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Origins and Perpetuation of Stigma Against Mental Illness

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Abstract

This study aimed to explore societal expectations about mental illness, where mental illness stigma originates, and how mental illness stigma is perpetuated in society. Mental illness-related stigma can decrease the self-esteem and self-efficacy of people struggling with mental illness, and can also reinforce barriers to seeking treatment for mental illness. Abundant research on the effects of stigma against mental illness exists, but there is little research on the origins of mental illness stigma and how this stigma is maintained in society. The current research addresses this gap in the literature. Participants included 77 women who completed an online survey where they provided their opinion about mental illness. Thematic analysis was used to evaluate participant's answers to three main questions regarding: 1) participants' personal definition of mental illness, 2) where they first learned of mental illness, and 3) what they believe influenced their perspectives about mental illness. Discussion focuses on how the results can be applied in medical practice, education, future research, and advocacy.

Keywords: Mental illness, stigma, treatment, prejudice, stereotypes, thematic analysis

Significance of the Scholarship to the Public: Current literature shows that stigma negatively affects people struggling with mental illness. This study contributes information regarding opinions about mental illness, origins of those opinions, and how people are influenced with regard to mental illness.

Origins and Perpetuation of Stigma Against Mental Illness

The purpose of this paper is to identify the origins of attitudes and beliefs about mental health and how those opinions, negative or positive, are influenced and preserved in society. This paper seeks to identify how people perceive mental illness, where they gather their beliefs from, and what influences their beliefs. Mental health can be a difficult topic to discuss because of societal stigma. Mental illness is often ignored and not considered a legitimate health issue (Melnyk et al., 2015). However, mental disorders are more prevalent today than ever before. According to the National Institute of Mental Health (NIMH), "Nearly one in five U.S. adults live with a mental illness (51.5 million in 2019)" (2021, p. 1). Since mental disorders are not always visible to the outside world, it is easy to dismiss them and move on to more visible health concerns. According to the American Psychiatric Association (APA), more than half of people who struggle with mental illness never seek treatment for their illness (2020). However, mental illness, if left untreated, can worsen and significantly interfere with daily functioning. Research on the origins of attitudes associated with mental illness can provide information on how to combat mental illness stigma and encourage people to seek treatment for their mental health. Additionally, knowing what influences society's opinions about mental health allows more opportunity to take advantage of the best methods of communicating information about mental illness.

Prevalence

Mental illness is extremely prevalent in today's society. With an increase in stress related to school, work, relationships, and finances, there is also an increase in mental disorders that can take a toll on a person's daily life. According to the Center for Disease Control and Prevention (CDC), 56.8 million people received a diagnosis from a physician for a mental, behavioral, or

neurodevelopmental disorder in 2016, and 4.6 million people visited a hospital emergency room (ER) with some form of a mental illness diagnosis (2021). To understand mental illness prevalence, it is important to understand the distinction between any mental illness (AMI) and serious mental illness (SMI). The National Institute of Mental Health (2021) defines any mental illness as, "A mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment, to mild, moderate, and even severe impairment (p. 1)." The NIMH defines serious mental illness as, "A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities (2021, p. 1)." In 2019, the NIMH estimated that 20.6% of American adults 18 years or older suffer from AMI, and 5.2% of American adults suffer from SMI. For both AMI and SMI, the prevalence was higher among women than men. Additionally, young adults ages 18-25 years old had the highest prevalence of AMI and SMI compared to any other age group (National Institute on Mental Health, 2021). These findings suggest that 18-25-year-old women have the highest prevalence of mental disorders, and therefore the highest risk for mental health-related stigmas. Subsequently, it is important to understand the attitudes and beliefs that this specific demographic group has toward mental illness, and how their beliefs are influenced and perpetuated.

There is a disparity in the prevalence of mental illness in racial and ethnic groups. Racial and ethnic minorities are underserved in United States healthcare (Primm et al., 2010). Subsequently, racial and ethnic minorities are underserved for mental health purposes, which creates a disparity in the prevalence of mental illness in racial minorities. Primm et al. suggests that the prevalence of any psychiatric disorder is higher for American Indian tribes (50% - 54% for men, 41% - 46% for women) than among the overall United States population (44% for men,

38% for women) (Primm et al., 2010). In addition to the disparity of prevalence for minority groups, racial and ethnic minorities also do not perceive as much of a need for mental health treatment when compared to White people (Breslau et al., 2017). This adds to the disparity in mental health prevalence and perpetuates stigma directed toward minority groups.

Stigma Against Mental Health

There are a multitude of stigmas, defined as, "A mark of disgrace associated with a particular circumstance, quality, or person" (Murray, 2011, p. 1,887) associated with mental illness that are rarely talked about. Due to the fear of being treated differently or discriminated against, mental illness is difficult to talk about, especially for people who suffer with mental illness (BBC, 2018). A person struggling with mental illness may be viewed as weak or fragile, which can put that person in a difficult situation when it comes to functioning normally in society. People that do not experience mental illness have a hard time understanding how a person struggling with depression cannot seem to get out of bed in the morning, or how a person with anxiety cannot shake chronic feelings of dread. It is important for people to understand that just because mental illness is not always visible or tangible, it is still an issue that affects people's daily lives. Research indicates that stigma often results in defining a person based on one single quality, and devalues the person as a result (Dinos et al., 2018). Dinos et al. (2018) found that people suffering from depression, anxiety, and personality disorders were more affected by stigma even if they had not experienced any overt discrimination. Finally, Dinos and colleagues (2018) concluded that stigmas present in society can have tremendous influence on whether or not people struggling with mental health issues will seek treatment and/or adhere to treatment, and how people with mental disorders function in the world (Dinos et al., 2018). This finding is significant when it comes to how society decides to combat mental illness stigma.

With the increasing prevalence of mental disorders, reducing negative attitudes toward mental illness is crucial to increasing positive outcomes from treatment.

The American Psychiatric Association claims that stigma against mental illness often stem from a lack of understanding or fear. “Inaccurate or misleading media representations of mental illness contribute to both of those factors” (American Psychiatric Association, 2020, p. 1). The APA also iterates that stigma surrounding mental illness can affect various racial and ethnic minority groups differently. For example, some Asian cultures may frown upon seeking help for mental illness because it would be shameful to the strong and unemotional cultural aspect of some Asian communities (American Psychiatric Association, 2020). Mental illness stigma can also be tied to the geographic area where one lives. According to the CDC, people who live in less urbanized areas are less likely to seek treatment for mental health issues (2021).

Stigma can present itself in many ways. The most obvious way is public stigma, which is the way society in general views people with mental illness. However, stigma can also exist in the form of self-stigma. Self-stigma is the idea that a person suffering from a mental illness stigmatizes themselves based on the way they think society sees them (Corrigan et al., 2006). Self-stigma can cause severe turmoil for a person suffering from any mental illness. Corrigan et al. claims, “Personal reactions to the stigma of mental illness may result in significant loss in self-esteem for some” (2006, p. 1). Further, Corrigan et al. (2006) claims that persons with mental illness tend to assume stigmas exist in society and experience diminished confidence as a result. Self-stigma, along with public stigma and institutional stigma, create a negative atmosphere for people suffering with mental illness and prevent them from realizing their full self-confidence.

While stigma can have a detrimental effect on the self-esteem and self-efficacy of people with mental disorders, stigma can also have a damaging effect on a person's mental and physical health (American Psychiatric Association, 2020). Research shows that people dealing with mental health issues fear being stigmatized in a healthcare setting, and therefore are less likely to seek treatment for a mental disorder or a physical ailment (Henderson et al., 2014). This leads to health disparities for people struggling with mental disorders. Hatzenbuehler et al. claims, "Stigma should be considered alongside other major organizing concepts for research on social determinants of health" (2013, p. 1).

Intervention

Due to the stigma against mental illness that exists in society and promotes negative outcomes for people struggling with mental illness, intervention to reduce societal stigma is necessary. According to Thornicroft et al., "Stigma and discrimination in relation to mental illnesses have been described as having worse consequences than the conditions themselves" (2015, p. 1). Negative attitudes and beliefs about mental disorders lead to decreased self-confidence, health disparities in racial and ethnic minorities, and decrease the chances of people seeking treatment for mental and physical health problems. Thornicroft et al. (2015) found that a social contract is the most effective type of intervention to improve stigma-related knowledge and attitudes in the short term. Social contract is defined as, "An implicit agreement among the members of a society to cooperate for social benefits" (Murray, 2011, p. 1,537). However, more research is needed to determine the best intervention method for long-term reduction of stigma against mental health and how best to implement these strategies. This paper seeks to determine society's general beliefs about and attitudes toward mental illness and the factors that influence society's perception of mental illness. This research will provide a better understanding of the

influences people encounter that inform certain attitudes about mental illness, which will allow for rectification and refining of intervention strategies.

Statement of the Problem

The growth in mental-health related stigma requires a need for increased methods to reduce stigma and help increase self-efficacy of people struggling with mental illness (Dinos et al., 2018). Increasing self-confidence in people struggling with mental illness results in more people seeking treatment for their illness, and subsequently reduces the prevalence of mental illness in society (Druss et al., 2014). Current literature addresses the detrimental effects of societal stigmas against mental health, but there is a lack of literature that addresses where these stigmas originate and what specific aspects of society perpetuates these stigmas. Additionally, there is an abundance of research on therapies and medications to treat mental health issues, but a lack of research on the ways people perceive mental health. The way society perceives mental health, in addition to the origins and perpetuation of these beliefs, is important because it can affect the willingness of a person to seek treatment for a mental illness (Druss et al., 2014). The current research addresses these gaps in the literature. The research question guiding the current study was: *What are the main origins of negative stigmas against people with mental illness, and how are these stigmas perpetuated in society?*

Thematic analysis (Braun & Clarke, 2006; 2013) was used to qualitatively evaluate the most common beliefs, means of learning, and influences about mental illness. These results will allow scholars to formulate methods to combat negative beliefs about mental illness by relating to common societal viewpoints and manipulating the most common means of influence. We (the authors) believe that the formulation of methods to reduce mental illness stigma is important not

only for the well-being of those struggling with any mental illness, but also for the overall well-being of society.

Method

This study sought to explore opinions on the origins and perpetuation of mental health perspectives in society. The current study used an online survey to explore perspectives about mental health and how these opinions are preserved in society. Thematic analysis (Braun & Clarke, 2006; 2013) was used to analyze participants responses and determine the patterns and themes that participants reported in their survey answers. This study was approved by the institutional review board (IRB) at the University of Tennessee, Knoxville.

Participants

Participants of this study (*N = 77)* were adults over the age of 18 who were living in the United States at the time of the study. Participants ranged in age from 18 to 54 (*M = 21.97, SD = 4.18*). Participants represented 8 different states, mainly in the eastern part of the United States. The sample had limited racial and ethnic diversity where 83.1% (*n* = 64) of participants identified as White, 5.2% (*n* = 4) identified as Biracial/Multiracial, 3.9% (*n* = 3) identified as Asian/Asian American, 2.6% (*n* = 2) identified as Black/African American, 2.6% (*n* = 2) identified as Hispanic/Latino, 1.3% (*n* = 1) identified as American Indian/Alaska Native, and 1.3% (*n* = 1) identified as White Hispanic. All participants (*n* = 77) identified as cisgender women. The sample was very educated, with 46.8% (*n* = 36) having some college, 27.3% (*n* = 21) having a BA/BS/BFA degree, 10.4% (*n* = 8) having some graduate training, 9.1% (*n* = 7) having an Associate's degree, 2.6% (*n* = 2) having a Master's degree, 1.3% (*n* = 1) having a high school degree/GED, 1.3% (*n* = 1) having a Doctorate degree, and 1.3% (*n* = 1) currently attending a doctoral program. Lastly, a little over half of the participants (50.6%, *n* = 39)

identified as middle class, upper middle class (16.9%, *n* = 13), lower middle class (14.3%, *n* = 11), working class (11.7%, *n* = 9), upper class (2.6%, *n* = 2), while 2.6% (*n* = 2) didn't know their social class and 1.3% (*n* = 1) did not answer the question. Participants identified their sexual orientation as heterosexual (89.6%, *n* = 69), bisexual (7.8%, *n* = 6), pansexual (1.3%, *n* = 1), and queer (1.3%, *n* = 1).

Recruitment announcements were made on social media sites. Recruitment announcements were also posted to class discussion boards of the principal investigator. Participants were mostly recruited through Facebook (93.50%, *n* = 72), e-mail (2.6%, *n* = 2), message boards (1.3%, *n* = 1), a friend (1.3%, *n* = 1), and one participant (1.3%) did not respond to the question.

Procedure

Participants first responded to an informed consent statement where they agreed to participate in the study. Then participants were prompted to answer demographic questions about their age, race, sexual orientation, gender identity, social class, and educational history. Participants then completed a combination of closed and open-ended questions regarding their perspectives about mental health. Thematic analysis (Braun & Clarke, 2006; 2013) was used to analyze three open-ended questions from the survey. These prompts were: 1) *"What is your definition of mental illness?;* 2) *"Please describe the first time you learned about mental illness";* and 3) *"What influences your perspectives about people with mental illness?"* The authors conceptualized origins and perpetuations of mental illness perspectives as personal definitions of mental illness, first learning of mental illness (origins) and influences about mental illness (perpetuations).

Data Analysis

Thematic analysis (Braun & Clarke, 2006; 2013) was used to investigate participants' perceptions about mental health and how those ideas about mental health are preserved in society. Thematic analysis was done by the authors individually coding data by reading through participant responses. These codes were then grouped by similar ideas to create theme categories. The authors compared codes and agreed on theme categories. Each participant response was then coded into a theme category separately by each author, and then the authors compared code sets and agreed on discrepancies. All discrepancies were addressed so that both authors came to consensus about the final thematic structure.

Results

Participants portrayed a variety of perspectives in their responses regarding mental health definitions, origins, and influences. For the first question, *"What is your definition of mental illness?",* participants' responses covered a broad range of potential definitions for mental illness. Participants cited multiple different factors that could define mental health, including the brain, the environment, emotions or thoughts, and hardships or struggles. Eight individual themes were identified including: 1) Difficulties with emotions, thoughts, and behaviors; 2) Biological/ brain issues; 3) Interferes with daily life and living one's best life; 4) Invisible struggles; 5) Abnormal mental state/ disease; 6) Damaging thoughts/ harmful thoughts; 7) Struggles with clear perspectives/ lacking reality/ skewed perceptions; and, 8) Combination of brain and environment.

Difficulties with Emotions, Thoughts, and Behaviors

Over one third of the sample suggested that the definition of mental illness involves difficulties with emotions, thoughts, and behaviors. This theme was endorsed by 38.96% (n = 30) of the sample. One participant exemplified this definition of mental illness when she said,

"Health conditions that involve changes in emotion, thinking, and behavior (can be a combination)" (23-year-old Biracial/Multiracial, heterosexual, cisgender woman). Another participant said mental illness can be defined as, *"Emotional disorders based upon neurological processes"* (21-year-old, White, heterosexual, cisgender woman). Overall, participant responses that fell into this theme defined mental illness as a condition that affects emotions, thoughts, and behaviors.

Biological/ Brain Issues

Participants recognized biological/ brain issues as a potential definition of mental illness. This theme was endorsed by 36.36% (n = 28) of the sample. One participant claimed mental illness is, *"An invisible illness that affects how the brain functions"* (21-year-old, White, heterosexual, cisgender woman). Similarly, another participant said mental illness is, *"A chemical imbalance or learned thinking that causes a person to behave or think in a way that is harmful to them or others"* (20-year-old, White, bisexual, cisgender woman). Participant answers corresponding to this theme mainly expressed mental illness as a condition that affects the brain or is caused by something stemming from one's own body.

Interferes with Daily Life and Living One's Best Life

Some participants portrayed their definition of mental illness as something that interferes with living a typical day to day life or being the best version of yourself. This theme was endorsed by 33.77% (n = 26) of the sample. One participant stated, *"Mental illness to me is a condition that affects your daily life and prevents you from being the best version of yourself"* (21-year-old, White, heterosexual, cisgender woman). Another participant claimed something similar in regard to daily life: *"Behaviors/thoughts that are considered "abnormal" and can either slightly affect someone or greatly affect someone and their day-to-day life. Often times it is*

an imbalance of chemicals within the brain" (21-year-old, White, heterosexual, cisgender woman). Participant responses that fell under this theme conveyed mental illness as something that prevents a person from living a "typical" or "normal" life.

Invisible Struggles

Some participants defined mental illness as something invisible that the sufferer struggles with. This theme was endorsed by 7.79% (n = 6) of the sample. One participant exemplified this finding when she said, *"Issues gathered as you live your life that have not been dealt with- causes more problems internally"* (23-year-old, White, heterosexual, cisgender woman). Participant responses that correspond to this theme portrayed mental illness as an internal struggle that is not tangible or visible.

Abnormal Mental State/ Disease

Some participants believe mental illness can be defined as an abnormal mental state or disease. This theme was endorsed by 7.79% (n = 6) of the sample. One participant claimed mental illnesses are, *"Emotional disorders based upon neurological processes"* (22-year-old, White, heterosexual, cisgender woman). Another participant answered, *"Any disease within the brain that prohibits you from doing simple tasks or feeling certain emotions in a healthy way"* (18-year-old, American Indian/ Alaska Native, heterosexual, cisgender woman). The responses that go along with this theme portrayed mental illness as something abnormal that relates to disease or being unhealthy in some way.

Damaging Thoughts/ Harmful Thoughts

A small number of participants endorsed damaging or harmful thoughts as the definition of mental illness. This theme was endorsed by 5.19% (n = 4) of the sample. One participant said, *"This is super broad so I would just say when people struggle with potentially damaging*

thoughts in their head that have a negative impact on their life" (19-year-old, White, heterosexual, cisgender woman). Participant responses for this theme expressed mental illness as destructive and negative thoughts that affect the way a person thinks or feels.

Struggles with Clear Perspectives/ Lacking Reality/ Skewed Perceptions

Some participants identified struggling with a clear perception of reality as a possible definition of mental illness. This theme was endorsed by 3.90% (n = 3) of the sample. One participant claimed her definition of mental illness is, *"An illness that affects or alters the mental state of a person"* (21-year-old, White, heterosexual, cisgender woman). Another participant claimed the definition of mental illness to be, *"A condition that affects a person's ability to think clearly and establish homeostasis in one's life and way of thinking"* (20-year-old, White, heterosexual, cisgender woman). Participant responses that fell under this theme conveyed mental illness as causing a person to be unable to think lucidly or perceive reality clearly.

Combination of Brain and Environment

A couple of participants defined mental illness as a combination of biological and environmental factors. This theme was endorsed by 2.60% (n = 2) of the sample. One participant posited that the definition of mental illness is, *"Patterns of behavior/thinking reinforced by the environment that then maintain the behavior/thinking or exacerbate it"* (27-year-old, White, heterosexual, cisgender woman). The other participant that endorsed this theme defined mental illness as, *"A combination of biological and environmental factors which create a condition in which behavior becomes harmful to either yourself or others"* (23-year-old, White, heterosexual, cisgender woman). These participant responses portrayed mental illness as a blend of environmental and biological factors that contribute to atypical behavior or thoughts.

Most participants defined mental illness as a combination of strained or damaging emotions, thoughts and behaviors that are abnormal and interfere with one's daily life. However, the responses were not limited and indicated multiple factors that can be attributed to the definition of mental illness.

Origins of Beliefs about Mental Illness

When asked to describe their first time learning about mental illness, the majority of participants stated that they first learned of mental illness from family members or by learning about it in school. A fair number of participants also stated that they struggle with their own mental illness or have a friend that struggles with mental illness. To represent participant responses, six individual themes were identified: 1) *Family members*; 2*) Talked about it in school*; 3) *Personal struggles with mental illness*; 4) *Friends and People Around Me Who Struggled with Mental Illness*; 5) *Media*; and 6) *Don't remember.*

Family Members

A large number of participants claimed the first time they learned of mental illness was from a family member. This theme was endorsed by 29.87% (n = 23) of the sample. Two subthemes arose in the participant responses including: 1) *Learning about mental illness from a family member who specifically struggled with a mental illness* and 2) *Learning from a family member who talked about mental illness.*

Family Members Who Struggle with Mental Illness.

Some participants stated that they first learned about mental illness because they had a family member who struggled with mental illness. One participant claimed:

> *I'd say I was around 10 if not younger because my mom has depression and a mild form of bipolar disorder so when my brother and I got frustrated with her,*

> *my dad would say it's because she has a chemical imbalance that she didn't mean it* (21-year-old, White, heterosexual, cisgender woman).

This subtheme represents responses from participants that first learned about mental illness from directly interacting with family members that struggled with mental illness.

Learning from a Family Member Who Talked About Mental Illness.

Some participants also stated that they learned about mental illness from family members who were open to talking about mental illness. One participant said she learned about mental illness when, *"My mother explained what it is to me when one of my friends exhibited signs of a mental illness"* (21-year-old, White, heterosexual, cisgender woman). This subtheme represents responses from participants who first learned of mental illness from a family member that was willing to discuss mental illness and what it means.

Learned about Mental Health in School

Some participants claimed learning about mental illness in school was their first exposure. This theme was endorsed by 22.08% (n = 17) of the sample. One subtheme that arose under school was *learning of mental illness in health class*.

Learning in Health Class

Many participants noted that they first learned of mental illness specifically in a health class in school. One participant exemplified this theme when she said, *"The first time I learned about mental illness was in a health class in middle school"* (20-year-old, White, heterosexual, cisgender woman). This subtheme represents responses from participants who were first exposed to mental health discussion in school, specifically in a health class.

Personal Struggles with Mental Illness

Some participants claimed they learned about mental illness for the first time when they were personally diagnosed with a mental illness. This theme was endorsed by 16.88% (n = 13) of the sample. A participant exemplified this theme when she said, *"When I was diagnosed with depression my sophomore year of college was the first time I had heard anything substantial or true about mental health"* (22-year-old, White, heterosexual, cisgender woman). Similarly, another participant said, *"I developed depression as a middle schooler and had to learn why I was feeling this way"* (23-year-old, White pansexual, cisgender woman). Responses that correspond with this theme represent participants who first learned about mental illness because they were personally diagnosed with a mental disorder.

Friends and People Around Me Who Struggled with Mental Illness

Some participants attributed their first learning of mental illness to a friend or other person in their life who struggled with it. This theme was endorsed by 16.88% (n = 13) of the sample. One participant exemplified this finding when she said, *"My life is filled with people who suffer from mental illness"* (23-year-old, White, heterosexual, cisgender woman). Another participant claimed, "*The first time I really had understood mental illness and saw how it affected someone I was close with was one of my close friends in high school. She struggled with depression and was on medication"* (25-year-old, White, heterosexual, cisgender woman). Responses that go along with this theme represent participants who first learned of mental illness by simply interacting with many people around them who struggled with mental illness.

Media

A few participants claimed their first exposure to mental illness was through the media. This theme was endorsed by 10.39% (n = 8) of the sample. One participant exemplified this theme when she said, *"I learned about it from the internet"* (22-year-old, White, heterosexual,

cisgender woman). Another participant stated, *"Probably on Tumblr when I was a teenager"* (21-year-old, White Hispanic, bisexual, cisgender woman). Participant responses that fall under this theme represent learning of mental illness from social media, TV, the news, or another internet interaction.

Don't Remember

A small number of participants claimed that they could not remember the first time they learned about mental illness. This theme was endorsed by 9.09% (n = 7) of the sample.

To summarize, participant responses covered a broad range of origins for mental illness perceptions. The majority of participants first learned of mental illness from family, friends, or personal struggles, but some also cited media, TV, and internet spaces as origins of their mental health knowledge.

Perspectives About Mental Illness Influences

For the third question, *"What influences your perspectives about people with mental illness?",* the majority of participant responses identified struggling with a personal mental illness or seeing Media, TV, and News influences their perspectives. Additionally, a large number of participants attributed their influences to people around them such as family members or seeing other people experience mental illness. To represent participant responses, nine themes were identified, including: 1) Struggled with my own mental illness; 2) Media, TV, and news; 3) Family Members; 4) Seeing other people go through it; 5) Learned in school; 6) Worked with people with mental illness; 7) Friends; 8) Society; and 9) Not sure.

Struggled with My Own Mental Illness

A large number of participants declared that dealing with a mental illness themselves influences their perspectives. This theme was endorsed by 36.36% (n = 28) of the sample. One

participant claimed their influence is, *"Suffering from my own mental illnesses and just wanting to be kind to everyone"* (19-year-old, Black/African American, heterosexual, cisgender woman). Another participant answered, *"Having mental illness myself"* (22-year-old, White, heterosexual, cisgender woman). Participant responses that fall under this theme expressed personal struggles with mental illness as the main influence on participant's perspectives on mental illness.

Media, TV, and News

Many participants noted that the media was their main influence for their perspective on mental illness. This theme was endorsed by 24.68% (n = 19) of the sample. One participant stated that her main influence was, *"Media and seeing people with mental illnesses share their story"* (19-year-old, White, heterosexual, cisgender woman). Another participant stated her main influences are, *"Social media influencers and the news"* (21-year-old, White, heterosexual, cisgender woman). Participant responses that fell into this theme mainly expressed media (in the form of TV, news, or social media) as their main influence on mental illness perspectives.

Family Members

Some participants noted that their main influence is family members. This theme was endorsed by 16.88% (n = 13) of the sample. One participant claimed, *"I think my own mental illnesses influence my perspective, my family, and the media really influence my perspective"* (25-year-old, White, heterosexual, cisgender woman). Participants that correspond with this theme expressed that they are influenced by family members about their perspective on mental illness.

Seeing Other People Go Through It

Some participants claimed that seeing others deal with mental illness is their main influence. This theme was endorsed by 11.69% (n = 9) of the sample. One participant claimed,

"Probably knowing people with bad mental health and having times of life where my mental health was bad" (21-year-old, White Hispanic, bisexual, cisgender woman). Similarly, another participant claimed, *"Personal experiences, experiences from my peers, experiences from people I know"* (22-year-old, Biracial/Multiracial, heterosexual, cisgender woman). The responses that correspond to this theme represent participants who identify their main influence as interacting with other people that struggle with mental illness.

Learned in School

Some participants claimed that learning about mental illness in school is their main influence on mental health. One subtheme that arose in participant responses was *degree specialization (psychology or neuroscience).* This theme was endorsed by 10.39% (n = 8) of the sample.

Degree Specialization

Some participants noted that their degree in either psychology or neuroscience is the main contributing factor to their influences on mental health. One participant stated, *"My degree in neuroscience and my real life experience with family members and friends with mental illness"* (24-year-old, Hispanic/Latino, heterosexual, cisgender woman). This subtheme represents participants who are mainly influenced by education about mental illness in a neuroscience or psychology degree.

Worked with People with Mental Illness

Participants who had previously worked with people with mental illness claimed that was their main influence on their perspectives. Two subthemes arose in participant responses: 1) *applied, and* 2) *research*. This theme was endorsed by 7.79% (n = 6) of the sample.

Applied

Some participants claimed they are mainly influenced by working with people who have mental illness either in a hospital or through volunteering. One participant stated, *"Having mental illness, working in mental health fields, knowing individuals with mental illness, the Bible and how Jesus treated people"* (22-year-old, White, heterosexual, cisgender woman). This subtheme represents participants who were influenced by working or volunteering with people with mental illnesses.

Research

Some participants claimed they are mainly influenced by doing or reading research on mental illness. One participant stated, *"Education and doing research/speaking to people with mental illness"* (24-year-old, White, heterosexual, cisgender woman). This subtheme represents participants who identify their main influence on mental illness perspective as being involved with research on mental illness.

Friends

A small number of participants attributed their influence on mental health perspectives to their friends. This theme was endorsed by 5.19% (n = 4) of the sample. One participant stated, *"Close friends and social media are my main influences"* (25-year-old, White, heterosexual, cisgender woman). The responses that correspond with this theme represent participants who identified their main influence on mental health perspectives as interactions with close friends.

Society

A small number of participants attributed their influences on mental illness to society. This theme was endorsed by 3.90% (n = 3) of the sample. One participant said, *"I think societal pressures have a lot to do with how mentally ill people are viewed and often times it can be hard to not give in to these ideas"* (21-year-old, White, heterosexual, cisgender woman). Participants

in this theme identify their main influences as society and the stereotypes that exist about mental health within society.

Not Sure

A few participants were not sure of their main influences on their mental health perspectives. This theme was endorsed by 3.90% (n = 3) of the sample.

Overall, most participants attributed their influences to other people, such as friends, family, or people who struggle with mental illness. However, a large number of participants also cited other influences including societal norms, media, and the news.

Discussion

Summary of the Findings

By considering participants' reported perspectives about mental health, as well as the increasing prevalence of mental illness (CDC, 2021) and the existence of stigma against mental illness in society (Dinos et al., 2018), the present study focuses on the most prevalent causes of mental illness stigma and the most common means of preserving those stigmas. The descriptions that our participants provided add to current literature about the impact of stigma on people struggling with mental illness (Dinos et al., 2018; Thornicroft et al., 2015).

Definitions of Mental Illness

Consistent with current literature (Choudhry et al., 2016), participants reported diverse ideas when asked to provide their definition of mental illness. A majority of participants defined mental illness as a problem or obstacle that affects a person negatively (within the *Difficulties with Emotions, Thoughts, and Behaviors, Brain/Biological Issues,* and *Interferes with Daily Life/Living One's Best Life*). This finding supports the "person-focused" idea of mental illness that has developed since the mid-20th century (Manderscheid et al., 2009).

Origins of Beliefs about Mental Illness

There was much diversity in participants' answers when they were asked to report their about the first time they learned of mental illness. A large number of participants reported learning about mental illness from other people (within the *Family Members* and *Friends, Learned about Mental Health in School, and People Around Me Who Struggled with Mental Illness*). Participants also were likely to learn about mental illness from their own personal experience (within *Personal Struggles with Mental Illness).* These findings are novel in that they fill in a gap in the literature about origins of mental illness stigma.

Perspectives about Mental Illness Influences

When asked to describe what influences their perspective on mental illness, participants were likely to report that they were influenced by their own personal experience with mental illness (within the *Struggled with My Own Mental Illness*). Participants were also very likely to report being influenced by television, news, or other forms of media (within the *Media, TV, and News*). This finding is consistent with current research that describes media as a significant catalyst of stigma against mental illness (Srivastava et al., 2018).

The present study adds to the current research on mental illness stigma in several ways. While other studies present general ideas about how people view mental illness, this study provides specific categories of definitions of mental illness. This study also provides numerous potential sources of mental illness stigma based on the most common ways people learn about mental illness. Additionally, this study provides support for the idea that media plays an important role in substantiating mental illness stigma.

Strengths and Limitations

The findings presented in this paper make significant contributions to the literature on mental illness stigma and how mental illness stigma plays a role in the lives of people struggling with mental illness. This study offers insight on the viewpoints that the general population may hold about mental illness, which contributes to overall knowledge about how stigmas are formed. Additionally, this study contributes new knowledge about influences on mental health stigma, as well as supports previous literature that claims mental illness stigma is significantly influenced by the media (Srivastava et al., 2018).

To our knowledge, very little qualitative literature exists that explores origins of mental health stigma. This study offers unique viewpoints about the very first time participants learned of mental illness, which provides a novel way of viewing mental illness stigma origins. This, combined with participants' definitions of mental illness, provides a more complete interpretation of mental illness stigma. Humans naturally incorporate past experiences into future opinions (Covey, 2012), which makes the first impression of mental illness the most important when it comes to fighting stigma. In addition, the open-ended survey questions allowed participants to provide opinions that were not confined to closed-ended answers. Further, our study was strengthened by our participant demographics. Our participants were all women with an average age of about 22 years old. Women ages 18-25 years old have the highest prevalence of mental disorders (National Institute on Mental Health, 2021), meaning their opinion on mental illness stigma is very relevant to this discussion.

This study has some limitations that need to be addressed. Due to our sample being one of convenience, the majority of our sample was White. This is important to address because of the higher prevalence of mental disorders in minority groups. Minority groups tend seek treatment for mental illness less often when compared to majority groups (Primm et al., 2010).

This causes a disparity between racial and ethnic groups for mental illness stigma. Due to the predominantly White nature of our sample, this study may not represent the perspectives of racial or ethnic minorities. Although minority groups are not proportionately represented in the sample, we included numerous quotes from minority participants to make sure their opinion was sufficiently presented.

Another potential limitation of this study is the recruitment strategy. Most participants were recruited online through social media, which potentially limited the scope of perspectives available for this research. The participants who were willing to complete a survey on mental health stigma for no benefit to themselves may be people who have stronger opinions about the topic, which could potentially skew results. However, the sample size is large enough that there are many different viewpoints and perspectives presented.

Implications for Practice, Research, Advocacy, and Education/Training

Practice

The findings presented in this study have implications for clinicians working with people battling mental illness. Psychiatrists, psychologists, and other professionals working with mental illness patients should be aware of the stigma surrounding mental illness. It is especially beneficial for clinicians to know how these stigmas arise, how the general population views mental illness, and how to best combat these stereotypes. Environments such as therapy and mental health clinics should be safe spaces that are free from stigma for people experiencing mental illness. This research contributes to the effort to find more ways to combat stigma in therapy and medical-based spaces. Additionally, this research contributes to the understanding of how stigma arise in society, so that professionals can be more aware of their own personal stigma that may arise subconsciously when treating mental illness. It is important for clinicians

to help patients discover their own perceptions about mental illness. Corrigan et al. (2006) explains the effects self-stigma can have on people struggling with mental illness, so it is important for clinicians to work with patients to reduce self-stigma while also working to reduce public stigma. Some potential ways clinicians can accomplish this would be to have a conversation with patients early on in the therapy process to determine what perception of mental health is. Additionally, it could be beneficial for a clinician to evaluate how the patient feels about seeking treatment, since treatment can sometimes have negative connotations. Further, clinicians should be aware that a diagnosis and medication prescription is not always the most important aspect of treatment. Some people experiencing mental illness may benefit more from other therapy techniques, and avoiding a rigid diagnosis and medication prescriptions may reduce the self-stigma associated with seeking treatment for mental illness.

Research

The results presented in this study provide information on origins of stigma against mental health and how it is preserved in society. Previous research provides an analysis of the effects of stigma against mental health and how it can be detrimental to individuals and society as a whole (American Psychiatric Association, 2020; Hatzenbuehler et al., 2013). This research provides information on the roots of those stigmas, and how society continues to let these stigmas exist. Further research is necessary to completely understand *why* mental illness stigmas come about in society, and *why* they are so easily perpetuated. Future research should explore opinions on mental health in a more in-depth manner through more direct data collection methods such as interviews. Additionally, further exploratory research is needed to determine the best ways to combat stigma against mental illness. Using the results from this study regarding the

most common influences on mental health stigma could be beneficial to a study on ways to reduce these stigmas.

Advocacy

Research shows that the presence of stigma in society can worsen the self-confidence, self-efficacy, and subsequently the quality of life for people struggling with mental illness (American Psychiatric Association, 2020; Dinos et al., 2018). Therefore, it follows that clinicians in the fields of psychology, psychiatry, and other mental health professions should prioritize advocating for patients struggling with mental disorders. Access to quality mental healthcare is essential for the well-being of a large percentage of our population. Improvement of access to mental healthcare and treatment will not happen without the intervention and advocacy of professionals. Although clinicians should be the frontline in advocating against mental illness stigma, advocates can be in other professions as well. The results of this paper show that perceptions about mental health are greatly influenced by media. Therefore, producers, news journalists, social media influencers, and others involved with media should be proactive in advocating against mental illness stigma. People working in media should take extra care not to subconsciously perpetuate stigma, because it can be so detrimental to people struggling with mental illness. Additionally, the results show that personally dealing with mental illness can have a great influence on mental illness perceptions. Therefore, people receiving treatment for mental illness are crucial advocates for themselves and for others who may be limited by the stigma against seeking treatment. Articulating personal experiences when advocating against stigma could potentially have a greater effect than any other form of advocacy. The results presented in this paper, along with other research, show the prevalence of mental health stigma in our society. In addition to advocacy in clinical settings, media, and in personal life, providing quality

education about the reality of mental illness could have beneficial effects for reducing stigma and creating a more accepting society. The issue at hand is not whether or not we should be advocating on behalf of those struggling with mental illness, but how we will intervene and what the most efficient strategies are for reducing mental illness stigma.

Education and Training

In addition to the applications of these findings for clinical practice, future research, and advocacy, these results have implications for mental health education and professional training. Understanding the origins of mental illness stigma and how it is perpetuated can contribute to the reduction in the formation of subconscious stigmas. It is important for education and training programs to acknowledge the existence of mental illness stigma. It is also important for these programs to incorporate tactics to reduce the formation of stigmas as people learn about mental illness causes, symptoms, and treatments. Professionals who treat mental illness have a responsibility to do what is best for their patients, and fighting against stigma is one of the best ways to uplift and heal people struggling with any mental disorder (Thornicroft et al., 2015). Therefore, it is of utmost importance to train professionals to fight against stigma properly and avidly. Additionally, educating the general public about mental illness and how to fight stigma is of equal importance. The general public is often the biggest perpetuator of mental illness stigma, and proper education can greatly reduce public stigma. Educating the public about mental illness in general is a good first step to reducing stigma, but further educating people about ways to consciously fight stigma would be of even greater benefit. Educating the general public can take a variety of different forms including better mental illness education in schools, public awareness campaigns by health organizations such as the CDC, and workplace training, even if the workplace is not a medical or therapy facility. Early intervention, such as providing children with

mental illness education in school, is likely the most effective way to reduce stigma, in addition to correcting already existing stigmas through advocacy and research.

Conclusion

People struggling with mental illness also sometimes struggle with mental illness stigma. Mental illnesses can greatly affect a person's life as it is, so dealing with stigma on top of mental illness can be extremely detrimental to any person. Abundant research has shown that people battling mental illness also face societal stigma. The present study expands on the existence of stigma by providing evidence on the origins of stigma in society (e.g., through family members or learning about it in school) and how stigma continues to be perpetuated by various methods such as media and personal experiences with mental illness. This study has significant implications for clinical practice and training, especially for clinicians who may subconsciously hold or perpetuate mental illness stigma. Additionally, this study contributes to the idea that reducing mental illness stigma may increase the likelihood of seeking treatment, which could in turn reduce the prevalence of mental illness. This contribution is consistent with previous research on reduction of mental illness stigma. This study also has important implications for future research, such as research on the most efficient ways to reduce mental illness stigma.

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