

## STIGMATIZATION OF MENTALLY ILL PATIENTS THROUGH MEDIA

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### SUMMARY

*The stigmatization of mentally ill patients has negative labelling, marginalization and exclusion of people simply because they have a mental illness. Stigma has negative consequences for the individual and his family, as well as for psychiatry as a profession and the entire community. Stigma weakens the mentally ill, reinforcing a sense of alienation, which has negative consequences on the course of the illness. The media can inform the public about the treatment of mentally ill patients by conveying correct information, who can then act positively towards improving the quality of treatment. Stigma and self-stigma create a feeling of low self-esteem and fear of rejection, due to which mentally ill people avoid the media and very rarely speak publicly about their illness.*

*The realization of information rights is very delicate and it is reflected through two opposing but substantially equivalent human rights: 1. Right to information, 2. Right to privacy. Which of the two rights will get advantage depends on the circumstances of each case and journalism ethics. The relationship of psychiatry with the media and especially the media with psychiatry must be extremely correct and professional, based on facts, and not on the pursuit of media sensationalism. The media can significantly reduce the current level of stigmatization of the mentally ill by adequate and correct reports, and thereby facilitate their role in family and society. Lack of knowledge and understanding of mental illness contributes to stigmatization. Education of patients, their families and journalists is crucial if we want to better understand people with mental illness and reduce stigma.*

**Key words:** stigma - mentally ill patients - media

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### INTRODUCTION

The word stigma is a Greek noun meaning “to emphasize, highlight, mark” (Kljajić 1990). In the past this meaning did not have a negative connotation. Today stigma has a negative connotation and represents a mark of shame and disapproval of an individual. The stigmatization of mentally ill patients has negative labelling, marginalization and exclusion of people simply because they have a mental illness. Stigma has negative consequences for the individual and his family, as well as for psychiatry as a profession and the entire community. Stigma weakens the mentally ill patients, reinforcing the sense of alienation, which has negative consequences on the course of the illness.

Stigma refers to negative labelling of people simply because they have a diagnosis of a mental illness, and this most often refers to schizophrenia. It is associated with prejudice, namely negative notions that schizophrenia cannot be treated. Stigma, in principle, is caused by lack of knowledge and fear which support the creation of rooted myths and prejudice. A common consequence of stigma is discrimination which is an example of grave violation of basic human rights. Mentally ill people are often unduly perceived as dangerous, incompetent and irresponsible, which causes their isolation, homelessness and economic decline. This greatly reduces the possibility of a normal life, work, treatment, rehabilitation and community integration. Due to discrimination, people with mental disabilities

are often socially isolated and feel misunderstood (Folnegović-Šmalc et al. 2001).

Despite advances in the treatment of mentally ill patients and the shift towards community based treatment, stigma is a problem of social, medical and ethical proportions, and it negatively impacts the search for support, treatment adoption, successful treatment outcome, quality of life and integration of patients in the community. The stigma of mental illness is very widespread, there are psychological, social and economic consequences for stigmatized people. Ethical guidelines emphasize that every patient should be treated with respect, integrity and autonomy, and has a right to be fully informed about the condition, recommended diagnostic and therapeutic methods, including alternatives and the right to choose between them (Kaplan and Sadock 2007).

Stigma and discrimination are common issues in all societies. Everyone should reconsider their beliefs and behaviour towards mentally ill people as this reduces their potentials. Stigma is unjust to patients and their family members. Stigma supports the fear of all people: if they become mentally ill, they will be less worthy. People who agree with the stereotype and react as if the stereotype is true hurt people with mental disorders: people in different societies believe that all people should have the same opportunity to prove themselves. The stereotype is unfair and unethical as it demonstrates that people cannot succeed due to their mental illness, it abolishes differences and puts all group members in the

same position. For example, all people with mental disorders are the same: weak, dangerous, incapable of taking care of themselves. Many believe that the ability of overcoming the problem depends on personal strength, and that people with mental disorders are mentally weak, and if given more effort they could overcome the mental illness. This mind-set has its roots in stigmatizing attitudes and restricts people to understand what being mentally ill really means. Stigma violates the patient's human rights on respect, equality and treatment. In order to ensure basic human rights for their patients, medicine and psychiatry must develop effective methods to fight against the stigma of mental illness (Ivezić 2006).

## **MENTALLY ILL PATIENT IN MODERN MEDICINE**

In the 21<sup>st</sup> century the modern man is faced with numerous difficulties that diversely reduce the quality of life and impair his health. A large number of people search medical care for psychological problems from physicians, psychologists, psychiatrists, neuropsychiatrists and specialists from different fields (internists, surgeons, orthopaedic surgeons, psychiatrists, skin and venereal disease specialists...). At the same time a considerable number of people seek help from alternative medical experts who apply unconventional medical methods: medicinal plants, bioenergy, acupuncture, acupressure, meditation, yoga, prayer... sometimes these methods help the diseased (Babić 2007, 2008, 2014).

Contemporary psychiatry is clearly defined as a branch of modern medicine, it is based on scientific knowledge and modern technology, and it studies, treats and prevents mental disorders. There is a clear distinction between the normal (healthy) and sick, as well as between certain mental disorders. There is no unified mental illness, but a range of different mental disorders. Mental illnesses are not myths or metaphors, but real facts that can be objectified based on diagnostic criteria. Reliable diagnosis and valid classification are important components of modern psychiatry. DSM-IV-TR and ICD-10 with clear phenomenological and theoretical defined criteria significantly contributed to the compliance degree of diagnosis, and therapeutic guides and algorithms of alignment to the treatment of mental disorders. The availability of a relatively large number of effective and safe antipsychotic, antidepressants, anxiolytics, hypnotics and other drugs, as well as other treatment methods significantly increased the success of treatment of mental disorders. And the battle for mental health grows stronger every year (Jakovljević 2008, 2010, 2016)

Although stigmatization of people with mental disorders is still present, in the last decade the attitude towards people with mental disorders significantly changed in a positive direction. A growing number of

people do not have self-stigma or it is minimal, in fact more people are prejudice free and openly seek psychological or psychiatric help. Cooperation of psychiatrists with specialists of other branches and doctors of primary health care (PHC) is improving. With the help of new concepts and trends in modern medicine, PHC doctors are often trained to treat mild and moderate neurotic level mental disorders. They also, as specialists from other medical professions, refer their patients to psychiatric examinations whenever necessary. A growing number of people with mental disorders have positive attitudes and ask for help, as opposed to those who deteriorate without treatment (Babić 2008). Media, particularly the Internet, help people to access information on mental disorders and diseases, as well as methods of treatment and this way become informed and seek adequate medical help.

It is important to note that psychiatry as a profession and science has advanced significantly in the last century, especially in recent decades, and the level of treatment of mental patients is considerably higher. Approach to the treatment of mental patients has been changed, improvement of diagnostic methods, and numerous very effective psychoactive drugs have been synthesized. These apparently positive results gave hope to the mentally ill and their families but also to doctors and other professionals involved in the protection and treatment of people with mental disorders. This is why the World Health Organization named the period from 1990 to 2000 "the decade of brain", and the 21<sup>st</sup> century - "a century of mind". Unfortunately the media reports about this are very rare or even non-existent.

## **MENTAL ILLNESS AND MEDIA - STIGMATIZATION**

The relationship of psychiatry and media is reflected in two opposing but equally valuable human rights: the right to information and right to privacy. In addition, neither psychiatry nor media are regulated only by rights. Together with the aspect of heterogeneous regulation by legal norm, psychiatry and media are regulated by autonomous rules of professional ethics. When will the right to privacy take precedence over the right to information, and when will the interest of the individual be more important than the interest of the public, this always depends on the circumstances of a particular case. The right will determine the conditions that should be taken into account when assessing a specific situation, but the final decision will surely depend on the rules of professional ethics. The right to information is nominated by article 10 of the European Convention on Human Rights and Fundamental Freedoms, and the right to privacy by Article 8. First generation human rights are nominated as civil and political rights (Čizmić 2008).

The media claim right to access medical information based on "the public's right to know". As the

consequences of published information are difficult to predict, prior restraints on freedom of information can be set only when the legislator is absolutely certain that the disclosed information will cause damage. This point of view has imposed itself as a legal standard. In this regard, universally accepted, imposed law restrictions of right to information are those regarding free access to information in order to protect personal rights. The legislator has predicted that mediums for legal protection can be effectively activated before the damage is done, or at the moment of information disclosure, as well as afterwards, with the intention to eliminate any harmful consequences. Same as any other the information of psychiatric content is subjected to the principle of truth, principle of public good, principle of individual autonomy and principle of public interest. These are just some of the principles that the legal regime of freedom to public information should protect. Objectivity of information should comply with the ethical norms of professional communication, in order to convey complete information, as accurate as possible and close to reality without the conveyors subjectivity. (Korni 1999, Radišić 2007)

The media should act as a support system for people. Their function is significant and often referred as threefold: information, education and entertainment (Kunczik 2006).

The issue of lack of communication between the media and psychiatrists, who are most responsible for mental health of their patients, has adverse effects and often contributes to false information of the public about mentally ill people and events associated with them. The media are a key link in informing and sensitizing of patients and recognizing the importance and interdependence of the physical and spiritual state. Mass media's portrayal of mental illness on TV and movies most often supports stigma. This mostly refers to sensational headlines that sell newspapers, where one incident applies to all. Furthermore, the media are the ones who often associate mental health patients with criminal offenses, although it is well known that there is no significant association between the two. However, this fact is ignored, for the sake of financial profit which is based on grandiloquence and sensational headlines (Wahl 1992).

Fortunately, there are indicators that discrimination and stigma of mentally ill patients decreases in certain societies. Tolerance and understanding contribute to this, replacing prejudice and stigma. The good news is that there is a growing number of organized programs against stigma of mental illness all over the world, and they react to stigmatizing and discriminating behaviour. We are all potential murderers. There is equal possibility that a "healthy" person will commit a crime, as well as someone with a mental illness. The number of criminal acts in people with schizophrenia is same as for the general public, and in depressed people the number is lower. Overall, people with mental illnesses are less likely to commit criminal acts. Most often they are

victims rather than its actors of aggressive behaviour. Stigmatization of mental illness is everyone's fault. To a certain extent this is the responsibility of the media, who seek peculiarities and publish them. In European countries there is an agreement between the profession and reporters on how to write about the mentally ill.

Stigma prevents people with mental illness to fight against these attitudes as this could create additional problems for them; it is very rare, at least in Croatian media, to find people who speak openly about their condition, without blurred identity. Therefore, doctors have a moral obligation to create programs that fight against stigma and help people who are ashamed of their disease. No illness, including mental illness, is shameful and our ethical obligation is to work on positive attitudes towards it. It is very important to emphasize that mental illness itself does not determine the character of an individual, and it does not diminish his value. Mental illness does not make the person less confidential, less of a friend, less valuable, honest, sincere, or lack character (Ivezić 2006).

Human rights are extremely important in psychiatry and their violation in fact always leads to psychopathology, therefore psychiatry can significantly contribute to a better understanding of human rights. Violation of basic human rights and the right of life is very often done in the family. Many of our suicidal patients are actually people who at some stage of their lives and upbringing received criticism - "you should be like" or "I wish you were not here" - which is the basis for a suicidal scenario. Also many children are not allowed to speak their mind, so in a way they are prohibited to think, and in some families if a boy cries you can often hear someone saying "only girls cry", which is a prohibition to feel. Therefore psychiatry can contribute to a better understanding of human rights and how their restriction can lead to psychopathology (Jakovljević 2006).

It is important to point out that one of the most influential factors of society on mental health is money. Profession and healthcare have produced numerous therapeutic agents and drugs that can significantly improve the clinical picture and quality of life of the mentally ill, but these medicaments are often very expensive. For example, antipsychotics of the new generation are up to ten times more expensive than conventional ones. Only wealthy countries can afford such treatments, which enables their patients to use these drugs, while same patients in poorer countries have to use conventional antipsychotics. Once again, mentally ill patients stay and receive treatment in poor living conditions (for example in some hospitals psychiatry wards are located in the basement, or in the barracks, and some accommodate up to ten people in one room), besides the severity of mental illness the society dictates the patient's treatment, and therefore challenges the recovery.

Virtually all means of mass communication write negatively about events related to mentally ill patients

and mental illness, and the main reasons are sensationalism and an increase in sales. These negative writings can be divided into several groups:

- A mentally ill person is presented as aggressive and dangerous (... "mental patient attacks", "violent mental patient", "mental patient kills"). But facts show that people without a diagnosis of a mental illness do these things more often than the mentally ill.
- Mentally ill people are placed into a context of criminal behaviour (... "mentally ill smashes", "mentally ill behind bars" etc.), again the facts show that the so-called "healthy" people do these criminal acts more often.
- Sometimes the media relate mental illness with colloquial and pejorative terms (... "the president of the republic is mental patient" ...).
- The media use negative stereotypes to present people with mental illness (... "mentally ill deliberately set fire to their own house", "mentally ill attacks the minister", "mentally ill destroys monuments", "mentally ill patient threatened to slaughter the boy" ...) as if this does not happen and people without a diagnosis of a mental illness do not do these things. The facts show contrary, but it probably wouldn't be interesting to see headlines like: "mentally ill, a family man", "mentally ill receives a PhD at the age of 30", "mentally ill saves child from fire" ...
- Media reports of suicide are always negative and highly inappropriate. Most often, facts like name, age, address, occupation and other generalities are presented without any hesitation and without taking into account the right to privacy of people who committed the suicide or their families and friends. Such media writing is considered stigmatizing for the deceased as well as his family and friends.

Correct information on treatment of mental illness can sensitise the public who can then act towards the improvement of its quality. Probably most of the public is unfamiliar with the fact that in some hospitals mentally ill patients are treated in the basement, elsewhere there are up to ten patients in one room, and that most of our fellow citizens suffering from mental disorders do not have access to high quality and effective but also very expensive drugs. Stigma and self-stigma create a feeling of low self-esteem and fear of rejection, due to which mentally ill people avoid the media and very rarely speak publicly about their illness. Lack of knowledge and understanding of mental illness contributes to stigmatization. Education of patients, their families and journalists is crucial if we want to better understand people with mental illness and reduce stigma.

Although the primary responsibility for improving health-related journalism must lie with journalists, clinicians and researchers can help (Dentzer 2009). Health institutions need to move from reactive to

proactive communication with their public. Proactive communication should be bidirectional (symmetric) in order to satisfy the interests of the patients and the public (Tomić 2009).

In recent years the World Health Organization (WHO) strives to be more active in promoting mental health and fighting against stigma of mentally ill people. Global mental health programs and their vision of helping the world to recognize the importance of mental health and the variety of ways to improve it are of great importance and it is to be hoped that they will bear fruit (Sartorius 2016).

## CONCLUSION

A mentally ill patient is a part of society in which he lives and the society with its (in) human treatment may influence his course and prognosis, exclude him from society, but also enable proper treatment, which will improve the quality of his life. In order to ensure basic human rights for the mentally ill, psychiatry and medicine must develop successful methods against stigma. The relationship of psychiatry with the media and especially the media with psychiatry must be extremely correct and professional, based on facts, and not on the pursuit of media sensationalism. We should fight for journalist reports to maximally respect the legal right to privacy of mentally ill patients. The media can significantly reduce the current level of stigmatization of the mentally ill by adequate and correct reports, and thereby facilitate their role in family and society. This way, by changing our attitudes we help in the treatment of mentally ill people, become more humane and shed away negative attitudes that prevented us from being better and impartial.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

### **Contribution of individual authors:**

Dragan Babić: design of the study, literature searches, writing the manuscript;

Romana Babić: design of the study, participated in literature searches;

Ivan Vasilj: design of the study;

Esmina Avdibegović: design of the study.

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