

Self-stigma

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One of the hardest parts about receiving a mental health diagnosis is learning to understand it as an aspect of your identity. When we feel unsure about a feature of ourselves, it can sometimes feel easier to pretend it doesn't exist, especially if we're afraid of how others will perceive us.¹

When experiencing complex mental health issues, it can be a challenge to not internalise these fears. Fears can be expressed in the form of shame, embarrassment and avoidance, all of which are symptoms of self-stigma.²

Stigmatising *yourself* can have serious implications – both for your self-esteem and your willingness to seek help when you need it. Learning how to tackle self-stigma and develop the necessary skills to support yourself is crucial, both for improving your quality-of-life and to maintain your wellbeing.³

HOW DOES SELF-STIGMA DEVELOP?

Self-stigma reflects negative, culturally-generated stereotypes, beliefs and emotions about a specific feature shared by a group of people.⁴

Negative social attitudes towards people living with mental illness include the false beliefs that they are threatening, less competent than those who don't live with mental illness, or that they are to blame for their conditions.⁵ People who accept these stereotypes and respond negatively to people with mental health issues are expressing public stigma.⁶

Self-stigma occurs when a person with a stigmatised trait internalises these negative stereotypes, and/or chooses to conceal their identity for fear of being stigmatised by others.⁷

In either case, a common response is to avoid being associated with this characteristic. For example, one may avoid seeking professional support to distance themselves from a label⁸ or withdraw socially so as to not be stigmatised by others.⁹ Although these avoidant

¹ Thornicroft, G. (2006). Tackling discrimination. *Mental Health Today*, 2006 (Jun), 26-29.

² Corrigan, P. W. (2004). How stigma interferes with mental health care. *The American Psychologists* 59(7), 614-625.

³ Holubova, M., Prasko, J., Ociskova, M., Kantor, K., Vanek, J., Slepecky, M., & Vrbova, K. (2019). Quality-of-life, self-stigma, and coping strategies in patients with neurotic spectrum disorders: A cross-sectional study. *Psychological Research and Behaviour Management*, 12, 81-95.

⁴ Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall & C. J. Cockerell (Eds.), *HIV/AIDS in The Post-HAART Era: Manifestations, Treatment, and Epidemiology* (pp. 790-804). Shelton, CT: PMPH-USA.

⁵ Corrigan, P. W., River, L., Lundin, R. K., Uphoff Wasowski, K., Campion, J., Mathisen, J., et al. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, 28, 91–102.

⁶ Ibid.

⁷ Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall & C. J. Cockerell (Eds.), *HIV/AIDS in The Post-HAART Era: Manifestations, Treatment, and Epidemiology* (pp. 790-804). Shelton, CT: PMPH-USA.

⁸ Wallin, E., Maathz, P., Parling, T., & Hursti, T. (2018). Self-stigma and the intention to seek psychological help online compared to face to face. *Journal of Clinical Psychology*, 74(7), 1207-1218.

⁹ Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall & C. J. Cockerell (Eds.), *HIV/AIDS in The Post-HAART Era: Manifestations, Treatment, and Epidemiology* (pp. 790-804). Shelton, CT: PMPH-USA.

behaviours may relieve discomfort in the short-term, they don't allow the person affected to tackle the underlying issues.

Stigma is society's problem. Those on the receiving end are not responsible for it. We each have the capacity to educate ourselves and others in order to halt the perpetuation of stigma.

No one should have to deal with stigma and self-stigma. But when people with complex mental health issues *do* internalise stigma, it is vital to defy those beliefs in our minds. It is only by taking these difficult first steps that we can lead the happy and healthy lives we deserve.

Because self-stigma is often unconscious, it can be hard to tell it's taking place. Keeping an eye out for common signs – such as negative self-talk and social withdrawal – and beginning to gently challenge and reframe these pessimistic thought patterns is a good way to tackle self-stigma.¹⁰

Some common examples are explored below:

1. I don't want to be different.

Many people with mental health issues feel isolated by their experience. However, in reality, a large proportion of the Australian population have personal experience of mental illness.

In 2018, approximately 20% of Australian adults experienced a mental health issue. Forty-five percent are expected to deal with mental illness at some point in their lifetime.¹¹ Hence, almost 1 in 2 people will grapple with these issues at some stage in their lives. Your experiences do not make you strange or different, and you are by no means alone.

2. Other people won't understand, so it's better if I don't tell them.

Social withdrawal can be a serious problem for those living with complex mental health issues. In many cases, people fear others will not understand their experience and stigmatise them for it. To combat fear of rejection, many people remove themselves from social situations in order to avoid disclosing their condition to others.¹²

Although this strategy may temporarily quell the fear of ostracisation, it is not a productive or long-term solution. In fact, studies show that people who willingly

¹⁰ Holubova, M., Prasko, J., Ociskova, M., Kantor, K., Vanek, J., Slepecky, M., & Vrbova, K. (2019). Quality-of-life, self-stigma, and coping strategies in patients with neurotic spectrum disorders: *A cross-sectional study. Psychological Research and Behaviour Management*, 12, 81-95.

¹¹ Australian Institute of Health and Welfare. (2018). *Mental health services in Australia in brief 2018*. Retrieved from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia-in-brief-2018/contents/table-of-contents>

¹² Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall & C. J. Cockerell (Eds.), *HIV/AIDS in The Post-HAART Era: Manifestations, Treatment, and Epidemiology* (pp. 790-804). Shelton, CT: PMPH-USA.

reach out and seek help experience drastically less loneliness than those who are unwilling.¹³

Be gentle with yourself. Consider how you would treat a close friend in the same position. Treat yourself with the same level of patience and kindness – and give those around you the chance to do the same. If in doubt, remember to reach out to the services available to you. Explore ways to socialise that help you feel comfortable, safe and supported.

3. I'm not sick enough/I'm too sick to benefit from treatment.

It can feel very daunting to reach out for help, especially if you fear being told your experience is too mild or too severe to warrant assistance.

The reality is that no two experiences will be the same. Levels of severity do not dictate or invalidate your experience, nor exempt you from the right to access help. You are always worthy.

Try to think about mental health in the same terms as physical health. For example, if you broke your leg, you wouldn't hesitate to have a professional take care of it – mental illness should be no different.

4. If I ask for help, I am weak.

Seeking help is never a sign of weakness. Rather, it's a sign of courage. Everyone needs help at times and learning to ask for it is never something to feel ashamed of. It's just one of many important examples of 'self-care' – like exercising, eating well and getting enough sleep.¹⁴

MOVING FORWARD

Making changes to the way you think about and talk to yourself can be difficult. It requires perseverance. These changes take time and it's important to be gentle with yourself as you challenge any negative self-talk.

Most importantly, remember to check in with yourself regularly, and seek support from those around you. You can get in touch with the **SANE Help Centre** to speak to a trained counsellor. Call the SANE helpline on 1800 187 263 or send us an email at helpline@sane.org.

¹³ Prince, J. D., Oyo, A., Mora, O., Wyka, K., & Schonebaum, A. D. (2018). Loneliness among persons with severe mental illness. *The Journal of Nervous and Mental Disease*, 206(2), 136-141.

¹⁴ Wallin, E., Maathz, P., Parling, T., & Hursti, T. (2018). Self-stigma and the intention to seek psychological help online compared to face to face. *Journal of Clinical Psychology*, 74(7), 1207-1218.

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