

Lay public attitudes to psychosis: are doctors doing all they can?

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Despite the availability of effective pharmacotherapies and psychotherapies, only a proportion of patients with psychosis, even in the educated and wealthy West, receive treatment in a timely fashion, or indeed ever. The delay or avoidance in receiving treatment can be attributed partly to patients' and relatives' desire to avoid stigma. Stigma can be defined as either a sense of shame or a generalized expectation of discrimination. Though it can be defined fairly clearly, measuring it precisely and rigorously has proved a much thornier problem for the academic community.

It is very difficult to ascertain with any degree of confidence what the public really think about those suffering from psychosis, because the one great success of anti-stigma campaigns is that at least now, the public knows what they are supposed to say if approached by an opinion pollster. The lay person knows that in these politically correct times they should not exhibit symptoms of stigma, and so they won't, but this means that getting at what they actually believe remains a knotty difficulty for researchers. One solution to the problem has been the widespread use of the concept of social distance, a related construct to "attitude" but a more subtle and therefore perhaps more accurate measure of what the public really think. Social distance is the willingness to engage in relationships of varying intimacy with a person, so this is an indicator of public attitudes toward persons with mental illness. An example of a question which probes social distance could be: "how prepared are you to leave someone now well but with a previous history of psychosis, in charge of your children for a night of babysitting?"

A team of Swiss psychiatrists (Lauber *et al.*, 2004) recently used the social distance technique, with a vignette of schizophrenia, to probe the general public's attitude to

psychosis. The surprising result was that the more educated the member of the public was about mental illness, the more social distance they put between themselves and those with psychosis. This finding is important runs against the central tenet of anti-stigma campaigns, that it is ignorance with drives negative public attitudes, and instead takes us back to the drawing board as to how best to improve the public image of psychosis. However this finding chimes with several comprehensive reviews that summarized collective recent findings that while the public appeared to have become more informed about mental illness, attitudes toward psychotic patients remain negative in a number of countries (Gray, 2002). Jo Phelan (Phelan *et al.*, 1997) of the Columbia University School of Public Health, New York City, has even presented data to the *Annual Meeting of the American Sociological Association* which, along with other research, suggests that negative public attitudes to the mentally ill are actually worse today compared to the 1950's. One theory is this is partly because the modern media's representation of mental illness remains at best medieval. We will take a look at an example of this from modern Britain in a moment. However one methodological problem with surveys like this remains that what people say when asked, may not reflect actual attitudes that drive real behaviour, particularly when you are attempting to probe a taboo area.

The attempt to use behavioural indices as a guide to attitudes in the arena of public attitudes to psychosis is still relatively novel, but one recent attempt comes from Japan where an effort was made to investigate who patients changed their behaviour following the change of name of a hospital department of psychiatry (Hirosawa *et al.*, 2002). On July 1st, 1999, the Juntendo University Hospital changed the department name from "Department of Psychiatry and Neurology" (in Japanese, *Seishin-Shinkeika*) to "Mental Clinic", a change accompanied by an significantly increased number of new outpatients. Questionnaires asking for their opinions about the department names revealed that the majority had feelings of "stigma" associated with the name "Department of Psychiatry and Neurology"? (Hirosawa *et al.*, 2002). These results suggest the importance of the name of the psychiatric

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Declaration of Interest: I have no involvements with any companies or any conflict of interests to declare.

department in general hospitals, in Japan in determining actual behaviour in terms of treatment seeking.

In Japan there is widespread agreement that the label “mentally ill” is more stigmatizing than “somatically ill” and this has led to some practices for minimizing stigma, such as using the term *neurasthenia* (in Japan and China) or *taijin kyofusho* (moderately amplified social anxiety that is frequent in Japan). In Japan, similar practices are found in the use of names for departments of psychiatry. Because many Japanese consider the name “Department of Psychiatry” (in Japanese, *Seishin-ka*) or “Department of Psychiatry and Neurology” (in Japanese, *Seishin-Shinkei-ka*) to have a negative connotation, some psychiatric facilities avoid using the term “Psychiatry” (in Japanese, *Seishin*).

There is an immediate question of course as to whether psychiatric authorities in changing these names in order to bow to the presence of stigma is in a sense playing right into the hands of the negative attitude to psychiatry. Would it not be better to stand and fight to use the terms which are legitimate and abroad in the scientific and professional world?

But the fact that changing the name of a psychiatric facility significantly altered behaviour is a powerful indicator that stigma and negative public attitudes are very much in play even if not frequently directly scientifically measurable. This is good reinforcement in terms of evidence for surveys that have in the past revealed that Japanese use mental health services with considerably more feelings of shame and stigma than did Anglo-Americans (Hirosawa *et al.*, 2002). It has indeed also been observed that many Japanese patients visit a psychiatric department in a general hospital with less reluctance compared to visiting a ‘mental hospital’.

Another clue that academics rarely use when endeavouring to measure public attitudes to psychosis, is to monitor the media that the public consumes, as negative attitudes often promulgated in TV or Radio programmes or in newspapers might not only contribute to stigma but perhaps reflect its preponderance in the public.

One novel German study used the notion of the context in which mental illness words are used even when not directed at psychiatric issues as a clue as to attitudes to psychosis (Finken, 1997). The study arose out of the writings of the polemicist Susan Sontag who had demonstrated in her famous essays *Illness as Metaphor and Aids and its Metaphors* that there is a close link between stigma and metaphoric use of illness. The German psychiatric study found this is underlined by the use of Schizophrenia as a metaphor in German language newspapers. In 40% to 60% of the main German newspapers the term is used as a metaphor. In none of the cases is the connotation positive. It is clear the author concluded that this cannot be without influence to public attitudes on mental illness (Finken, 1997).

This study in a sense revealed the vital coincidence of two issues at the heart of the problem of the stigma of psychosis. The depth of shame surrounding psychosis is so severe that clearly the very language which clinicians employ has been hijacked for use where extreme negativity needs to be invoked. But does that mean that for stigma to be overcome, we as clinicians need to critically examine the very language we use with a view to changing it? After all it means that current anti-stigma drives are trying to alter the very way language is commonly used? Surely a tall order?

The ancient Greeks originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the possessor. The signs were cut or burnt into the body and advertised that the bearer was a blemished person, ritually polluted, to be avoided, especially in public places. So the very word stigma embodies the notion of contamination, and it seems that psychosis is surrounded with such negative connotation that even the medical terminology is fatally contaminated (Link & Phelan, 2001).

A recent famous example of the power and confusion over the use of these words occurred on Tuesday 23rd September 2003 when the British media went out of its way to ensure the ancient Greeks would have felt right at home in 21st Century Britain. They raced to cover the “sensational” story that UK national hero and boxer Frank Bruno had been committed against his will and under a section of the Mental Health Act to a London psychiatric hospital, apparently suffering from psychotic depression.

The Sun newspaper, the nation’s most read daily national newspaper – lead the charge of understanding and compassion with the front page lead headline “Bonkers Bruno Locked Up?”. The *Daily Star* Newspaper fluffed up the ancient Greeks cushions with “Sick Bruno in Siege Drama?”. Following a storm of protest from amongst others, many mental health charities, *The Sun* toned down its headline in later editions that same day to “Sad Bruno in mental home?”. But it was still sobering to mental health professionals that Goodmayes Psychiatric Hospital, the London institution to which Bruno was admitted, should be referred to as a “mental home” after *The Sun* had thought long and hard about trying not to offend. Backpedalling furiously, the next day *The Sun* had joined forces with the mental health charity SANE to launch a campaign to raise money for those suffering from mental health problems. Now a model of political correctness *The Sun* on Wednesday attested to the fact that “Frank Bruno is neither mad, bad or even sad - like many thousands of other Britons recovering in psychiatric units, Frank is simply ill”. By Thursday *Sun* readers were encountering “Boxer’s children praise our fund for mentally ill, here’s how you can support *The Sun*’s campaign to help people suffering mental health problems”.

It could be argued that since the charity SANE

(Schizophrenia a National Emergency) had managed to change The Sun's reporting style, and even got them to help raise funds for mental health, these are all positive signs of progress in the battle with the stigma surrounding psychosis. However, that these deeply hurtful attitudes can be ignited so easily suggests that beneath the everyday surface burn the ever-glowing coals of stigma ready to be fanned into flame by a media eager to pander to the prejudices and fears of their audience.

But perhaps the widest chasm that the Bruno incident illustrates between mental health professionals and the public over attitudes to psychosis, is the central idea that being "sectioned" or committed to hospital, is something awful. There is a sense in which, most psychiatrists would surely argue, this could be construed as a benefit, it meant the patient were finally going to get help. Much worse was the prospect for those whose psychosis problems were undiagnosed or untreated. The key problem is the notion of receiving treatment against one's will or being committed to hospital is alien to the everyday experience of most of the public. This modality of psychiatric treatment therefore merely serves to compound the notion that the psychotic are fundamentally different from the rest of us.

According to Goffman (1967) who pioneered the sociological study of stigma, people designated as 'normals' (those who do not possess a stigmatized attribute) fundamentally believe that the stigmatized are not fully human. 'Normals' then engage in discriminatory activities to act on their beliefs. They construct a belief system that enables them to rationalize that the stigmatized are dangerous. They use words such as 'moron', 'loony' or 'cripple' to reinforce their beliefs that the stigmatized are inferior and to dehumanise them. The key it would seem to combating the negative public perception of psychosis is, it would follow, to emphasise the fundamental humanity of the psychotic and the continuity of their experience with the rest of us. For example, do we all not experience a form of psychotic phenomena on a daily basis, in the form of dreams? This new strategy for tackling public perception might also require consideration be given for a while new language for describing psychotic mental states that serves to break from the stigmatised past, and emphasise continuities in psychosis experience with the everyday.

However this approach leads to conflict over the use of current labels surrounding severe mental illness. There are two standard opposing views on the labelling of mental health problems as mental illness.

From a clinical point of view it is argued that labelling provides orientation for those afflicted and their relatives. The uncertainty and false beliefs will be replaced by a better understanding of the nature of the problem. People will then know better whom to ask for help and which measures to take to overcome the problem.

Sociological role theory points to another positive effect of labelling: if the mental health problem is seen as

an illness, the privileges of the patient role will be granted, and patients will not be held responsible for their illness. All this should result in a more accepting attitude towards those suffering from mental disorder.

By contrast, the labelling approach stresses the negative effects of psychiatric labelling. According to this theory, through labelling the negative stereotype of the mentally ill, which is still prevalent among the general public, will be triggered. This in turn will lead to increased discrimination against those suffering from mental disorder.

This dilemma over labeling is highlighted by what are supposed to be examples of good practice by the lay media when it comes to portrayal of psychosis like the depiction of David Helfgott's life presented in the movie *Shine*. This has been found by academic psychiatrists to be at significant odds with other public accounts, notably one by his sister, Margaret. This then means that such portrayals are so notably a distortion of the truth that they cannot ultimately destigmatise, because they are not fundamentally accurate (Rosen & Walter, 2000) or at least do not reflect what psychiatrists feel needs destigmatising.

The chasm between what sympathetic film-makers may want to show and what is the truth cannot be so large by accident. It seems the very language we use is at fault and prevents communication between the public and profession. As doctors, psychologists and mental health workers we cannot aim to destigmatise public attitudes to psychosis if we cannot agree a way of talking about these problems, that in itself, won't add to the misunderstanding between us and the public.'

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