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Stigmatization Model: Strategies for Changing Stigma on Mental Disorders in the Community

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Abstract: *One of the important problems faced by people with mental disorders today is when they have to deal with people in their social environment. The stereotypes attached to people with mental disorders lead to discrimination from the social environment they occupy. Many of them get unfair treatment, are exiled, shunned, rejected, and often accused of guilty of a crime. They are not treated as they should because of the stigma attached by the people around them. This article examines the process of stigma formation, the effects, the model of stigma formation, and how effective strategies must be applied to change stigma based on literature studies from a socio-cognitive and behavioral perspective. The study in this article includes: a) what is a stigma, b) what are the effects caused by people affected by this stigma, c) various models that explain the formation of stigma, d) strategies in developing programs that can change the stigma and the goals of this program to run effectively. There are three models of the formation of stigma, namely individual cognitive, motivational, and institutional/structural. Stigma change strategies can be done in four ways: education, contact, protest, and interactive media. As well as for this program to be successful and run effectively, the target of the program must be specific to the group affected by stigma.*

Keywords: stigma; mental disorders, strategies, social

Introduction

Psychological problems are topics that are still quite rarely discussed in society in general. Many people still lack understanding when confronted with questions relating to psychological matters to themselves. Many of them think this is innate, where they feel that they are now what they are, there are others who think that they are like this because the process of learning from experience throughout their lives, and some also consider themselves at this time is the result of the upbringing and care of parents (Wong, Arat, Ambrose, Qiuyuan, & Borschel, 2019).

These things that ultimately make people feel that they are fine, maybe when they function like normal humans, giving a positive effect on themselves and the environment, then this is not a problem. But it becomes a problem when they turn out to have a bad effect on the environment or have bad habits that ultimately harm themselves; this is where understanding about psychological conditions should be given so that people understand the conditions that exist within themselves (Gulliver, Farrer, Bennett, & Griffiths, 2017).

But there are people who already feel that there is something wrong with them, feel something is disturbing their thoughts, feelings, behavior and other things that are directly felt by themselves so that it interferes with their daily activities, work, and social relationships. At a time like this many of them do not know where to look for answers to the unrest they are experiencing, some people assume that this is just a matter of life that will resolve itself, but what when it turns out to continue for years during the life phase (Waldmann, Staiger, Oexle, & Rüsch, 2019).

Some people already understand where to go, understand who should seek help from whom, it's just that they are reluctant to seek professional help to overcome their psychological problems, but are reluctant because of the stigma attached to people who seek professional help in psychiatry. This stigma can occur because of their negative self-assessment of the experiences they have experienced and is formed by social influences that are generally inherent in people who have psychological disorders (Rafal, Gatto, & DeBate, 2018).

Language stigma means a negative trait attached to an individual because of the influence of the social and cultural environment. The influence of the environment that gives this negative characteristic results in the formation of two levels of stigma, namely public stigma and self-stigma. Public stigma is a phenomenon that occurs in the broad scope of social groups, which gives stereotypes to individuals with psychological disorders and be resistant to individuals or groups who have this negative characteristic. Self-stigma is the loss of self-confidence and self-efficacy that arises when these individuals internalize the public stigma (Corrigan, Kerr, & Knudsen, 2005).

What then becomes the problem of this stigma is when this stigma begins to be given to people who do not even have psychological disorders but only problems, this will increasingly make people reluctant to solve their problems for fear of being subjected to this stigma. It can have serious consequences because when someone gets this stigma, it will have an impact on their lives, such as they do not get opportunities for work and career which will prevent someone from achieving their life goals (Anglin, Alberti, Link, &

Phelan, 2008; Chadda, Agarwal, Singh, & Raheja, 2001).

Three paradigms have been identified to explain the conditions that shape stigma: sociocultural perspectives (i.e. stigma develops due to social injustice), motivational bias (stigma is formed to meet basic psychological needs), and social-cognitive theory (stigma is the result of processing human knowledge) (Corrigan, 1998; Crocker & Lutsky, 1986). The most effective paradigm in shaping stigma perhaps is this social-cognitive theory, because this theory uses the most extensive theoretical basis, a rigorous research methodology, and is tested using an empirical intervention approach to understanding and changing stigma at all social levels (Augoustinos, Ahrens, & Innes, 1994; Hilton & Hippel, 1996; Judd & Park, 1993; Krueger, 1996). The social-cognitive paradigm explains the process of stigma, starting from discriminatory stimuli -> cognitive mediators -> behavioral responses.
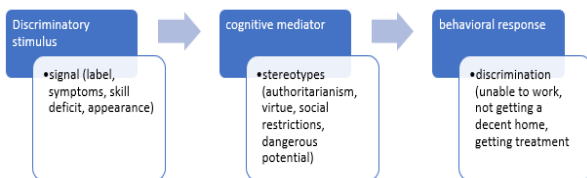

Figure 1. Stigma Shaping Process

Figure 1 explains that stigma is formed because of the visible signal and can be captured by the senses from the social environment (Goffman, 1963). Four types of signals will eventually form a stigma, namely labels, psychiatric symptoms, deficits in social abilities, and physical appearance (Penn & Martin, 1998).

The next is a stereotype. Stereotype means giving meaning to the signal that appeared earlier. The results from other literature identify three common mistakes in interpreting psychological disorders to form stereotypes: a person with a psychological disorder is a maniac who likes to kill others so feared; they have childlike perceptions; or they are rebels, free spirits. The findings in this qualitative study are supported by the results of factor analysis (Hyler, Gabbard, & Schneider, 2014; Wahl, 1997).

The result of this stereotype is discriminatory behavior carried out by the wider community in people with mental disorders such as people who are labeled as having psychological disorders are rarely accepted when applying for a job; they can not apply for a loan to buy an apartment and they are often accused of guilty of a crime. Because things like this need to be changed, then we need to give understanding to the wider community about what psychological disorders are, as well as how to respond and where they should go to seek help to overcome the problems they experience (Bordieri & Drehmer, 1986; Farina & Felner, 1973; Link, 1982, 1987; Page, 1977, 1993; Sosowsky, 1980; Steadman, 1981).

Stigmatization Model of Mental Disorders

From the results of previous studies (Corrigan, Markowitz, & Watson, 2004), in general, models that can explain the phenomenon of stigmatization in people with mental disorders are divided into three groups: first, stigmatization can occur because naturally born of cognitive structures that are formed in individuals; second, explain why people stigmatize, which is called the motivational model; third, social experiences that underlie stigmatization and discriminatory behavior in social structures or also called structural models. These three models will be explained as follows.

Individual Cognitive Model

Cognitive psychology theory explains how humans to understand the world around them is by capturing stimulus in the form of information obtained with existing senses, which are then processed cognitively to form cognitive structures in individuals. For example, the social cognitive model explains how information processing related to stigma is formed and maintained psychologically. The three main components that make up this model are discrimination, stereotype, prejudice (Augoustinos et al., 1994; Hilton & Hippel, 1996; Judd & Park, 1993; Krueger, 1996).

Stereotypes can be interpreted as categorizing information that is relevant to a social group. Stereotypes also represent a collective agreement on conjecture or thought towards a group of people. This is what explains why when someone is dealing with a social group, they will form an impression and expectation in accordance with the stereotypes attached to the group (Sherman, 1996). Furthermore, these stereotypes give rise to negative reactions such as assuming that all people who experience mental disorders are people who are dangerous, frightening, evil, etc., then this is what is called prejudice (Hilton & Hippel, 1996; Krueger, 1996). This prejudice will then potentially lead to discriminatory behavior towards people who have mental disorders (Link, Cullen, Frank, & Wozniak, 1987).

Motivational Model

In a simple, motivational model explains three main reasons why individuals stigmatize, namely: justification based on ego, justification based on the group, and justification based on the system (Jost & Banaji, 1994). There is not much literature evidence that explains or supports ego-based justification in explaining stigma. However, there is research that explains, maybe the function of stigma is to avoid potential harm to oneself either physically or psychologically socially acceptable or based on a negative rationalization of a social group's attitude (Major & O'Brien, 2005).

Justification based on group explains that stigmatization aims to protect people who are in a group from other people who come from outside the group who are considered to be able to disrupt the

effective function within the group. It also serves to protect the group from contamination, increase the value of group cohesion, and help avoid negative social relationships and can harm members in the group (Cottrell & Neuberg, 2005; Kurzban & Leary, 2001).

The broader forms of justification, even outside of individual and group forms, are known as system justifications, where they argue that stereotypes and prejudices can develop and form a system. When an event results in a specific social relationship, whether due to historical events, biological derivatives, public policies, or individual intentions, the agreement resulting from that event will give birth to a system that will then be used as a basis for justification. For example, when negative stereotypes attached to people with mental disorders then produce a form of discrimination that causes them to be locked up in an institution, then this is then used as the basis for justification for stigmatization (Jost & Banaji, 1994).

Institutional and Structural Model

Understanding the phenomenon of stigmatization that is happening right now, it is not enough to only look at it from the cognitive and motivational individual. Because if explored deeper, stigma and discrimination also occur in a broader scope as in the scope of history, politics, and economics. This is what then underlies the institutional and structural models. The meaning of the institutional and structural model is discrimination in the form of rules, policies, and procedures, both at the government or private level, which uses its position and power to deliberately limit the rights and opportunities for people affected by prejudice with negative stereotypes. However, this can happen not in the form of the institution as a whole, but only from a certain group of people who are in the institution (Corrigan et al., 2004).

So, institutional discrimination is an effort made in a real and clear way to distinguish the rights and opportunities of each group, especially those affected by stigmatization, while structural discrimination is more to the effects caused. In general, structural discrimination is divided into two types, intentional and unintentional. An example of intentional structural discrimination is making rules that limit the rights and opportunities for certain people who have negative stereotypes (people without tattoos may be a civil servant), while examples of unintentional structural discrimination are rules made to limit the rights and opportunities for groups of people due to certain situations, for example, an insurance company imposes a higher insurance premium on people from certain regions because the area they live in is an area prone to crime.

Strategies in Changing Stigma

Based on the available literature, there are three approaches carried out as a strategy to change the stigma of people with mental disorders, namely, education (which tries to change the myth about psychological disorders with a more accurate conception), contact (which tests people's behavior in people with psychological disorders. through direct interaction with sufferers of the disorder), and protests (which seek to reduce stigmatizing behavior in psychological disorders) (Corrigan et al., 2001).

Education

Some research states that providing education to the general public about mental disorders can change the stigma of people with mental disorders, so people who already know what mental disorders are usually more fair in treating patients and understand how to deal with it (Brockington et al., 1993; Link, 1987; Roman & Floyd, 1981). The process of approaching through education aims to change the wrong perceptions about people with mental disorders and how they should treat them, and this approach also provides factual information about the concept of mental disorders and changes the stereotypes attached to people with mental disorders. This education can also be done through a variety of media such as books, leaflets, films, videos, and various other audio-visual media that can target the above objectives (Pate, 1995). Providing education through short-term class programs can also significantly reduce stigma even though it only has short-term effects (Penn et al., 1994; Penn, Kommana, Mansfield, & Link, 1999).

Contact

The second strategy to reduce stigmatization is contact. The contact referred to here is interpersonal contact made between groups that want to change stigmatization with groups of people with mental disorders. This strategy is considered as the strategy that has the most significant and most promising impact on changing the stigma of both the sufferer and the stigmatization given by the general public (Tropp & Pettigrew, 2005). One example is providing information through group discussions that involve people with mental illnesses or former sufferers who have improved, and then these sufferers are asked to tell about the experiences they feel and their daily lives (Corrigan et al., 2001; Corrigan & Watson, 2002).

Protest

The third strategy is a protest. This strategy aims to present various forms of stigmatization that have been happening in the community, such as the forms of discriminatory behavior that are given and any stereotypes attached to people with mental disorders, then oppose any of these discriminatory and stereotypical behaviors with more appropriate with morals. Sometimes this strategy, if done properly, can provide significant stigmatization changes, but it also does not rule out the results that appear instead even further exacerbate the existing stigmatization, which means the effects of this strategy tend to be only short term (Macrae, Bodenhausen, Milne, & Jetten, 1994).

Interactive Media

Another strategy that was also developed to create antistigma or destigmatization programs in the general

public is through interactive media such as blogs. There is a literature that compares the relationship between human-human and human-human interaction messages that play an important role in reducing stigmatization in people with mental disorders. This study also found that traits found in individuals (such as self-construal) can also be useful to stigmatize themselves for people with mental disorders (Song, Lim, & Chung, 2011). In this study, participants were sent a link to one of the online conditions of the experiment; participants then filled out a questionnaire to measure their self-construal level, and then they are included in experimental sites in the form of websites or organizational blogs. The content in both sites is identical, but in organizational blogs also include comments from visitors and replies from bloggers (human-human interaction), while websites do not (human-message interaction). After reading content from websites and blogs, participants were asked a number of questions to find out their feelings for people with psychological disorders and their level of stigma.

Determine the Target Group for Stigma Change

When planning an anti-gender program or a change in stigma, it will be more effective if the target is specific to be better targeted and increase the likelihood of success. Some literature divides antistigma targets into policymakers, employment providers, health service providers, housing providers, criminal justice professionals, and the media. The reason why employment and housing providers were chosen is that these two groups can limit opportunities to groups affected by stigma to get decent jobs and housing. Likewise, with health service providers, it is difficult for people who are discriminated against by the stigma to get the health services they are supposed to get as well as the reason why this group is the target of antistigma programs. Criminal justice professionals are targets of antistigma because often, workers in this field also discriminate against people who are considered to have mental disorders as a source of threat to other groups of people. Policymakers are also expected to be free from stigma so that no more rules are made to discriminate against certain groups who are also affected by stigma. And the media is also targeted as an antistigma program to be able to advertise and spread true information about mental health (Corrigan, 2011; Coyle, Lowry, & Saunders, 2017).

Conclusion

This paper aims to explain what is stigma and how it is formed. The stigma models were discussed in various existing literature, as well as how the right strategy to change the stigma of people with mental disorders so that they are free from discrimination and get the rights and opportunities equal to other people. From the discussion, it can be concluded that stigma is formed in three models, namely individual cognitive, motivational, and institutional/structural models.

Stigma change strategy can be done in four ways, namely education, contact, protest, and interactive media. As well as for this program to be successful and run effectively, the target of the program must be specific in that it is directly related to the groups affected by stigma.

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