Is stigma universal?

The stigmatisation of people given a psychiatric diagnosis – especially 'psychosis' and 'schizophrenia' – is recognised as a major problem in Western society. Liz Sayce has pointed out that the notion of stigma is really about societal discrimination; the basis for social exclusion and alienation.[1] But quite apart from the problem of stigma, we know that many service users in the UK experience psychiatry itself as oppressive in many instances. And for black people, racist thinking has become implicit in some diagnostic formulations.

Many years ago, anthropologist Nancy Waxler observed in rural Sri Lankan society that a 'mentally ill' person is not believed to be responsible for the illness. 'His [or her] body or soul may be possessed but his [or her] "self" remains unchanged … There is no stigma attached to mental illness; no one believes that the patient is "different" and should be treated in a new way after his [or her] symptoms have gone.'[2]

But the situation across cultures is not as simple as that. The Western concept of 'madness' diagnosed as a genetically determined 'illness' called 'schizophrenia' (and indeed of mental health problems in general) is spreading across the world. Like Coca-Cola and everything else that is Western, this too is promoted by powerful economic forces. The result is that in many countries outside the West, a variety of attitudes co-exist (and are often held concurrently) towards people suffering from mental health problems.

What happens in today's world seems to be that psychiatric stigma occurs whenever the (Western) medical view dominates as an explanation for mental health problems. And when this happens, people seen as affected by 'mental illness' tend to suffer social exclusion, alienation and negative labeling. At a recent conference, researchers from South India stated that anti-stigma campaigns may be required in Indian cities where Western approaches to 'mental illness' prevail but are not necessary in rural India, where mental health problems are not stigmatised. What is unfortunate is that help for people with mental health problems is usually funded by systems of care that promote the Western 'illness' concept. So, in effect, getting affordable therapy for mental health problems is a double-edged sword: good in that help is available but bad in that it promotes stigma.

So what can we learn from this? It seems to me that Western society is changing in such a way as to promote not retard oppression through psychiatry. These changes predicate a tendency to see the human condition in biological terms: the quick fix and the need to blame someone when there is any misfortune. All this gets reflected in the psychiatric field by a strengthening of categorisation and the belief that 'mental illness' is largely a matter of what one inherits. In my view, as society continues to change and other 'out' groups such as Muslims are felt to need control and exclusion, psychiatry will collude, diagnose and stigmatise. Racism and psychiatric diagnoses carrying stigma will blend together to oppress black people. And mental health professionals are caught up in all this, the trouble being systemic and institutional.

Cross-cultural observations on stigma taken in conjunction with the experience of black people in Western societies suggest that psychiatric stigma, diagnosis of schizophrenia (or psychosis) and racist practice are all integrated and held together by power structures concerned with control and institutionalised in legislation. Today we are faced with a new Mental Health Bill that places 'substantial risk to others' (i.e. dangerousness) as the main determinant of whether a person is 'mentally disordered', sectionable and requiring enforced treatment. If this becomes law, psychiatric practice will be driven even further along the road of stigmatisation and we will all suffer, not just black people.

I believe that psychiatric stigma cannot be eradicated in our society without at the same time dealing with racism and changing the face of psychiatry. But all is not lost. There are movements even within psychiatry that see the problem for what it is. One is the critical psychiatry movement; another the world of cultural psychiatry. But these are politically weak and if the draft Mental Health Bill becomes law they are likely to be weakened even further. It behoves all professionals to support these movements from within their professions. But for all of us, we need to lobby for changes in the mental health systems we now have, and most of all to pressurise governments to promote such changes with legislation that protects people with mental health problems rather than makes things worse.

1. Sayce, L. (2000) *From Psychiatric Patient to Citizen*, London: Macmillan.
2. Waxler, N. (1974) 'Culture and mental illness', *Journal of Nervous and Mental Illness* 159(6): 379–95.