At Issue:
Stop the Stigma: Call Mental Illness a Brain Disease

by Patrick W. Corrigan and Amy C. Watson

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Abstract

Educating the public that mental illness is a brain disease is a popular strategy for combating mental illness stigma. Evidence suggests that while such an approach reduces blame for mental illness, it may unintentionally exacerbate other components of stigma, particularly the benevolence and dangerousness stigmas. Conversely, psychosocial explanations have proven promising, yet they ignore the growing evidence regarding genetic and biological factors. We propose a balanced approach that combats the various myths about mental illness with factual information.

Keywords: Stigma, brain disease, mental illness.


During the past decade, several groups have become concerned about the harmful effects of stigma on people with mental illness. In an effort to change public attitudes, some advocates have called for equating mental illness stigma. Evidence suggests that while such an approach reduces blame for mental illness, it may unintentionally exacerbate other components of stigma, particularly the benevolence and dangerousness stigmas. Conversely, psychosocial explanations have proven promising, yet they ignore the growing evidence regarding genetic and biological factors. We propose a balanced approach that combats the various myths about mental illness with factual information.

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different from other people, less competent, and less acceptable as friends. This suggests that the public also needs to be educated that people with mental illness recover. Whether recovery from mental illness is viewed as a naturally occurring phenomenon (Harding and Zahniser 1994), the result of competent treatment (Liberman and Kopelowicz, in press), or a psychological process (Ralph 2000), the public needs to be taught that mental illness is a chronic disease from which people can recover—a disease not unlike diabetes.

Biological explanations may also imply that people with mental illness are fundamentally different or less human. Research has shown, for example, that disease explanations for mental illness reduced blame but provoked harsher behavior toward an individual with mental illness (Mehta and Farina 1997). The studies suggest that this harsher behavior may have been the result of seeing the person with mental illness as physically distinct—almost as a different species. Phelan (2002) reminds us that in the not-so-distant past, biological and genetic explanations for stigmatized conditions were linked to a range of harsh policies, including marriage restrictions, sterilization, and even extermination.

The biological explanation may also exacerbate yet another key stereotype of mental illness, the belief that people with mental illness are dangerous. Many researchers believe that the stereotype that people with mental illness are violent ranks among the most prejudicial and discriminating of attitudes (Phelan et al. 2000). Unfortunately, there is evidence that biological arguments may actually strengthen dangerousness stereotypes, suggesting that people with mental illness have no control over their behavior and therefore are unpredictable and violent (Read and Law 1999).

In contrast to biological arguments, psychosocial explanations of mental illness have been found to effectively improve images of people with mental illness and reduce fear (Morrison et al. 1979; Morrison and Teta 1979, 1980; Morrison 1980; Read and Law 1999). Instead of arguing that mental illness is like any other medical illness, psychosocial explanations of mental illness focus on environmental stressors and trauma as causal factors. These may include childhood abuse, poverty, and job stress. The idea is to reframe psychiatric symptoms as understandable reactions to life events (Read and Law 1999).

Does this mean we should abandon the “brain disease” explanation of mental illness? As scientists compile more and more evidence of the genetic and biological components of many mental illnesses, it would be unethical to exclude this information from educational programs (Phelan 2002). In addition, reducing blame is an important goal of any antistigma campaign, particularly if we are interested in increasing the public’s willingness to allocate resources for mental health treatment (Watson and Corrigan, in press). Hence, challenging the stigma of mental illness is going to require a multidimensional approach, providing the public with facts that challenge the variety of myths that maintain mental illness stigma. Such an approach would address the contributions of both biological and psychosocial factors, the effectiveness of mental health treatment, and accurate information about violence and mental illness. Combining education with contact with a person with mental illness can enhance the effect of an intervention (Corrigan et al. 2002), perhaps by diminishing the perception of “otherness.” Challenging the stigma of mental illness is an essential item on the public health agenda. However, just as other public health concerns need to be informed by data, so efforts to build antistigma programs need to be evaluated empirically.

References


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