

## PSYCHIATRY BETWEEN GLORIFICATION AND STIGMATIZATION

Alija Sutovic

Department of Psychiatry, University Clinical Centre Tuzla, School of Medicine, University of Tuzla,  
Tuzla, Bosnia and Herzegovina

### SUMMARY

*In psychiatry, stigma means negative marking of the person only because s(he) has a diagnosis of mental disease, and usually this refers to schizophrenia. Stigmatization is related to prejudice, i.e. negative attitudes that are deeply rooted on false beliefs that schizophrenia cannot be treated.*

*In principle, stigma is caused by combination of ignorance and fear which represents the basis of the creation of entrenched myths and prejudice. From a historical point of view, schizophrenia as a disease remains for public, one of the medical areas that are related to fear, a sense of discomfort, prejudice and avoidance.*

*A combination of difficult mental disease, discrimination and stigmatization can be devastating for mentally disabled patients. Throughout history, stigma played significant role in patient's emotional and social isolation from other people deepening their suffering. A common consequence of stigma is discrimination which represents violation of basic human rights. Mentally disabled patients are often unjustifiably seen as dangerous, incapable, irresponsible which causes their isolation, homelessness and economic collapse. Thereby, possibilities for normal life, work, treatment, rehabilitation and social integration are decreased.*

**Key words:** psychiatry – stigmatization - glorification

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Because of the discrimination, a person with mental difficulties is often socially isolated and feels misunderstood. Also, even if it is well known that there is no significant correlation, media often relate mentally disabled patients to criminal acts. However, in order to improve marketing profit based on sensational headlines, this fact is suppressed.

The word stigma has a broad meaning. It refers to the physical labelling that often signify belonging to a group of suspicious morality; for example scars or cut off body parts among members of criminal groups, slaves, prostitutes, traitors, and all those who should be avoided in public.

In the Middle Ages, the meaning was expanded to physical marks of special spiritual powers, so called stigmata, but also to some physical marks of some diseases such as leprosy, syphilis, smallpox, etc.

Stigmatization is stamping, labelling of mentally disturbed people and discrediting them in this way. It implies general social reactions towards some group of people, based on label assigned to that particular group (Frančišković 2009). Throughout the history of civilizations, victims of discrimination were ethnic groups, but also, many disadvantaged groups such as, slaves, prostitutes and lepers. Leper's patients with their appearance and numerousness have caused creation of many special laws in many countries regulating their movement and all aspects of their lives. According to one of the laws, they needed to whisper strongly whenever they were near healthy people. Without doing that, banishment or even execution would follow.

'Social man' is in fear of The Other or different and seeks to destroy it. It is unusual, but, he needs The

Other, and if necessary, he will create him, so that, vitiating him as evil, he can confirm himself as good. (Filipović 1982). These ideas were represented by Jerzy Kosinsky with his artistic skills in his extraordinary book called "The Painted Bird". The title addresses this topic: 'The Painted Bird' represents the symbol of persecuted, The Other, 'Besmirched man'.

This is the story about a boy who was, at the beginning of Second World War, sent by his parents to the secure, remote Polish province. A peasant woman who took care of him, soon died and the child continued to live under the protection of a lonely and decent young man. The young man likes a girl, but, suddenly, she stops meeting him. In order to get rid of the repressed anger, the young man started to play crudely with birds he had previously caught. One day, he caught in a trap a large raven. He painted its wings in red, his chest in green and its tail in blue. The bird by croaking attracted a large flock of ravens and then, the young man, let the painted bird free. The painted bird was attacked from all sides. Black, red, green and blue feathers were flying all over the place. The ravens on the sky were frantically attacking and suddenly the coloured raven tumbled on the ground. He was still alive, opened his beak and vainly tried to start his wings. His eyes were pecked and fresh blood was running on his coloured feathers...

The Painted Bird is a great example of The Other, Stranger, Victim. Kosinsky shows both sides of this phenomenon: if the other is not like members of the flock (the crowd, people...), he will be pushed out and destroyed. If he is like one of them, there is man-made mediation which makes himself act differently so that he can be thrown out of the group and destroyed.

Throwing the Other, The righteous exalts himself and supports his repressed anger. It is very primitive and tribal to seek safeness in similarities and to project aggression on Other and on Different one.

Human history is full of such examples. At the very recent time, the rise of radicalisation, the 'demonization' of Muslims in the media and the immigration crisis in Europe have all contributed and colluded to heightened levels of Islamophobia in the West. The stigmatisation and social exclusion of Muslims can and has resulted in negative outcomes in this group such as elevated levels of psychological distress and an increase in hate crime and terrorist attacks perpetrated against Muslims from members of the far right (Hankir et al. 2017).

Certainly, it is about the abuse of psychiatry by politics. Furthermore, it is not unusual that in the recent bloody history of the region, psychiatrists were often ardent advocates of populist and national ideas that at the end led to bloody breakup of former Yugoslavia, the suffering of millions of people and genocide.

In the dynamics of the relationship between mentally disturbed man and the environment, fear from mentally disturbed patients represents the most critical point (Kecmanović 1989). That fear creates the need to isolate and continuously control mentally disturbed patients. Foucault (1965) says that mentally disturbed patients were 'largely locked already in the seventeenth century'. Even though, the stigmatization of mentally ill patients was omnipresent even before, measures of locking and isolation of patients were not so systematically implemented until the seventeenth century. In this way, they "joined" in the history, the persecuted and burnt witches, by the courts of the Holy Inquisition. These also include the people who masturbate, which were not written in the modern books. On the other hand, they occupy the extreme attention and ostracism of the most prominent psychiatric authorities, who proclaimed masturbation as one of the greatest evils and vices of humanity, or the cause of serious diseases (Kahlbaum, 1869 – German psychiatrist known as one of the first who did classification of mental disorders and gave the name of catatonia to the syndrome he considered was caused by masturbation; 1876. T. Pouillet, French psychiatrist, his medical-philosophical discussion about masturbation begins with words: "Off all the vices and transgressions that can rightly be called crimes against nature, which devour humanity, threatening the life force and direction to destroy the intellectual and moral abilities, one of the largest and most widespread – no one will deny – masturbation". Krafft Ebing, 1882, the founder of modern psychiatric sexology, claims that masturbation leads to homosexuality...; 1905 Bernard Sachs, a prominent New York psychiatrist and author of "Discussions about nervous diseases of children", recommends that masturbation in children should be treated by cauterization of the spine and sexual organs) (Szasz 1970).

From that fear stems a deeply ambivalent position of the society towards psychiatrists. On one hand, psychiatrists are seen as unusual and brave men who in their day to day job dare to descend into the crater of madness and be able to get out of there and participate in the life of the community. On the other hand, psychiatrists have always been tacitly, colloquially or in jokes attributed to a smaller or larger part of this madness, which, eventually, they were not able to break free and run away from.

The stigma becomes a stigma only when the stigmatized accepted it (Frančišković 2009). Self-stigma or internalized stigma refers to the process of identity transformation related to accepting stereotyped attitudes towards mental illness by a person with mental illness as personally relevant, which leads to decrease in self-esteem and self-efficacy. Štrkalj-Ivezić et al. (2017) found that self-stigma adversely affects recovery from schizophrenia and that psychoeducation based on the principles of recovery and empowerment using therapeutic group factors assists in reduction of self-stigma, increased empowerment and reduced perception of discrimination in patients with schizophrenia. Also, some psychiatrists have accepted the image of "weirdness", peculiarities, oddities, which have actually contributed to their own stigma. When brutal or bizarre crime is committed by the mentally ill, which is the first manifestation of the disease or in the exacerbation between two hospitalizations, the projections and the fear of the community of mental patients occasionally escalates. The frustration of the public is enormous and parts of negative emotions are directed to psychiatrists who are declared powerless to cure their patients some people are happy to attribute to psychiatrists errors in treatment. In some recent forensic cases, the anger of the community in media could be felt which could not understand or accept the modern concepts of psychiatry in the community and respect the rights of mental health patients regulated by a separate law; Instead, the public simply cries out for drastic measures of repression and isolation of the darkest times of asylum, as the only way to beat and the Mephistopheles principle in mental health patients.

Jaspers (1965) wrote about the significance of sociological situation of the occurrence of the disease: "It is natural that every social situation creates special psychological conditions that affect the health and mentally abnormal state". I would say - and vice versa. In this milieu, a present-day farce exists in the form of state repressive measures revocation of driver's license to every patient who has any psychiatric diagnosis, which is the basis of a disability. This is another blatant example of the stigmatization of psychiatric diagnosis - the patient-psychiatrist. Until recently, indeed rare, special proposals were sent to competent police authorities for particular patient, to take away his driver's license, permanently or temporarily. Medical Council made decision concerning this and always - with a heavy heart. We continue to send similar letters

related to certain patients who possess weapons. However, for certain percentage of "false" mentally disabled, adopting a general repressive measure for seizure of driving licenses to everyone, represents - the culmination of the stigma and discrimination and discredit towards psychiatry.

It is not the subject of this discussion that among disabled there are certain number of those with false angina, heart and various other somatic decompensation and pathological conditions. The problem is that really vulnerable patients with angina, stents, bypass surgery, patients who have been going by their car to dialysis, patients with unstable diabetes - can freely keep a driver's license. However, psychiatric patients, with any (!) psychiatric diagnosis must waive driver's license. Is a psychiatric patient here a scapegoat on which the state trains strictness? The state is personified in budding and incapable persons who represent ruling establishment. In their minds, the idea of not involving or relating to science or scientific methods and lack of exactness in psychiatry is cemented, about how every psychiatric pathological condition can be faked, and that none of these diagnoses can be proven with certainty, because it cannot be recorded by X-ray or measured in the laboratory.

Colloquial, 'teller's' understanding of psychiatry, filled with glorification of psychiatrists and with external narcissistic contributions, contributes to stigmatization of psychiatry.

Psychiatrists are familiar that, wherever they appear and if recognized (probably, psychiatrists among all the doctors are most often guests on television), in the stores, in the counter halls, in banks, or in the market all would like psychiatrists to dedicate to them. Some declare themselves to be the sickest, some point to the management and mention mobbing. (Interestingly, people in management are always well informed about mobbing and they know there is also a kind of vertical mobbing - workers to a manager, and in an interview with a psychiatrist, they are always happy to review and confirm such a possibility).

In car-services, the car wash, and such places there are always a few people agreeing that one of them needs psychiatric help, which the person, for some reason, calmly accepted thought ashamed for having been discovered.

There are interesting jokes about mental patients and psychiatrists. Usually, patient gets smarter, more lucid than a psychiatrist, who is "crazier" or at least dumber than the patient. In these seemingly harmless jokes, we can see the striking fact: in the collective consciousness and collectively unconscious, position of psychiatrist is definitely worse than the position of the patient. It turns out that psychiatrists are guilty of something, even of patients' existing. According to this, extreme disrespect and vilification are expressed towards psychiatrists. Psychiatrists tacitly accept this stigma.

In a myriad of serious and less serious social situations there is a myth about mind-reading: psychiatrist is

able to read the thoughts of people with whom he sits and talks. It certainly reveals the 'legitimate' existence of various fantasies in people, which are only 'limit' for them in terms of general social and moral acceptability. To appease this thought-reader, within this conversations it can be often heard: 'Behold, this doctor would know best, but I think ...' Isn't this example of glorification in the form of projections of omniscience on psychiatrists. In fact, regardless of how much these people like him, as a psychiatrist he is only a nuisance, because of inhibiting them from expressing freely all sorts of great thoughts and wisdom. Thus, this form of glorification contains fear of psychiatrists and hostility to a psychiatrist.

Health care and conversations on health topics, findings and diseases, occupy a large amount of human energy and time. People recount in detail all their contacts with somatic doctors, they know by heart all their laboratory results... Each, even the shortest meeting with some legendary somatic patient, lives long to be retold all around, and it is passed on from generation to generation: "He then put the stethoscope on my chest and said..." - announcing an idealized, dedicated professional dogma that the doctor would never uttered, at least not quoted as above.

Sometimes, psychiatrist through many years, within individual or group therapy, or simply through the classic psychiatric 'control' has access to the most intimate details of the life of the patient, and with time strong emotions are created, no matter how they are called (transfer/counter-transference). However, this kind of conversations, or the psychiatric controls nobody speaks about. Psychiatrists are accustomed to and it does not affect them that in the street, at different social events, etc., when their patient is in the company of peers, or objectively 'important' people to him, he will often turn his head, pass by, won't say hello, as if he not noticing us. Here we have a real true glorification of the patient - when he is alone with us, and hypocritical stigmatization and avoidance - in society. Clearly this is a result of stigmatization of the mentally ill patients and the fear of our 'normal' patients that they will be 'generalized' and seen as 'lunatics' by society.

One of the many well known consequences of stigmatization of psychiatry is eternal existences, in all times and mostly today, a huge number of "healers", charlatans and different kind of 'clairvoyants', 'seers' and 'bioenergists'. Their predecessors in history of mankind, the witches were among the biggest victims of stigmatization, the most hunted, most often burned...It seems like the "healers" are now untouchable, and from what is heard, they do not pay their taxes. Instead of the Inquisition, some of them have found common interests with TV stations and telecoms. So, you can keep track of dozens, late at night, on a variety of TV channels, who are selling 'light'(blowing smoke) to the afflicted, looking at the map and giving advice on health, work, love . There were many speculations for one of the most

controversial local Healers (he is not thirty years old yet). But, from firsthand we learned a lot about his 'business', during his divorce process, i.e. deciding on his child care and education. 'The other side', his ex-wife deprived of concern and keeping the family secrets, revealed the unscrupulous technology of looting unfortunate people. She swore on her child she was struggling for in the lawsuit that her ex-husband's daily earnings were often equal to the three monthly earnings for three team member, top experts! Among other 'techniques' of healing, special power has been treated through photos. Through relatives or friends (who came to be "in vivo" treated), people send their photos and - money. If he found less money along with photo (e.g. in value of one specialist doctor per day), he would be furious and tear the letter and photograph and throw it in the trash. If the amount of money with photography was sufficient (about a third of salaries of medical specialists), ex-wife said, he would tear up that photo in a letter to certain respect and throw it in the trash. This might sound like envy, but it should be noted that he himself has more apartments and other properties in surrounding towns in the region than all the specialists from the Clinic for Psychiatry together; also, his one car is more expensive than all the cars of doctors at the Clinic for Psychiatry. I have an overwhelming impression that this society, with its stigmatization of psychiatry, as well as the absence of legislation in this area, enabled all this to him and that psychiatrists, with their acceptance of the stigmatization, enable this too. Lulled into a false glorifying component of their profession. Armed with their pencils by which they prescribe strong medicines from even more powerful pharmaceutical industry. And without being aware of their limitations and shortcomings of the profession itself and its vulnerability 'conceptual entenders' (Kecmanović 2008).

In that same profession, we welcome DSM V which some say (group of American professors launched the online petition with a critical comment on the DSM V) will directly contribute to the multi-medicalization and stigmatization of transient state and even normal state of distress, as it significantly lowered "diagnostic threshold".

Increasing the number of people who qualify for diagnosis may lead to excessive medicalization and stigmatization of transitive, even normative distress.

## Conclusion

In everyday life of psychiatry and psychiatrist, who also shares the fate of stigmatization of mentally ill patients from the time of existence of psychiatry as medical science, glorification is often perceived. It is definitely in the service of monitoring and control of mentally disturbed people. As such, it is even more dangerous than stigmatization. Stigmatization affects also the mentally disabled patients and psychiatrists

(Saillard 2010), while glorification creates an illusion. Some psychiatrists accept it, thinking they are something special, they are above those things, in service of higher goals.

Certainly, it is a misuse of psychiatry by the politics. Furthermore, it is no coincidence that in the recent past of this region, psychiatrists have unusually often been ardent advocates of populist and nationalist ideas, which eventually led to the breakup of former Yugoslavia, the suffering of millions of people and genocide. Such individuals among psychiatrists are always found, they could not wait to get out of painful professional anonymity. However, it is important that they are as such unerringly selected by social moment, the current system of values and the ruling ideology. These circumstances simply create a need for people who are professionally trained to manipulate the masses. What distinguishes the manipulation of historically known methods of behaviour control is that the manipulation represents 'painless persuasion' that people often are not aware of because they do not feel the compulsion (Šušnjić 1984).

It is clear that sometimes (and someone) should be in politics and change things from 'inside'. But, this does not imply that these modification should be solely for the benefit of the mentally disabled and in favour of improving mental health services. In addition to well-known, as they are called by Kecmanović 'political psychiatrists', such as Leing, Basaglia and others who have lived their ideas and made great contributions to psychiatry, psychiatrists in politics are, unfortunately, proved to be completely useless for psychiatry. Either they are in the service of the darkest ideology, consuming their 'glory' in prisons or in the courts for war crimes, contributing to the overall stigma of psychiatry.

Victor Hugo says: 'In the service of evil is a certain very flexible, inexorably and skilled logic and it ably, in the dark, strikes the truth.'

The word is our only weapon, says Anatol Frans.

Canadian psychiatrist, George Brock Chisholm was the first secretary general of World Health Organization of the United Nations from 1948 until 1953. He was a strong advocate of religious tolerance and often commented that man's worst enemy was not disease, which he felt was curable as long as men worked together, but the man himself. He assigns the most responsible role and perspective to psychiatry and psychiatrist: 'With all the other humanistic sciences, psychiatry must now decide the immediate future of the human race. No one else can. And this is the main responsibility of psychiatry.'

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### Correspondence:

Prof. Alija Sutovic, MD, PhD  
Department of Psychiatry, University Clinical Centre Tuzla,  
School of Medicine, University of Tuzla  
Tuzla, Bosnia and Herzegovina  
E-mail: alijasutovic@hotmail.com