J. C., & Yang, L. (2015). Understanding the importance of "Symbolic Interaction Stigma": How expectations about the reactions of others adds to the burden of mental illness stigma. *Psychiatric Rehabilitation Journal, 38,* 117–124. http://dx.doi.org/10.1037/prj0000142

Lipfird, A. C. (2015). Self-stigma: A personal journey. *Psychiatric Rehabilitation Journal, 38,* 201–202. http://dx.doi.org/10.1037/prj0000140

Livingston, J D. & Boyd, J E. (2010). Correlates and consequences of internalized stigma for people with mental illness: A systematic review and meta-analysis. *Social Science & Medicine, 71,* 2150–2061.

Lysaker, P. H., Roe, D., & Yanos, P. T. (2007). Toward understanding the insight paradox: Internalized stigma moderates the association between insight and social functioning, hope, and self-esteem among people with

schizophrenia spectrum disorders. *Schizophrenia Bulletin, 33,* 192–199. http://dx.doi.org/10.1093/schbul/sbl016

Mackay, R., Bradstreet, S., McArthur, A., & Dunion, L. (2015). Dyad conversations about self-stigma in two Scottish communities. *Psychiatric Rehabilitation Journal, 38,* 194–200. http://dx.doi.org/10.1037/prj0000149

Mead, G. H. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. Chicago, IL: University of Chicago Press.

McKeague, L., Hennessy, E., O'Driscoll, C., & Heary, C. (2015). Retrospective accounts of self-stigma experienced by young people with attention-deficit/hyperactivity disorder (ADHD) or depression. *Psychiatric Rehabilitation Journal, 38,* 158–163. http://dx.doi.org/10.1037/prj0000121

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129,* 674–697.

Nemec, P. B., Swarbrick, M., & Legere, L. (2015). Prejudice and discrimination from mental health service providers. *Psychiatric Rehabilitation Journal, 38,* 203–206. http://dx.doi.org/10.1037/prj0000148

Quinn, D. M., Williams, M. K., & Weisz, B. M. (2015). From discrimination to internalized mental Illness Stigma: The mediating roles of anticipated discrimination and anticipated stigma. *Psychiatric Rehabilitation Journal, 38,* 103–108. http://dx.doi.org/10.1037/prj0000136

Ritsher, J. B., & Phelan, J. C. (2004). Internalized stigma predicts erosion of morale among psychiatric outpatients. *Psychiatry Research, 129,* 257–265. http://dx.doi.org/10.1016/j.psychres.2004.08.003

Scheff, T. J. (1966). The labeling theory of mental illness. *American Psychological Review, 39,* 444–452.

Scheyett, A. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work in Mental Health, 3,* 79–97. http://dx.doi.org/10.1300/J200v03n04_05

Shimrat, I. (1997). *Call me crazy: Stories from the mad movement*. Vancouver, Canada: Press Gang Publishers.

Wade, N. G., Vogel, D. L., Armistead-Jehle, P., Meit, S. S., Heath, P. J., & Strass, H. A. (2015). Modeling stigma, help-seeking attitudes, and intentions to seek behavioral healthcare in a clinical military sample. *Psychiatric Rehabilitation Journal, 38,* 135–141. http://dx.doi.org/10.1037/prj0000131

Wahl, O. (1999). *Telling is risky business*. Piscataway, NJ: Rutgers University Press.

Watson, A. C., Corrigan, P., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin, 33,* 1312–1318. http://dx.doi.org/10.1093/schbul/sbl076

West, M. L., Vayshenker, B., Rotter, M., & Yanos, P. T. (2015). The influence of mental illness and criminality self-stigmas and racial self-concept on outcomes in a forensic psychiatric sample. *Psychiatric Rehabilitation Journal, 38,* 150–157. http://dx.doi.org/10.1037/prj0000133

West, M. L., Yanos, P. T., Smith, S. M., Roe, D., & Lysaker, P. H. (2011). Prevalence of internalized stigma among persons with severe mental illness. *Stigma Research and Action, 1,* 3–10. http://dx.doi.org/10.5463/sra.v1i1.9

Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health, 5,* 243–268. http://dx.doi.org/10.1080/713667453

Yanos, P. T., Lucksted, A., Drapalski, A. L., Roe, D., & Lysaker, P. (2015). Interventions targeting mental health self-stigma: A review and comparison. *Psychiatric Rehabilitation Journal, 38,* 171–178. http://dx.doi.org/10.1037/prj0000100

Yanos, P. T., Roe, D., Markus, K., & Lysaker, P. H. (2008). Pathways between internalized stigma and outcomes related to recovery in schizophrenia spectrum disorders. *Psychiatric Services, 59,* 1437–1442. http://dx.doi.org/10.1176/ps.2008.59.12.1437

Received May 4, 2015
Accepted May 4, 2015 ■