



# Annotated Bibliography

of Selected Publications and Other Materials  
related to Stigma and Discrimination  
because of Mental Illness and  
Intervention Programmes Fighting It.

*the wpa global programme to reduce the stigma and  
discrimination because of schizophrenia*

Prepared by Anouchka Pickenhagen M.A.  
and Professor Norman Sartorius

2002

## STIGMA BIBLIOGRAPHY

The Stigma attached to mental illness is the main obstacle to the improvement of care for people suffering from such disorders. It leads to the low priority given to mental health programmes at the governmental level, to the reluctance of communities to help in mental health care, to the lowering of the patients' families' social status and to the loss of self-respect by people who have the illness. It can result in negative discrimination of people with mental illness before the law, in difficulties in the search for employment or housing and to disadvantage in almost all other walks of life.

These facts made the World Psychiatric Association (WPA) launch its Global Programme Against Stigma and Discrimination Because of Schizophrenia in 1996. The Programme's central coordinating office is located in Geneva and its Scientific Director is Professor Norman Sartorius. The Programme has been guided by a Steering Committee composed of Professors J.J. López-Ibor, N. Sartorius, J. Arboleda-Flórez, C. Stefanis and N.N. Wig. The fact that the Chairman of the Committee is the President of the WPA<sup>1</sup> is an indication of the importance that the WPA gives to this Programme.

The Programme relies on the support of many scientists, representatives of patient and family associations, mental health workers. A number of these are members of four technical advisory groups chaired by Professors

W. Fleischhacker, H. Häfner, J. Leff and R. Warner.

The Programme has developed a series of materials. These include a detailed guide to steps in the development of national programmes; a succinct description of schizophrenia; an assembly of materials used in fighting stigma (e.g. books, films, posters); a description of the programmes fighting stigma in different parts of the world and a description of work in the field sites of the WPA Global Programme.

As time went by it became obvious that it would be useful to have a review of the existing literature in the form of a selected bibliography with abstracts of relevant books and articles.

Work on this bibliography started in 2001. The main search engine used in the creation of the bibliography was Ovid. Within Ovid, three databases were used, namely Medline, PsychInfo and SocioFile. References corresponding to key words such as stigma, prejudice, schizophrenia were listed first and the respective articles were examined in the libraries of the World Health Organization in Geneva, Switzerland and at the Clinique Belle-Idée, Geneva, Switzerland. Each of the articles was read and summarised for the bibliography by Anouchka Pickenhagen. Where the article could not be easily located, the "Author Abstract" was used (marked "Author Abstract" in the bibliography).

---

<sup>1</sup> The first Chairman was Professor Norman Sartorius (1996-1999) and the current Chairman is Professor J.J. López-Ibor.

The next step was the examination of the articles written by well-known experts on the subjects and an examination of lists of references given for articles dealing directly with our topic. The references collected in this manner were handled in the same way as those obtained through the search engine.

This bibliography is selective, not comprehensive. Articles which were not dealing directly with the subject and those that seemed to rephrase texts found elsewhere were dropped. Articles describing field studies were included even when their focus was broader than schizophrenia.

The choice of key words used as “section themes” has been made after the references were gathered, taking the number of references found and the degree of overlap between them into account. It is likely that in the course of time and in future editions of this bibliography there will be subdivisions or additions to the key words chosen because these might be references to other key concepts in the domain of stigma because of schizophrenia/ mental illness.

In the first part of the Bibliography the references are given alphabetically, by Author. The second part lists the numbers of the references relevant to the key words given on page 3.

Many people were very helpful in the creation of this bibliography. Professor Heinz Häfner has taken the time to read initial drafts and offered many helpful comments, both concerning the articles included and about the selection of key words. Professor Matthias Angermeyer, Anja Baumann, Dr. Michael Smith, Dr. Otto Wahl and Professor Richard Warner sent us most helpful references of articles on stigma and mental illness. The articles in press included in this bibliography were sent to us by: Professor Matthias Angermeyer, Professor Julio Arboleda-Flórez, Dr. Peter Byrne, Dr. Patrick Corrigan, Dr. Barbara Hocking, Dr. Bruce Link, Dr. David Penn, Vanessa Pinfold, Dr. Jo Phelan, Dr. Alan Rosen, Dr. Heather Stuart, Dr. Angus Thompson, Dr. Otto Wahl and Amy Watson. The comments given by the members of the WPA Steering Committee, working groups and heads of sites were very helpful. Many sent additional articles that could not be found in the Geneva libraries, while others offered advice on a number of crucial points. To all of them go our very sincere thanks.

The production of a bibliography aiming to be useful to an ongoing project is a never ending story. Articles, books, chapters appear constantly. It will therefore probably be necessary to produce updates of the lists of references for as long as this Programme continues. This work could be greatly helped by those who will use this volume: we should be grateful for any comments, additional references, corrections or suggestions for the future that they might wish to make and we thank them in advance for their effort.

Anouchka Pickenhagen, M.A.  
Professor Norman Sartorius

## Contents

The abstracts in this volume were compiled by keywords as indicated below. The individual abstracts can also be found in the author index given on page (55).

- A**
- Advice
  - Anti stigma intervention strategies
    - Individual
    - Mass
  - Anti-stigma programs
  - Authoritarianism
- B**
- Benevolence
  - Book
- C**
- Causation
  - Commentary
  - Comparative study
  - Contact
  - Country of Origin
    - Africa
    - Australia
    - Belgium
    - Canada
    - China
    - Czech Republic
    - Ethiopia
    - France
    - Germany
    - Greece
    - India
    - Indonesia
    - Israel
    - Italy
    - Japan
    - Luxembourg
    - Morocco
    - New Zealand
    - Norway
    - Scotland
    - Singapore
    - South Africa
    - Sri Lanka
    - Switzerland
    - Taiwan
    - United Kingdom
    - USA
  - Cross cultural comparison
  - Cross sectional study
- D**
- Dangerousness
  - Diagnostic Group
    - Alcoholism
    - Cocaine addiction, depression, psychosis, mental retardation
- E**
- Diagnostic Group cont.
  - Depression
  - Manic Depression
  - Mental illness in general
  - Schizophrenia
  - Schizophrenia & depression
  - Schizophrenia & major affective disorder
  - Schizophrenia & substance abuse
  - Schizophrenia, depression, alcohol & drug dependence
  - Substance abuse
  - Discrimination
- F**
- Editorial
  - Education
  - Employment
- G**
- Families
  - Family illness experience
  - Film
  - Follow up study
- H**
- Historical article
  - Housing
- I**
- Labeling
  - Labeling effects
  - Labeling theory
  - Legal issues
  - Linguistic study
  - Locus of control
  - Longitudinal study
- J**
- Mass media
    - Film
    - TV
  - Mechanisms of causation
  - Mental health professionals attitude
- K**
- Non-Western
- L**
- Personal experience
    - 3rd person report
    - Factual study
    - Self report
  - Population
    - Children
    - General population
    - Graduate school students
- M**
- Lay public
  - Lay public & medical students
  - Lay public & mental health professionals
  - Lay public & patients
  - Lay public & undergraduate students
  - Lay public, medical students and members of a schizophrenia society
  - Medical students
  - Mental health professionals
  - Occupational Therapy
  - Students
  - Patients
  - Patients & mental health professionals
  - Patient's family
  - Patient's family & lay public
  - Patient's family & patients
  - Patient's family, patients & mental health professionals
  - Undergraduate students
  - Undergraduate students & mental health professionals
- N**
- Prejudice
  - Program development
  - Public Attitude
- O**
- Quality of life
  - Questionnaire
- P**
- Review
- Q**
- Self concept
  - Self help guide
  - Self stigma
  - Semi structured interview
  - Social distance
  - Social psychological research
  - Social skills
  - Stability (likelihood of change)
  - Stereotype
  - Survey
  - Survey
  - Survey study
- R**
- Vignette study

## A

**Reference Type:** Conference Proceedings

**Year of Conference:** 2001

**Title:** Abstract of the Articles Presented at Together Against Stigma; First International Congress on Reducing Stigma and Discrimination because of Schizophrenia.

**Conference Name:** Together Against Stigma; First International Congress on Reducing Stigma and Discrimination because of Schizophrenia.

**Conference Location:** Leipzig, Germany

**Abstract:** The summaries of all the presentations of the Together Against Stigma conference in Leipzig, Germany, from 2-4 September are included in this abstracts book.

**Reference Type:** Journal Article

**Author:** Adler, A. K.; Wahl, O. F.

**Year:** 1998

**Title:** Children's beliefs about people labeled mentally ill.

**Journal:** American Journal of Orthopsychiatry

**Volume:** 68

**Issue:** 2

**Pages:** 321-326

**Abstract:** A group of 104 third-grade students told stories in response to pictures of adults labeled mentally ill, physically disabled, or unlabeled, and answered questions regarding expected behavior of these adults. Results indicate that children of this age hold more overall negative attitudes about adults labeled mentally ill than about those designated as physically disabled or nondisabled. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Albrecht, G. L.; Walker, V. G.; Levy, J. A.

**Year:** 1982

**Title:** Social distance from the stigmatized: a test of two theories.

**Journal:** Social Science and Medicine

**Volume:** 16

**Pages:** 1319-1327

**Abstract:** Aim: To examine which of two theories proposed for the existence of differential social distance from persons with different types of stigma (attribution of responsibility and disruption of social interaction) is correct. Method: A sample of 150 managers in medium and large corporations enrolled in the evening program of Northwestern University Graduate School of Management was used. The questionnaire used measured socio-demographic information, experience with stigmatized individuals, perceived social distance from these individuals, and attribution of responsibility. The social distance scale used was the Bogardus Social Distance Scale. Furthermore, attribution of responsibility and personal perceptions for rejection of stigmatized individuals was assessed through open ended questions. Results: It was found that respondents saw the greatest social distance between themselves and persons with social disabilities, thereby showing that respondents differentiated between persons with social and physical disabilities. Furthermore, it was found that attribution of responsibility did not explain the variation in perceived social distance, in that the greatest social distance was not found for people who

were perceived as most responsible for their condition. It was found that ambiguity in social interaction was the most frequently given reason from distancing from a stigmatized person, thereby showing that the disruption of social interaction theory is more plausible in the explanation of differential social distances. (46 references)

**Reference Type:** Journal Article

**Author:** Alisky, J. M.; Iczkowski, K. A.

**Year:** 1990

**Title:** Barriers to housing for deinstitutionalized psychiatric patients.

**Journal:** Hospital and Community Psychiatry

**Volume:** 41

**Issue:** 1

**Pages:** 93-95

**Abstract:** Aim: To examine whether the label 'mental illness' would have an effect on the availability of housing. Method: Telephone calls were made to managers of public housing, as well as to landlords of private housing. Two calls were made to each person within an hour time gap; the first call serving as a control in that it did not mention anything about mental illness, whereas the second caller claimed to be calling on behalf of a recovered and functioning schizophrenic. Results: None of the public housing had any units available. For private housing, 129 of the 130 managers reported a vacancy to the first caller (no mental illness). The second caller, able to get a hold of 121 managers, had 71 positive answers (58.7%). (3 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.

**Year:** 2000

**Title:** The image of psychiatry in the public—results of a representative study in the new Federal "Laender." (In German)

**Journal:** Psychiatrische Praxis

**Volume:** 27

**Pages:** 327-329

**Abstract:** Research Problem: The readiness to use psychiatric services is, among other things, determined by the image of psychiatry held by the public. Method: A representative survey of the adult population in the new German Laender was carried out, part of which was the assessment of what people associated with the term "psychiatry" and of their idea of a psychiatric hospital. Results: Psychiatric hospitals, in particular large scale mental institutions, shape the dominant image of psychiatry among the public. In this, the custodial or repressive character of psychiatry is the central constituent of the public's representation. Discussion: The chances that a positive change of the public's ideas toward more informed images and attitudes might appear to be slim as long as large scale institutions, though with a new appearance, continue to exist. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.

**Year:** 2000

**Title:** Schizophrenia and violence.

**Journal:** Acta Psychiatrica Scandinavia

**Volume:** Supplement 102

**Issue:** 407

**Pages:** 63-67

**Abstract:** Objective: The relationship between schizophrenia and violence is studied from a psychiatric and a public health perspective. Method: All epidemiological studies which have been published since 1990 are reviewed. Results: Despite differences in the methodological approaches chosen, the studies reviewed concur in supporting the assumptions that there is a moderate but significant association between schizophrenia and violence. However, compared with the magnitude of risk associated with substance abuse and personality disorders, that associated with schizophrenia or other major mental disorders is small. In addition, the elevated risk to behave violently appears to be limited to particular symptom constellations. The evidence available so far suggests that the proportion of violent crimes committed by people suffering from severe mental disorder is small. There is no unambiguous evidence of an increase of violent acts committed by severely mentally ill people in general and people suffering from schizophrenia in particular during recent years. Strangers appear to be at an even lower risk of being violently attacked by someone suffering from severe mental disorder than by someone who is mentally healthy. Conclusion: While the assessment of relative risk is of great interest to psychiatric researchers who are trying to identify factors which may increase or decrease the risk of violent behavior among the mentally ill, which in turn may provide some clues as to how to intervene best in order to reduce the risk of becoming victim of a violent act committed by someone who is suffering from a mental disorder. (Author Abstract/ 25 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Lammers, R.

**Year:** 1986

**Title:** The social network of schizophrenic patients. (In German)

**Journal:** Zeitschrift fuer Klinische Psychologie, Psychopathologie und Psychotherapie

**Volume:** 34

**Issue:** 2

**Pages:** 100-118

**Abstract:** First, the literature is reviewed under three different perspectives: the role of social networks as etiological factors, the impact of the illness on the social relationships of the patients, and the influence of social networks on the course of schizophrenic disorders. Then, results of an empirical study of social relationships of schizophrenia patients, using the 'Interview Schedule for Social Interaction' developed by Henderson et al., are presented. Compared to the ideal norm as well as to normal people and other patient groups the social network of schizophrenic patients showed marked deficits. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Liebelt, P.; Matschinger, H.

**Year:** 2001

**Title:** Distress in parents of patients suffering from schizophrenia or affective disorders. (In German)

**Journal:** Psychotherapie, Psychosomatik, Medizinische Psychologie

**Volume:** 51

**Issue:** 6

**Pages:** 255-260

**Abstract:** Purpose: The present study aims at investigating to what extent relatives of individuals suffering from mental illness experience caregiver burden. Hypotheses are formulated on the basis of stress theory and are tested on a sample of family members. Method: Relatives organized in the German and Austrian relative's association were questioned by means of a mail survey. Only parents (N=509) of patients with schizophrenia or affective disorders were included in the study. Results: The majority of those questioned expressed the opinion that the burden experienced through caring for the patient interferes with their own state of health. Among the negative consequences of care giving cited, health burden ranked first, followed by restrictions in the fields of leisure, employment/ career and finances. For the respondents, the average sum score of the Zerssen list of complaints was clearly increased in comparison with the standard values for the general population. Among the symptoms cited, brooding, inner unrest, irritability, insomnia, fatigue as well as neck and shoulder pains were mentioned most frequently. No gender or diagnosis-related differences were found with regard to the extent of burden experienced. Interaction effect could be demonstrated in that fathers of schizophrenic patients differ significantly from mothers of schizophrenic patients as well as from fathers of children with affective disorders. Conclusions: Further research is called for as relatives of people with mental disorders seem to represent a high-risk group. On the basis of our data, it can be assumed that these relatives differ from the general population in their utilization of medical or rehabilitation services. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Link, B. G.; Majcher-Angermeyer, A.

**Year:** 1987

**Title:** Stigma perceived by patients attending modern treatment settings: some unanticipated effects of the community psychiatry reforms.

**Journal:** The Journal of Nervous and Mental Disease

**Volume:** 175

**Issue:** 1

**Pages:** 4-11

**Abstract:** Aim: To investigate the notion that patients in a university hospital setting will experience less feelings of stigmatization than patients in a state hospital. Method: All patients admitted to the psychiatric ward of the Hannover University hospital or the Wunstorf Hospital in the first half of 1983 with the diagnosis of schizophrenia were selected, of which 60 university patients and 124 state hospital patients were interviewed. Link's Perceived Stigma Questionnaire was used. This questionnaire contained four scales: the devaluation and discrimination scale, as well as the secrecy, withdrawal and education scale. Results: Against the authors' prediction, it was found that patients in a state hospital were less likely than university hospital patients to believe that most

people would devalue and discriminate against people with a mental illness. (12 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.

**Year:** 1994

**Title:** Lay beliefs about schizophrenic disorder: the results of a population survey in Germany.

**Journal:** Acta Psychiatria Scandinavia

**Volume:** 89

**Issue:** Supplement 382

**Pages:** 39-45

**Abstract:** Aim: To examine the general public's beliefs about schizophrenic disorder. Methods: A representative survey of all German nationals over the age of 18 living in private households. In November/December 1990, 2118 interviews were completed. The structured interview used began with the presentation of a vignette describing the case history of a man with schizophrenia (and no label in the story). Participants were asked to answer questions concerning the causes and prognosis of the disorder described in the vignette they had just seen, as well as make suggestions to what should be done to help that person. Results: It was found that the most common reported cause is psychosocial stress, and that the most common treatment plan suggested is psychotherapy. Furthermore, it was found that only 10% believed that an amelioration can occur. (20 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.

**Year:** 1996

**Title:** The effect of personal experience with mental illness on the attitude towards individuals suffering from mental disorders.

**Journal:** Social Psychiatry and Psychiatric Epidemiology

**Volume:** 31

**Pages:** 321-326

**Abstract:** Aim: To study the extent to which personal experience with a mental illness influences attitudes towards the latter. Method: Two surveys, one in 1990 with 2045 interviews and the second in 1993 with 4237 interviews were used. These were conducted in the form of a personal and structured interview that began with the presentation of a vignette. After which respondents were asked to rate their emotional response to the individual depicted in the case story. Social distance as well as an index of experiences were measured. Results: It was found that with increased personal experience, more pro social reactions were exhibited towards persons with a mental illness. It was also found that more personal experience led to less anxiety in the presence of a mentally ill person as well as less social distancing.

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.

**Year:** 1996

**Title:** The effects of violent attacks by schizophrenic persons on the attitude of the public towards the mentally ill.

**Journal:** Social Science and Medicine

**Volume:** 43

**Issue:** 12

**Pages:** 1721-1728

**Abstract:** Aim: To study the link between biased media reporting and an increase in the stereotype of mentally ill persons. Methods: 6 surveys were conducted between April 1990 and October 1992 in the 'old' Federal Republic of Germany, during which time two highly publicized attacks on politicians by mentally ill persons occurred. In each survey a sub sample of at least 500 people were given the case history of a man with schizophrenia. Furthermore, fully structured face to face interviews were effectuated. Each person was asked to describe the degree of intimacy and social involvement they would be willing to enter into with the person described in the vignette. Results: An increase in terms of social distance towards the mentally ill was found shortly after each of the two assassination attempts. Furthermore, it was found that this distance had receded at the end of the 6 surveys (2 years later). For example, it was found that the peak of rejection appeared in December 1990 (shortly after the second attack), in which 86% of the people said that they would not wish to see the person described providing child care to their children. (20 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.

**Year:** 1996

**Title:** Relative's beliefs about the causes of schizophrenia.

**Journal:** Acta Psychiatria Scandinavia

**Volume:** 93

**Pages:** 199-204

**Abstract:** Aim: To examine the beliefs regarding the cause of schizophrenia of relatives of ill persons, and to compare these beliefs with that of the general public. Method: A representative survey among members of German and Austrian association of relatives of mentally ill people (587 questionnaires returned in Germany and 201 in Austria) was used. A list of 15 Likert-scaled items was used in order to study their beliefs about the causes of the illness. These results were then compared to those of a previous study, in which 2094 adults had been interviewed. Results: It was found that relatives often look for biological factors when looking for a cause of the illness, whereas the general public tends to believe the illness to be caused more by psychosocial factors, mostly stress related ones. (10 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.

**Year:** 1997

**Title:** Social distance towards the mentally ill: results of representative surveys in the Federal Republic of Germany.

**Journal:** Psychological Medicine

**Volume:** 27

**Pages:** 131-141

**Abstract:** Aim: To examine the attitude of the general public concerning persons with mental illness. Method: Between 1990 and 1993, 11 representative surveys were carried out. The structured interview used began with the presentation of a vignette describing either a case of schizophrenia, depression, alcohol dependence, panic disorder with agoraphobia or narcissistic personality disorder. Social distance was measured using the scale published by Link et al. (1987). Emotional reactions were studied using a 12

item five-point Likert scale. Lastly, respondents were asked questions in order to test their personal experience with mental illness as well as their personal values. Results: For all disorders, a similar pattern emerges, the greater the contact the lower the social distance. Also it was found that the more 'intense' the contact with mental illness had been, the more sympathy was exhibited. Furthermore, the desired social distance was not the same for all mental illness. In this study it was found that people suffering from alcohol dependence were rejected the most. (28 references)

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.; Grobel, S.

**Year:** 1995

**Title:** Attitude of the public towards alcoholics. Part 1: Social distance. (In German)

**Journal:** Sucht

**Volume:** 41

**Issue:** 4

**Pages:** 232-237

**Abstract:** The attitude of the general public towards people suffering from alcoholism was examined within the framework of a representative survey conducted during 1990 in the "old" Federal Republic of Germany. It became apparent that the social distance kept to this group is more pronounced than to persons with either schizophrenic or depressive disorders. Male and female alcoholics were met with an equal amount of rejection. In addition, the gender of those questioned had no influence on maintaining this social distance. However, social distance did increase with age, but was reduced as the level of education of those questioned increased.

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.; Grobel, S.

**Year:** 1995

**Title:** Attitude of the public towards alcoholics. Part 2: Stereotype and Stigma. (In German)

**Journal:** Sucht

**Volume:** 41

**Issue:** 4

**Pages:** 238-244

**Abstract:** A representative survey conducted during 1990 in the "old" Federal Republic of Germany demonstrates that the prevailing image of people suffering from alcoholism held by the general public is a rather negative one—in fact, it is even more negative than that concerning psychiatric patients in general. Furthermore, respondents perceive those addicted to alcohol—analogue to former psychiatric patients—as being subject to a great deal of stigmatization by society. It can be shown that defining alcoholism as a disease will have a positive effect on the attitude of the lay public towards alcoholics.

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Matschinger, H.; Holzinger, A.

**Year:** 1998

**Title:** Gender and attitudes towards people with schizophrenia. Results of a representative survey in the Federal Republic of Germany.

**Journal:** International Journal of Social Psychiatry

**Volume:** 44

**Issue:** 2

**Pages:** 107-116

**Abstract:** Aim: To see whether male sufferers of schizophrenia were exposed to more negative attitudes, aroused more feelings of aggression in their surroundings as well as more rejection from their environment. Method: A representative survey of all German nationals over the age of 18 living in private households. In April 1990, 2054 individuals were interviewed and in December of that same year, 1022 were interviewed. The structured interview used began with the presentation of a vignette describing the case history of a man with schizophrenia (and no label in the story). Participants were asked to describe their emotional reaction using a list of 18 five-point Likert items. Social distance was also measured. Results: It was found that contrary to the hypothesis, men with schizophrenia did not arouse more aggressive reactions in the respondents. Nevertheless, they did arouse more feelings of rejection than women with schizophrenia.

**Reference Type:** Journal Article

**Author:** Angermeyer, M. C.; Schulze, B.

**Year:** 2001

**Title:** Reducing the stigma of schizophrenia: understanding the process and options for interventions.

**Journal:** Epidemiologia e Psichiatria Sociale

**Volume:** 10

**Issue:** 1

**Pages:** 1-7

**Abstract:** In this editorial, the authors attempt to develop a systematology of the various approaches aiming at reducing the stigma of schizophrenia. This is to facilitate orientation among the variety of strategies chosen. As a theoretical framework, the argument draws on the conception of the stigma process developed by B. G. Link et al (1997). The process begins with a situation where a difference in another person is identified and subsequently labeled. It continues by linking the person thus labeled to negative stereotypes that prevail in society about the group of persons in question. Consequently, the person thus labeled is separated from others to become part of a distinct category from which people dissociate themselves. The stigma process culminates in that the person is exposed to various forms of discrimination, resulting in the respective negative social consequences. Three types of discrimination are discussed, including direct discrimination, structural discrimination, and discrimination through self stigmatization. The fact that people with mental illness, and especially those with schizophrenia, continue to be exposed to direct discrimination to this day is well-documented by results from attitude surveys conducted within the last decade. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Anonymous

**Year:** 1993

**Title:** Coming out. My experience as a mental patient.

**Journal:** Journal of Psychosocial Nursing & Mental Health Services

**Volume:** 31

**Issue:** 5

**Pages:** 17-20

**Abstract:** 1) There is still a strong stigma attached to mental illness, and surprisingly many psychiatric nurses reinforce that stigma. Although some professionals may go into therapy to improve self esteem and become better professionals, they may run the risk of destroying their career. 2) The experience as a patient in a mental health facility can result in nightmares and flashbacks, and damage due to restraints. Because “coming out” can destroy one’s career, the safest place for a nurse with a history of hospitalization or substance abuse may be “in the closet.” 3) If the stigma of mental illness is going to be changed, then it must start with the changing of the attitudes and perceptions of mental health professionals.

**Reference Type:** Journal Article

**Author:** Arboleda-Flórez, J.

**Year:** 1998

**Title:** Mental illness and violence: an epidemiological appraisal of the evidence.

**Journal:** Canadian Journal of Psychiatry

**Volume:** 43

**Issue:** 12

**Pages:** 989-996

**Abstract:** In this review the subject matter of mental illness and violence is examined. The most consistent finding to emerge in this review is the strong link between violence and substance abuse. Another important finding is the importance of prior violence in the prediction of future acts. Furthermore, it emerged that those most likely to be victims of acts of violence are friends and families of former patients. Lastly, it also emerged that violent incidents are committed only by a small minority of former patients. (69 references)

**Reference Type:** Journal Article

**Author:** Arboleda-Flórez, J.

**Year:** In press

**Title:** Stigma of mental illness: the indelible mark.

**Abstract:** In this review, the author seeks to define and document the elements that lie at the origin of stigma, as well as its negative consequences on people suffering from a mental disorder and their families. Furthermore, the author also describes several programs that have been launched worldwide in the fight against the stigma associated with mental illness. Some of the programs the author describes include the Royal College of Psychiatrist’s campaign ‘Changing Minds,’ or even the WPA Antistigma because of Schizophrenia Campaign. The aim of the author in so doing is to help mental health planners to adopt more comprehensive mental policies, which should “address not only the legislative and budgetary aspects of mental health programs, but also the education of the public on mental health issues, the promotion of good mental health practices, and the prevention of mental conditions in the population.”

**Reference Type:** Book Section

**Author:** Arboleda-Flórez, J.

**Year:** In press

**Title:** Stigmatization and human rights.

**Book Title:** WHO Background Document to the World Health Assembly, April 2001

**City:** Geneva, Switzerland

**Publisher:** WHO

**Abstract:** In this review, the author seeks to define and document the elements that lie at the origin of stigma, as well as its negative consequences on people suffering from a mental disorder and their families. Furthermore, the author also describes several programs that have been launched worldwide in the fight against the stigma associated with mental illness. Some of the programs the author describes include the Royal College of Psychiatrist’s campaign ‘Changing Minds,’ or even the WPA Anti Stigma because of Schizophrenia Campaign. The aim of the author in so doing is to help mental health planners to adopt more comprehensive mental policies, which should “address not only the legislative and budgetary aspects of mental health programs, but also the education of the public on mental health issues, the promotion of good mental health practices, and the prevention of mental conditions in the population”. (56 references)

**Reference Type:** Journal Article

**Author:** Arboleda-Flórez, J.

**Year:** In press

**Title:** Violence and schizophrenia—the indelible stigma.

**Abstract:** Violence is the predominant stereotype associated with people with a mental illness, most notably for persons with schizophrenia, which in great part is due to the media’s emphasis on crimes committed by mentally ill patients or expatients. The author in this review seeks to investigate the relationship between schizophrenia and violence, in investigating the following points: 1) whether the association is really one of causality; 2) the context in which the violence occurs; 3) how serious the risk of violence is from a public health’s point of view; and 4) what the measures are that should be taken in order to manage the risk of violence committed by persons with schizophrenia. He notes that no evidence has been found that the association found between schizophrenia and violence is one of causality. Also he points out that alcohol abuse is a strong factor in the violence risk of persons with mental illness. Nevertheless, he stresses that since there is a percentage of violent persons with schizophrenia, caregivers should be more vigilant and aim at reducing the factors that can lead their patients to becoming violent.

**Reference Type:** Journal Article

**Author:** Arboleda-Flórez, J.; Holley, H.; Crisanti, A.

**Year:** 1998

**Title:** Understanding causal paths between mental illness and violence.

**Journal:** Social Psychiatry and Psychiatric Epidemiology

**Volume:** 33

**Pages:** S38-S46

**Abstract:** The stigma associated with mental illness is a major concern for patients, families, and providers of health services. One reason for the stigmatization of the mentally ill is the public perception that they are violent and dangerous. Although, traditionally, mental health advocates have argued against this public belief, a recent body of research evidence suggests that patients who suffer from serious mental

conditions are more prone to violent behavior than persons who are not mentally ill. It is a point of contention, however, whether the relationship between mental illness and violence is only one of association, or one of causality; that mental illness causes violence. A proven causal association between mental illness and violence will have major consequences for the mentally ill and major implications for caregivers, communities, and legislators. This paper outlines the key methodological barriers precluding causal inferences at this time. The authors suggest that a causal inference about mental illness and violence may yet be hasty. Because a premature statement advocating a causal relationship between mental illness and violence could increase stigma and have devastating effects on the mentally ill, the authors urge researchers to consider the damage that be produced as a result of poorly substantiated causal inferences. (Author Abstract/ 96 references)

**Reference Type:** Journal Article

**Author:** Armstrong, B.

**Year:** 1980

**Title:** Stigma: its impact on the mentally ill.

**Journal:** Hospital and Community Psychiatry

**Volume:** 31

**Issue:** 5

**Pages:** 342-346

**Abstract:** In this conference report, several important issues are highlighted. The author notes that before starting an antistigma campaign, more effort needs to be put into the understanding of how exactly mentally ill persons are stigmatized. It is also noted that efforts to fight stigma are important for several reasons; in her opinion, stigma keeps legislators from giving enough funding for the appropriate care of mental illness; it keeps insurance companies from giving enough coverage for mental illness; it keeps neighbors from allowing ex mentally ill persons from living in their community; and it keeps employers from giving mentally ill persons an adequate chance. She further notes that fear of dangerousness is a key component in the stigma, and that mental health workers, instead of lying in claiming that mentally ill persons are no less likely to be violent, should show the actual numbers that demonstrate that only a small minority of mentally ill persons are prone to violence. She also underlines the key role that mass media plays in the stigmatization of mental illness, and that these should work with mental health professionals in showing a more positive image of persons with a mental illness.

**Reference Type:** Book

**Author:** Asioli, F.; Bassi, M.

**Year:** 2000

**Title:** Lotta allo stigma

**City:** Bologna, Italy

**Publisher:** Editrice Compositori

**Number of Pages:** 110

**Reference Type:** Book

**Author:** Atkinson, J. M.; Coia, D. A.

**Year:** 1995

**Title:** Families coping with schizophrenia: a practitioner's guide to family groups.

**Publisher:** John Wiley & Sons

**Number of Pages:** 284

**Abstract:** With stories from their own experiences of working with the families of those living with schizophrenia, the authors provide advice for the medical practitioners as well as family groups. Although the examples are taken from developed countries, the reviewers feel the book has wider cultural applicability. The book is most useful for those countries where developed services exist, and includes notes for relatives, group leaders, self-help groups and staff training. (Included in Volume V of the WPA 'Open the Doors' program brochures)

B

**Reference Type:** Book

**Author:** Backlar, P.

**Year:** 1994

**Title:** The family face of schizophrenia: true stories of mental illness with practical advice from America's leading experts.

**Publisher:** G. P. Putnam's Sons

**Number of Pages:** 283

**Abstract:** This book is intended for caregivers, relatives, and friends of those living with schizophrenia. It presents true stories with commentaries by medical and non-medical experts. Although the examples are from North America only and target highly literate individuals, WPA reviewers recommend the book because of the clarity of its message, and its practical orientation. (Included in Volume V of the WPA 'Open the Doors' program brochures).

**Reference Type:** Journal Article

**Author:** Berlin, F. S.; Malin, M.

**Year:** 1991

**Title:** Media distortions of the public's perceptions of recidivism and psychiatric rehabilitation.

**Journal:** American Journal of Psychiatry

**Volume:** 148

**Issue:** 11

**Pages:** 1572-1576

**Abstract:** Commentary–Aim: To show how the media can distort public perceptions of treatment outcome. Methods: Vignettes of actual treatment outcomes for cases of sexual offenders were compared with the media coverage of those cases. Results: The authors were able to show how some information is often left out thereby giving a more one sided view of a given incident; a view often incomplete and erroneous.

**Reference Type:** Journal Article

**Author:** Bhugra, D.

**Year:** 1989

**Title:** Attitudes towards mental illness.

**Journal:** Acta Psychiatrica Scandinavia

**Volume:** 80

**Pages:** 1-12

**Abstract:** A review on the literature concerning public attitudes regarding mental illness is made, and comments on what could be done to enhance public opinion are suggested. (115 references)

**Reference Type:** Journal Article

**Author:** Bhugra, D.; Ayonrinde, O.; Mallet, R.; Leff, J.

**Year:** 2001

**Title:** Measurement of racial life events in schizophrenia: development of a new schedule-a pilot study.

**Journal:** International Journal of Methods in Psychiatric Research

**Volume:** 10

**Issue:** 3

**Pages:** 140-146

**Abstract:** The relationship between stressors and the onset of psychosis is well described in the literature. However, for minority ethnic groups in the UK the impact of racism and racial life events has not been

studied to the same extent. In this paper we describe the development of a semi-structured interview–Racial Life Events Schedule (RALES)–in order to measure racial life events as well as continuing difficulties attributable to racial discrimination. The interview was piloted on 12 African Caribbean and eight Asian patients presenting with first onset schizophrenia. The interview was useful in eliciting racial events but overall there were no differences between patients and community controls. We believe that this schedule is useful for understanding racial events in the individuals' personal and cultural context. The development and the schedule are described in the paper. (Author Abstract/ 28 references)

**Reference Type:** Journal Article

**Author:** Bjorklund, R.

**Year:** 1996

**Title:** Psychiatric labels: still hard to shake.

**Journal:** Psychiatric Services

**Volume:** 47

**Issue:** 12

**Pages:** 1329-1330

**Abstract:** In this personal account, the author discusses the effects of a psychiatric label on a number of different spheres of life; ranging from the clinicians, to friends as well as to the educational environment.

**Reference Type:** Journal Article

**Author:** Boisvert, C. M.; Faust, D.

**Year:** 1999

**Title:** Effects of the label 'schizophrenia' on causal attributions of violence.

**Journal:** Schizophrenia Bulletin

**Volume:** 25

**Issue:** 3

**Pages:** 479-491

**Abstract:** Aim: To study the relationship between the label of schizophrenia and the causal attribution of violence. Method: Undergraduates were asked to read 10 of 10 scenarios in which two variables were manipulated; the psychiatric label and the extent of environmental stress. After reading it, they were asked to complete the Causal Dimension Scale II (CDS-II). Subjects were also asked to complete an exploratory questionnaire addressing severity of the behavior, degree to which the behavior was justified, cause of the behavior, degree to which the behavior was characteristic of the person and the likelihood it had previously occurred. There was a second study in which mental health professionals filled out a questionnaire in which the same scenarios and questions were used as with the previous sample. Results: It was found that the label "schizophrenia" did not lead to subjects making more personality causal attributions for behavior. Also, it was found that as the extent of environmental stress increased, subjects made less personality causal attributions (for both undergraduates and professionals).

**Reference Type:** Journal Article

**Author:** Bolton, J.

**Year:** 2000

**Title:** Mental illness and the media.

**Journal:** Psychiatric Bulletin

**Volume:** 24

**Pages:** 345-346

**Abstract:** Describes and discusses the 13th Royal College Christmas Lecture for Young People, which consisted of a debate on the theme of mental illness and the media, in terms of its portrayal and potential harmful effects for persons with a mental illness. (4 references)

**Reference Type:** Journal Article

**Author:** Britten, N.

**Year:** 1998

**Title:** Psychiatry, stigma, and resistance: Psychiatrists need to concentrate on understanding, not simply compliance.

**Journal:** British Medical Journal

**Volume:** 317

**Issue:** 7164

**Pages:** 963-964

**Abstract:** Editorial—Discusses the Royal College of Psychiatrist's campaign to fight stigma, and describes patient satisfaction/ dissatisfaction. She stresses the fact that psychiatrists need to not only address public perceptions of mental illness but also look at their own practice.

**Reference Type:** Book

**Author:** Brown, J. F.

**Title:** The Gift of Depression: Twenty-one inspirational stories sharing experience, strength, and hope. Together we will end the stigma.

**Abstract:** These "one of a kind" books contain stories written by the average person, living in any neighborhood across the United States and Canada, who is living with depression. People will easily identify with their honest, sometimes lighthearted approach to telling what depression is like for those who are successfully living with it, as well as stories of those who could not. (Editorial review—Amazon.com)

**Reference Type:** Journal Article

**Author:** Brunton, K.

**Year:** 1997

**Title:** Stigma.

**Journal:** Journal of Advanced Nursing

**Volume:** 26

**Pages:** 891-898

**Abstract:** Aim: Initially starting as a review of the literature on stigma, this article became a study in which the claim that contact (voluntary as well as involuntary) with a person with mental illness reduces stigmatizing attitudes towards the latter was examined. Method: The houses located directly next to the new community mental health base were surveyed and compared with a similar set of houses 5 miles away (both 6 months prior to the opening of the base and 6 months after). The survey was in the form of a questionnaire with 13 closed questions and 2 open questions. 250 surveys were sent back to the author. Results: It was found that the new community base neither increased nor reduced psychiatric stigma in the residents living next to it.

**Reference Type:** Journal Article

**Author:** Buizza, C.; Sleijpen, C.; Vezzoli, R.; David, A.; Minicuci, N.; Pioli, R.; Rossi, G.

**Year:** submitted

**Title:** Community attitudes towards mentally ill people in an Italian town.

**Journal:** Acta Psychiatrica Scandinavica

**Abstract:** Objective: To assess the influence of socio-demographic characteristics on the community attitudes towards mentally ill people. Method: A factor analysis of the results of the Community Attitudes to the Mentally Ill (CAMI) Inventory conducted in a sample of Brescia, a northern Italian town. Furthermore, associating analysis was conducted between knowing somebody who has suffered from a mental illness and the Fear and Behavioral Intentions Inventory (FABI). Results: Factor analysis revealed three components: 'physical distance and fear,' 'social isolation,' and 'social responsibility and tolerance' showed associations with some socio-demographic variables. Conclusion: Our findings show that physical distance and isolation attitudes were diffused most of all in some ranges of the target population. People with a younger age, who have a high level of education, who have children under 18 years old in the household and who work as an employee appeared to have more prejudices. (WPA Italy Abstract)

**Reference Type:** Book

**Author:** Burke, R. D.

**Year:** 1995

**Title:** When the music is over: my journey into schizophrenia.

**City:** USA

**Publisher:** Penguin Books

**Number of Pages:** 254

**Abstract:** Written by a man who has struggled with schizophrenia, the book offers practical advice for those living with the illness and those in their lives. It provides a useful perspective on the illness from the point of view of an educated, middle class male from an industrialized country. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article

**Author:** Burton, V. S.

**Year:** 1990

**Title:** The consequences of official labels: a research note on the rights lost by the mentally ill, mentally incompetent and convicted felons.

**Journal:** Community Mental Health Journal

**Volume:** 26

**Issue:** 3

**Pages:** 267-276

**Abstract:** Aim: To investigate and present the legal restrictions imposed on the mentally ill in the different states of the US. Method: State laws were examined. Attention was focused on state statutes as well as state constitutions and attorney general opinions. Results: 19 states restrict the right to vote to the mentally ill, 16 states deny them the right to hold office and 16 forbid them to serve on a jury. Furthermore, 20 states are allowed to statutorily remove their child from their custody. Interestingly it was also found that the southern states are the most restrictive in terms of civil rights for the mentally ill. (41 references)

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 1998  
**Title:** Fall and rise of the movie 'Psycho Killer.'  
**Journal:** Psychiatric Bulletin  
**Volume:** 22  
**Pages:** 174-176  
**Abstract:** Images of insanity have long been part of mass culture cinema. Often the insane person is depicted as highly violent and highly unpredictable. Not only that, but there also seems to be a set of rules that are applied in the depiction of this character. These stereotypes cause distress in the families of persons with mental illness.

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 1999  
**Title:** Stigma of mental illness: changing minds, changing behavior.  
**Journal:** British Journal of Psychiatry  
**Volume:** 174  
**Issue:** 1  
**Pages:** 1-2  
**Abstract:** Editorial—Discusses stigma and the importance of fighting it, and then concludes by stating that the College Campaign 'Changing Minds' is one such program. (15 references)

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 2000  
**Title:** Schizophrenia in the cinema.  
**Journal:** Psychiatric Bulletin  
**Volume:** 24  
**Pages:** 364-365  
**Abstract:** Editorial—Discusses the way in which schizophrenia is portrayed in the cinema using the film 'Me, Myself and Irene' as an example. In the USA, the NAMI have had objections towards this movie on three counts: that schizophrenia is not split or multiple personality, that it is not a violent illness and that its symptoms as well as treatment should not be portrayed as a joke.

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 2000  
**Title:** Stigma of mental illness and ways of diminishing it.  
**Journal:** Advances in Psychiatric Treatment  
**Volume:** 6  
**Pages:** 65-72  
**Abstract:** In this commentary, Dr. Byrne highlights the negative effects stigma can have. He also highlights the need for psychiatrists to, on the one hand, address their own potential stigmatized attitudes, and on the other to discuss stigma and its effects with the patient. He also urges them to educate the public, and notes that not enough psychiatric research has been devoted to the study of the stigma of mental illness. (30 references)

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 2000  
**Title:** The psychokiller strikes again.  
**Journal:** British Medical Journal

**Volume:** 320  
**Pages:** 1282  
**Abstract:** In this commentary, Dr. Byrne discusses the portrayal of people with a mental illness in the television show ER. Specifically he begins his discussion with portrayal of 'Paul,' a mentally ill man who kills Lucy and wounds Dr. Carter. The author highlights that the portrayal of people with a mental illness in this television show is always related to violence: people with a mental illness are always shown as posing a threat to either themselves or others.

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 2001  
**Title:** Psychiatric Stigma.  
**Journal:** British Journal of Psychiatry  
**Volume:** 178  
**Pages:** 281-284  
**Abstract:** Brief overview on what has been done and what can be found within the stigma literature. Provides a brief, yet highly concise review, as well as many references to the stigma literature. (47 references)

**Reference Type:** Journal Article  
**Author:** Byrne, P.  
**Year:** 2001  
**Title:** On the edge.  
**Journal:** British Medical Journal  
**Volume:** 322  
**Pages:** 114  
**Abstract:** In this commentary, Dr. Byrne describes the series of television shows 'On the Edge,' which is made of three shows: 'Black Dog,' 'Secret Life of Happiness,' and 'All the Rage.' He finds these shows to provide an accurate and truthful account of mental illness and claims that this is a step in the right direction.

## C

**Reference Type:** Book**Author:** Chadwick, P. K.**Year:** 1997**Title:** Schizophrenia: the positive perspective—  
search of dignity for schizophrenic people.**Publisher:** Routledge**Number of Pages:** 220**Abstract:** This book, targeted to mental health professionals and those in the media, provides a positive image of those living with schizophrenia. It includes practical information on treatment. Although the reviewer felt that the style of the book may be primarily suited for professionals, overall the book has value for others interested in schizophrenia and its treatment. (Included in Volume V of the WPA 'Open the Doors' program brochures).**Reference Type:** Journal Article**Author:** Clausen, J. A.**Year:** 1981**Title:** Stigma and mental disorder: phenomena and terminology.**Journal:** Psychiatry**Volume:** 44**Issue:** 4**Pages:** 287-296**Abstract:** My aim in this paper is to examine the application of the concept stigma to mental disorder and to the mentally ill. I believe that the loose use of this term serves to obscure the real issues that must be confronted in attempting to change public response to mental disorder. I shall examine recent, and in my opinion ill-advised, use of the concept stigma and then present some data that bear upon social responses to mentally ill patients and former patients in contemporary America. My data are derived from a long-term study of mental patients and their families, and I shall document that their feelings of stigmatization are not so much a consequence of the response of others to their having been hospitalized for mental illness or labeled mentally ill as of self doubts or chronic manifestations of mental illness. (Author Abstract)**Reference Type:** Journal Article**Author:** Corker, E.**Year:** 2001**Title:** Stigma caused by psychiatrists.**Journal:** British Journal of Psychiatry**Volume:** 178**Pages:** 379**Abstract:** In this commentary, the author highlights the necessity for mental health professionals to realize that psychiatrists themselves are often quite stigmatizing towards their patients.**Reference Type:** Journal Article**Author:** Corrigan, P. W.**Year:** 1998**Title:** The impact of stigma on severe mental illness.**Journal:** Cognitive and Behavioral Practice**Volume:** 5**Issue:** 2**Pages:** 201-222**Abstract:** Movies, newspapers, magazines, television shows, books, radio programs, and ads have all been

vehicles for communicating the experience of severe mental illness. This has, however, tended to be a misinterpretation of the experience. Persons with psychiatric disability suffer societal scorn and discrimination because of the stigma that evolves out of these misrepresentations. This kind of rebuff frequently leads to diminished self esteem, fear of pursuing one's goals, and loss of societal opportunities. Social psychologists have developed a model of stereotype that frames stigma as a cognitive structure. Their social cognitive paradigm seems especially useful for a model of cognitive behavioral therapy for stigma. This model identifies three targets: a) persons who hide their mental health experience from the public and suffer a private shame; b) persons who have been publicly labeled as mentally ill and suffer societal scorn; and c) society itself, which suffers fears and misinformation based on stigma and myth. Each of these three targets suggests specific behavioral interventions that may alleviate the impact of stigma.

**Reference Type:** Journal Article**Author:** Corrigan, P. W.; Edwards, A. B.; Green, A.; Diwan, S. L.; Penn, D. L.**Year:** 2001**Title:** Prejudice, social distance and familiarity with mental illness.**Journal:** Schizophrenia Bulletin**Volume:** 27**Issue:** 2**Pages:** 219-225**Abstract:** Aim: To study the relationship between two attitudes—authoritarianism and benevolence—and social distance. Method: 151 research participants from community colleges completed measures on familiarity (Level of Contact Report), prejudicial attitudes (OMI Questionnaire) and social distance (Social Distance Scale). Results: It was found that social distance is influenced by both attitudes: authoritarianism—the belief that people with a mental illness cannot care for themselves—and benevolence—that people with a mental illness are innocent and childlike. In other words, both of these attitudes led to greater avoidance of people with mental illness. Furthermore, it was found that familiarity with mental illness led to less prejudicial attitudes and thus in turn, to less avoidance.**Reference Type:** Journal Article**Author:** Corrigan, P. W.; Penn, D. L.**Year:** 1999**Title:** Lessons from social psychology on discrediting psychiatric stigma.**Journal:** American Psychologist**Volume:** 54**Issue:** 9**Pages:** 765-776**Abstract:** A number of strategies exist in the fight against psychiatric stigma education, protest and contact with persons with a mental illness. The authors argue that much of the social psychology literature on stigma associated with minorities and other 'outgroups' should be studied by psychiatrist in order to enhance their fight against psychiatric stigma. The authors highlight three points that such research indicates, namely that attempts to suppress stereotypes can result in a rebound effect, that the

results of education can be limited since many stereotyped thoughts are automatic and are thus hard to change, and that for contact to be most valuable, it should be effectuated between two people of equal status.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; River, L. P.; Lundin, R. K.; Uphoff-Wasowski, K.; Campion, J.; Methsien, J.; Goldstein, H.; Bergman, M.; Gagnon, C.

**Year:** 2000

**Title:** Stigmatizing attributions about mental illness.

**Journal:** Journal of Community Psychology

**Volume:** 28

**Issue:** 1

**Pages:** 91-102

**Abstract:** Aim: To measure the relevance of a model proposed by Weiner et al which examined psychiatric stigma in terms of attributions about the controllability (the fault of the person vs. that of the environment) and stability (the chances of remission) of mental illnesses. Method: 152 community students were asked to rate four mental disabilities (cocaine addiction, depression, psychosis, and mental retardation) and two physical disabilities (cancer and AIDS) using the Psychiatry Disability Attribution Questionnaire (PDAQ). Results: It was found that mental disabilities were rated more negatively than physical disabilities. A significant distinction between stability and controllability was also found. More specifically, cocaine addiction was rated as the most controllable followed by psychosis and AIDS. In terms of stability, mental retardation was viewed as most stable, followed by AIDS and psychosis.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; Rowan, D.; Green, A.; Lundin, R.; River, P.; Uphoff-Wasowski, K.; White, K.; Kubiak, M. A.

**Year:** In press

**Title:** Challenging two mental illness stigmas: personal responsibility and dangerousness.

**Abstract:** Aim: To examine the path models that explain how the following stigmatizing attitudes (belief that mentally ill persons are responsible for their symptoms and belief that they are dangerous and should therefore be avoided) lead to discrimination and as well as to assess the effect of antistigma programs on both these components. Methods: 213 community students were assigned to 1 of 5 conditions: education on personal responsibility, education on dangerousness, contact with a mentally ill person where personal responsibility is discussed, contact with a mentally ill person where dangerousness is discussed and the no change control group. A 21-item Attribution Questionnaire (QA) as well as a Social Distance Scale were given prior to the stigma intervention as well as right after the intervention and at a one week follow up. Participants were also asked to complete a task that measured their willingness to engage in helping behavior towards the mentally ill. Results: It was found that dangerousness was key in the stigma towards the mentally ill and also that contact with a mentally ill person resulted in more positive ratings during the post intervention testing as well as at one week follow up. Furthermore, many of the positive effects found with education right after the intervention returned to

baseline at the one week follow-up. Nevertheless, both contact and education yielded to greater helping behavior.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; Watson, A. C.

**Year:** In press

**Title:** From whence comes mental illness stigma?

**Abstract:** In this review the authors seek to investigate the origins of stigma associated with mental health. They do so by examining the three most often cited hypothesis: 1) that mental illness stigma results as a normal response of the public to a group of people whom really are dangerous and blameworthy, 2) that there is a 'kernel of truth' to the stigmatizing attitudes about people with mental illness, and 3) that mental illness stigma represents a form of psychological justification. They provide evidence to show that the first 2 hypothesis are wrong, and then go on to discuss three variants of the third explanation. For the first two variants—ego and group justification—they again provide evidence to discredit them. The third variant—system justification—they hold to be the best hypothesis currently available. This last variant discusses stigma as a way of making sense of the differences, both political and economical, between the majority and any stigmatized group (not just the mentally ill). A lot of research on minorities stemming from social psychology is used in order to defend the authors' opinion. (100 references)

**Reference Type:** Book

**Author:** Corrigan, P. W.; Lundin, R.

**Year:** 2001

**Title:** Don't call me nuts: coping with the stigma of mental illness.

**City:** Champaign, IL

**Publisher:** Recovery Press

**Number of Pages:** 456

**Abstract:** This book, co-written by a psychologist and by a person having himself experienced mental illness and the stigma associated with it, can serve as a manual to guide people having to deal with this stigma on how to become respected, as well as accepted members of society.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; River, L. P.

**Year:** 1999

**Title:** Predictor of participation in campaigns against mental illness stigma.

**Journal:** Journal of Nervous and Mental Diseases

**Volume:** 187

**Issue:** 6

**Pages:** 378-380

**Abstract:** Aim: To better understand what factors contribute to the greater participation in antistigma campaigns. Methods: A sample of 152 community college students was used. They were administered the Psychiatric Disability Attribution Questionnaire (PDAQ)—a 36 item measure of attributions about psychiatric disabilities. Then participants were given a petition to fight stigma and asked to sign (confidentially) if they so wished. Results: It was found that attributions about controllability were correlated with antistigma behavior; that is, those who disagree with the notion that persons are to blame for

their mental illness are more likely to sign antistigma petitions.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; River, L. P.; Lundin, R. K.; Penn, D. L.; Uphoff-Wasowski, K.; Campion, J.; Mathisen, J.; Gagnon, C.; Bergman, M.; Goldstein, H.; Kubiak, M. A.

**Year:** 2001

**Title:** Three strategies for changing attributions about severe mental illness.

**Journal:** Schizophrenia Bulletin

**Volume:** 27

**Issue:** 2

**Pages:** 187-195

**Abstract:** Aim: To study the effects of three strategies used in the fight against psychiatric stigma: education, protest and contact with a person with a mental illness. Method: 152 community college students were assigned to one of three strategy conditions as well as a no strategy/ control condition. Before and after the intervention, participants were asked to fill out the Psychiatric Disability Attribution Questionnaire towards six groups: depression, psychosis, cocaine addiction, mental retardation, cancer and AIDS. After the intervention participants were asked to watch a 3-minute video of a person with mental illness and then asked to complete the Life Story Memory Test. Next, they were asked to answer a 5-item pencil-and-paper survey measuring the experience of their respective stigma changing condition. Results: It was found that contact produced the best effects in terms of attribution, that education did improve attributions concerning psychiatric disabilities, and that protest yielded to no change in attributions about any of the disabilities.

**Reference Type:** Journal Article

**Author:** Corrigan, P. W.; Watson, A. C.

**Year:** In press

**Title:** The paradox of self stigma and mental illness.

**Abstract:** This review of the literature of the effects of stigma on persons with a mental illness finds that stigmatization can result in more than just lowered self esteem and sense of efficacy. It finds that stigmatization can have three almost paradoxical results: lowered self esteem and sense of self efficacy, people being energized by prejudice and exhibiting righteous anger; or it can result in neither of these two reactions, that is, in people who are indifferent to the stigma. In this review the authors propose a situational model to explain this paradox. The authors argue that people who perceive the negative response of others as legitimate are more likely to experience low self esteem, whereas those who disagree are more likely to exhibit anger. Since the review is based largely on stigmatization of women and people of color, the author provides the reader with a few cautions as to its generalization in the context of mental illness.

**Reference Type:** Journal Article

**Author:** Crisp, A. H.

**Year:** 1999

**Title:** The stigmatization of sufferers with mental disorders.

**Journal:** British Journal of General Practice

**Volume:** 49

**Pages:** 3-4

**Abstract:** Editorial—discusses the ‘Changing Minds; Every Family in the Land’ campaign, and stresses the necessity of such programs. (7 references)

**Reference Type:** Journal Article

**Author:** Crisp, A. H.

**Year:** 2000

**Title:** Changing Minds: every family in the land.

**Journal:** Psychiatric Bulletin

**Volume:** 24

**Pages:** 267-268

**Abstract:** Provides an update on the College’s campaign to fight stigma and discrimination. (5 references)

**Reference Type:** Journal Article

**Author:** Crisp, A. H.

**Year:** 2001

**Title:** The tendency to stigmatize.

**Journal:** British Journal of Psychiatry

**Volume:** 178

**Pages:** 197-199

**Abstract:** Editorial—Overviews psychiatric stigma and discusses interventions to fight it. (13 references)

**Reference Type:** Journal Article

**Author:** Crisp, A. H.; Gelder, M. G.; Rix, S.; Meltzer, H. I.; Rowlands, O. J.

**Year:** 2000

**Title:** Stigmatization of people with mental illnesses.

**Journal:** British Journal of Psychiatry

**Volume:** 177

**Pages:** 4-7

**Abstract:** Aim: To determine the attitudes of the British adult population concerning those with a mental illness. Method: A survey of 1737 adults in the UK was used. Each was sent a letter (survey) regarding their perception on 8 topics (being dangerous, being unpredictable, being difficult to talk with, having only themselves to blame, being able to pull themselves together, having a poor outcome and responding poorly to treatment) of 7 mental disorders (depression, panic attack, schizophrenia, dementia, eating disorders, alcoholism and drug addiction), that he/ she was to fill out. Results: It was found that respondents often perceived people with schizophrenia as unpredictable and dangerous. They also found that people with any of the seven conditions were hard to talk with. Furthermore, schizophrenia, alcoholism and drug addiction gave rise to the most negative opinions. (15 references)

**Reference Type:** Book

**Author:** Crisp, A. H. (ed)

**Title:** Every Family in the Land: understanding prejudice and discrimination against people with mental illness.

**Abstract:** This book comprises texts by over 80 authors including psychiatrists, mental health consumers, lawyers, and academics among others, and is made up of the following nine chapters: the history of stigmatization of people with mental illness; people’s perceptions of the mentally ‘ill’ and the experiences of users; the origins of stigmatization; self inflection, social adaptation or biological destiny models and their relationship to stigmatization; personality disorder, its nature, stigmatization,

relationship to mental illness and treatment possibilities; the law and mental illness; creativity and mental illness; spirituality and mental illness; some strategies to tackle stigmatization and discrimination.

## D

**Reference Type:** Journal Article  
**Author:** Dain, N.  
**Year:** 1994  
**Title:** Reflections on antipsychiatry and stigma in the history of American psychiatry.  
**Journal:** Hospital and Community Psychiatry  
**Issue:** 10  
**Pages:** 1010-1014  
**Abstract:** Commentary—Brief review and commentary on the history of stigma and the antipsychiatry movement. (36 references)

**Reference Type:** Journal Article  
**Author:** Day, D. M.; Page, S.  
**Year:** 1986  
**Title:** Portrayal of mental illness in Canadian newspapers.  
**Journal:** Canadian Journal of Psychiatry  
**Volume:** 31  
**Pages:** 813-817  
**Abstract:** Aim: To investigate the way mental illness is portrayed in mass circulation newspapers. Method: 103 articles randomly selected from a pool of 575 articles were analyzed for both tone (negative vs. positive) and ideology (traditional vs. non traditional), and compared to articles in two mental health publications. Results: It was found that the newspaper articles portrayed the mentally ill as essentially 'pejorative.' More specifically it was found that 41.8% of the articles counted were judged as 'negative' in tone. Furthermore, it was found that the 'composite' mentally ill was as follows: 'male, single, 33.3 years, unemployed, hospitalized for schizophrenia, etc...'

**Reference Type:** Book  
**Author:** De Hert, M.; Magiels, G.; Thys, E.  
**Year:** 2000  
**Title:** The secret of the brain chip.  
**City:** Antwerp, Belgium  
**Publisher:** EPO  
**Number of Pages:** 64  
**Abstract:** This book is a self-help guide for people suffering from psychosis, as well as for the family and friends of those suffering from psychosis. Through poems and comic strips, it attempts to inform readers about what a psychosis is and what it is not, the different kinds that exist, as well as the treatment options available.

**Reference Type:** Book  
**Author:** Deveson, A.  
**Year:** 1990  
**Title:** Tell me I'm here.  
**City:** USA  
**Publisher:** Penguin Books  
**Abstract:** This book is a highly accessible book for the general public. It is an account of a mother's attempts to cope with her son, who has been diagnosed with schizophrenia. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article  
**Author:** Dincin, J.  
**Year:** 1993  
**Title:** Ending stigma and discrimination begins at home.  
**Journal:** Hospital and Community Psychiatry  
**Volume:** 44  
**Issue:** 4  
**Pages:** 309  
**Abstract:** In this commentary, the author highlights the fact that many mental health professionals exhibited as much, if not more, stigmatizing attitudes towards persons with a mental illness, as the general public. He claims that work should start within the mental health professional community before attempting to change the attitudes of the general public.

**Reference Type:** Journal Article  
**Author:** Doherty, E. G.  
**Year:** 1975  
**Title:** Labeling effects in psychiatric hospitalization. A study of diverging patterns of inpatient self-labeling processes.  
**Journal:** Archives of General Psychiatry  
**Volume:** 32  
**Issue:** 5  
**Pages:** 562-568  
**Abstract:** This report explores two theoretical positions regarding psychiatric inpatient self-labeling processes over time. One position suggests that acceptance of the deviant label "mentally ill" is benign; the other suggests that such label acceptance may be harmful to patients. Employing empirical, longitudinal data from a sample of 43 inpatients, three complex, but discernible, patterns of "acceptance," "rejection," or "denial" of the "deviant" label of mental patient emerged over time within a short-term hospital setting. The three patient groups varied on Minnesota Multiphasic Personality Inventory scales, staff behavioral ratings over time, involvement in approved ward activities, and length of hospitalization. Results were discussed in terms of patient-staff interaction and its possible relation to patient self-labeling. (Author Abstract)

F

**Reference Type:** Journal Article  
**Author:** Fabrega, H.  
**Year:** 1990  
**Title:** Psychiatric Stigma in the Classical and Medieval Period: A Review of the Literature.  
**Journal:** Comprehensive Psychiatry  
**Volume:** 31  
**Issue:** 4  
**Pages:** 289-306  
**Abstract:** Horacio Fabrega reviews the importance held by psychiatric stigma in classical antiquity and the medieval era of Western Europe, by looking at the social and cultural factors that contributed to the emergence of that stigma.

**Reference Type:** Journal Article  
**Author:** Fabrega, H.  
**Year:** 1991  
**Title:** Psychiatric stigma in non-Western societies.  
**Journal:** Comprehensive Psychiatry  
**Volume:** 32  
**Issue:** 6  
**Pages:** 534-551  
**Abstract:** Horacio Fabrega reviews material concerning psychiatric stigma in non-Western cultures. Concentrating on the cultures of India, China and Islamic societies, he finds psychiatric stigma in all three although in a somewhat different way in each. He notes the importance of differentiating the treatment of mental illness in the community and in the medical tradition. (91 references)

**Reference Type:** Journal Article  
**Author:** Farina, A.; Felner, R. D.  
**Year:** 1973  
**Title:** Employment interviewer reactions to former mental patients.  
**Journal:** Journal of Abnormal Psychology  
**Volume:** 82  
**Issue:** 2  
**Pages:** 268-272  
**Abstract:** Aim: To investigate whether the label of a mental illness had an effect on the chances of getting a job, as well as whether it had a negative effect on the behavior of the interviewer. Method: A person attended 32 job interviews. He either indicated traveling or staying in mental health hospital for a period of 9 months that had been purposely left blank on his CV. Results: It was found that a history of mental illness led to fewer job offers (2 vs. 4), and a less friendly behavior on the part of the interviewer. (14 references)

**Reference Type:** Journal Article  
**Author:** Farrell, M.; Lewis, G.  
**Year:** 1990  
**Title:** Discrimination on the grounds of diagnosis.  
**Journal:** British Journal of Addiction  
**Volume:** 85  
**Pages:** 883-890  
**Abstract:** Aim: To see how the label of alcoholism would influence the attitude of psychiatrists. Methods: 144 psychiatrists were randomly allocated one of four vignettes (same in all cases, except case 1: male with previous diagnosis of alcohol dependence; case 2: no

previous diagnosis; case 3; patient changed to female; and case 4: female patient and no previous diagnosis). Each respondent was asked to then fill out a questionnaire dealing with the assessment and management of the case described in the vignette. Results: Psychiatrists with the previous diagnosis vignette saw the patient as more uncompliant, as less accepting of advice and as having a poorer prognosis for the current 'problem.' It was also found that those with a special interest in alcohol dependence and abuse saw the patient with a previous diagnosis as less difficult to manage than their non-specialist colleagues. No sex differences were found.

**Reference Type:** Journal Article  
**Author:** Ferriman, A.  
**Year:** 2000  
**Title:** The stigma of schizophrenia.  
**Journal:** British Medical Journal  
**Volume:** 320  
**Issue:** 7233  
**Pages:** 522  
**Abstract:** In a study seeking to examine the way mental health consumers felt about the coverage of mental illness in the media, it was found that 3/4 felt that media coverage was 'unfair, unbalanced or very negative.' For this reason, journalists and mental health activists met in a conference entitled 'Media Forum on Mental Health.' In this review, the author describes this meeting/ debate.

**Reference Type:** Book  
**Author:** Fink, P. J.; Tasman, A. (ed)  
**Year:** 1992  
**Title:** Stigma and Mental Illness.  
**City:** Washington DC  
**Publisher:** American Psychiatry Press, Inc.  
**Number of Pages:** 236  
**Abstract:** This book is comprised of 19 essays concerning stigma, written by some of the leading men and women in the field. Topics in this collection include the following: the experience of stigma, the historical aspects of stigma, societal issues and institutional issues.

**Reference Type:** Journal Article  
**Author:** Finzen, A.  
**Year:** 2000  
**Title:** Stigma, stigma management, destigmatization. (In German)  
**Journal:** Psychiatrische Praxis  
**Volume:** 27  
**Issue:** 7  
**Pages:** 316-320  
**Abstract:** WHO and WPA recently inaugurated worldwide "antistigma-campaigns." On this background, the exploration of discrimination against the mentally ill of the term stigma and its meaning is useful. Stigma dates from ancient Greece and was meant to be a visible sign of disgrace. Today stigma and stigma management are sociological terms described by the American sociologist Ervin Goffman (1963) in his essay "Stigma—notes on the management to spoiled identity." Changes and hazards of attempts of destigmatization are explored.

**Reference Type:** Book

**Author:** Fox, L.

**Year:** 1998

**Title:** My sister from the Black Lagoon: a novel of my life.

**Abstract:** "I was born into a mentally ill family. My sister was the officially crazy one, but really we were all nuts." So begins the autobiographical novel that describes the difficulties—and sometimes humor—of growing up with a sibling whose serious mental illness dominates the family and demands so much time, energy, and understanding from all, including the younger sister. (Abstract by Dr. O. Wahl)

G

**Reference Type:** Journal Article

**Author:** Gallo, K. M.

**Year:** 1994

**Title:** First person account: self stigmatization.

**Journal:** Schizophrenia Bulletin

**Volume:** 20

**Issue:** 2

**Pages:** 407-410

**Abstract:** The author describes several life instances in which she has had to battle with self stigmatization and its resulting feelings. She describes the time since her first episode as one comprising a number of life challenges that she has been able to surmount, and states that even though the battle with her self stigma isn't over yet, the struggle has become easier.

**Reference Type:** Journal Article

**Author:** Garfinkel, P. E.; Goldbloom, D. S.

**Year:** 2000

**Title:** Mental health—getting beyond stigma and categories.

**Journal:** Bulletin of the World Health Organization

**Volume:** 78

**Issue:** 4

**Pages:** 503-505

**Abstract:** In this discussion, the authors note that the stigma of mental illness has existed since antiquity and most likely stems from fear, lack of knowledge and ingrained moralistic views. They also note that to fight stigma, programs aimed at understanding mental illness and at destroying erroneous myths need to be implemented.

**Reference Type:** Journal Article

**Author:** Gilmartin, R. M.

**Year:** 1997

**Title:** Personal narrative and the social reconstruction of the lives of former psychiatric patients.

**Journal:** Journal of Sociology and Social Welfare

**Volume:** 24

**Issue:** 2

**Pages:** 77-102

**Abstract:** To explore how high functioning former psychiatric patients integrate the experience of prior psychiatric hospitalization into their lives and find meaning from the event, the narratives of two such individuals are presented and discussed in relation to social role theory, social constructionism, and labeling theory. The narratives underscore that the process of integrating and making meaning of important life events, e.g. psychiatric hospitalization, occurs within a social context. Understanding mental illness and psychiatric hospitalization in familial, social and political terms helped these individuals reconstruct their personal narratives, overcome shame, and internalize stigma and meaningfully integrate their experiences.

**Reference Type:** Book

**Author:** Goffman, E.

**Year:** 1963

**Title:** Stigma : notes on the management of spoiled identity.

**City:** Englewood Cliffs

**Publisher:** Prentice Hall

**Number of Pages:** 147

**Abstract:** Stigma is an illuminating excursion into the situation of persons who are unable to conform to standards that society calls normal. Disqualified from full social acceptance, they are stigmatized individuals. Physically deformed people, ex-mental patients, drug addicts, prostitutes, or those ostracized for other reasons must constantly strive to adjust to their precarious social identities. Their image of themselves must daily confront and be affronted by the image which others reflect back to them. Drawing extensively on autobiographies and case studies, sociologist Erving Goffman analyzes the stigmatized person's feelings about himself and his relationship to "normals." He explores the variety of strategies stigmatized individuals employ to deal with the rejection of others, and the complex sorts of information about themselves they project. In *Stigma* the interplay of alternatives the stigmatized individual must face every day is brilliantly examined by one of America's leading social analysts. (editorial review—Amazon.com)

**Reference Type:** Journal Article

**Author:** Green, D. E.; McCormick, I. A.; Walkey, F. H.; Taylor, A. J.

**Year:** 1987

**Title:** Community attitudes to mental illness in New Zealand twenty-two years on.

**Journal:** Social Science & Medicine

**Volume:** 24

**Issue:** 5

**Pages:** 417-422

**Abstract:** Three propositions about attitudes to mental illness derived from Nunnally (Popular Conceptions of Mental Health. Holt, Rinehart & Winston, New York, 1961) were examined with the semantic differential technique as it was used originally by Olmsted and Ordway (Final Report to National Institutes of Mental Health, 1963). Attitudes were compared between several studies using the same measures that ranged over 22 years from 1962 to 1984. The results were remarkably consistent across all studies, indicating that the community had persistently negative attitudes towards the mentally ill and was no more likely today to want to play a major role in the care of the mentally ill than was the case more than 20 years ago. As a consequence it appears that there will need to be substantial and permanent attitude change, of a kind fleetingly observed over the period of the study, before the professional care of the mentally ill in the community may be expected to have maximum impact. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Greenley, J. R.

**Year:** 1984

**Title:** Social factors, mental illness, and psychiatric care: recent advances from a sociological perspective.

**Journal:** Hospital and Community Psychiatry

**Volume:** 35

**Issue:** 8

**Pages:** 813-820

**Abstract:** In this review, advances in the sociological perspective are examined. Community attitudes are reviewed, and it is found that they are still largely negative and stable. Labeling theory and the effects of a psychiatric label are also discussed. The author then examines the positive effects of social support, as well

as the variables of gender, age and social class. (96 references)

**Reference Type:** Book

**Author:** Grove, B.; Freudenberg, M.; Harding, A.; O'Flynn, D.

**Year:** 1997

**Title:** The social firm handbook.

**Publisher:** Pavilion Publishing

**Number of Pages:** 89

**Abstract:** This book discusses how to establish social firms and integrate people with mental health problems into the workforce.

**Reference Type:** Book

**Author:** Guimon, J.; Fischer, W.; Sartorius, N. (ed)

**Year:** 1999

**Title:** The Image of Madness.

**City:** Basel

**Publisher:** Karger

**Number of Pages:** 246

**Abstract:** Stereotypes against the mentally ill exist, and even though it is most noticeable for visible pathologies such as schizophrenia, it is also true of the other pathologies. This stigma associated with mental illness greatly contributes to the debasement of mental health patients. But not only that, it is also extending to every aspect linked to mental illness: care facilities, professionals, psychiatric medications. Lay beliefs as well as their effects are examined.

## H

**Reference Type:** Journal Article

**Author:** Haghghat, R.

**Year:** 2001

**Title:** A unitary theory of stigmatization: pursuit of self interest and routes to destigmatisation.

**Journal:** British Journal of Psychiatry

**Volume:** 178

**Issue:** 207-215

**Abstract:** Aim: To gain a greater understanding into the phenomenon of stigma, as it is becoming of increasing importance. Method: Through personal reflection as well as a review of the literature. Results: 6 levels of stigma can be explored and need to be addressed in antistigma campaigns. These include the cognitive level (education intervention), the affective level (psychological intervention), the denial level (linguistic intervention), the economic origin (political intervention), the evolutionary origin (intellectual and cultural intervention), and the discrimination level (legislative intervention). Provides useful insight into the concept of stigma and challenges the ways in which antistigma programs have been run, and provides possible solutions. (71 references)

**Reference Type:** Journal Article

**Author:** Haghghat, R.; Littlewood, R.

**Year:** 1995

**Title:** What should we call patients with schizophrenia? A sociolinguistic analysis.

**Journal:** Psychiatric Bulletin

**Volume:** 19

**Issue:** 407-410

**Abstract:** This articles provides an investigation of the impact of the various terms used to describe a person with schizophrenia, and finds that referring to someone as a 'person with schizophrenia' has different implications than calling someone a 'schizophrenic.' For example, the term 'schizophrenic' implies permanency that the former term does not. Also, the ending in -ic creates a distancing effect when it is used to refer to an entire class of people. Furthermore, when an adjective is used as a noun, it can have the effect of stripping the individual from all his or her other characteristics. Lastly there are also different implications in having schizophrenia (a person with schizophrenia) vs. being schizophrenic (a schizophrenic). (13 references)

**Reference Type:** Journal Article

**Author:** Haj-Yahia, M. M.

**Year:** 1999

**Title:** Attitudes towards mentally ill people and willingness to employ them in Arab society.

**Journal:** International Sociology

**Volume:** 14

**Issue:** 2

**Pages:** 173-193

**Abstract:** Examines whether traditional Arab societies, e.g. Arab-Islamic societies, tend to reject the mentally ill people, based on their willingness to employ mentally ill people. Scale data from 262 male Muslims, potential employers in East Jerusalem, Israel, support the hypothesis that, as traditionalism increases, there is a concomitant rise in the tendency to view mental illness as the result of an inadequate relationship with God, as divine punishment, and or

as an expression of doom (fatalism). These three tendencies exacerbate negative attitudes towards and rejection of the mentally ill, which in turn reduce the extent to which potential employers are willing to hire mentally ill people. However, results reveal that rejection of the mentally ill is an inherent aspect of attitudes toward them, not necessarily connected with traditionalism. Discussed in conclusion are implications of these findings for the reintegration of the mentally ill into Arab society. (Author Abstract/ 30 references)

**Reference Type:** Journal Article

**Author:** Hayward, P.; Bright, J. A.

**Year:** 1997

**Title:** Stigma and mental illness: a review and critique.

**Journal:** Journal of Mental Health

**Volume:** 6

**Issue:** 4

**Pages:** 345-354

**Abstract:** A review of the nature of psychiatric stigma is effectuated, and it is found that even though the label of a psychiatric illness is indeed stigmatizing, the effects of that stigma are quite complex. More specifically it was found that these effects are related to factors such as age, sex as well as the experience of the psychiatric patient. It was also found that older respondents as well as those from lower SES are less favorable towards the mentally ill, whereas exposure leads to greater acceptance. (55 references).

**Reference Type:** Book

**Author:** Heatherton, T. F.; Kleck, R. E.; Hebl, M. R.; Hully, J. G. (ed)

**Year:** 2000

**Title:** The social psychology of stigma.

**City:** New York

**Publisher:** The Guilford Press.

**Abstract:** Over the past three decades, social psychologists have made great strides in understanding stigma. Whether based on disability, age, body size or appearance, membership in a racial or ethnic minority group, or other attributes, the devaluation of those perceived as "different" has profound repercussions both for individuals and for society. This book brings together leading researchers to present groundbreaking findings on such topics as the various dimensions of stigma, why people stigmatize others, how targeted individuals are affected by and respond to stigmatization, and influences on social interactions. Chapters are organized around a cohesive conceptual framework that incorporates the perspectives of both the perceiver and the target; the relevance of personal and collective identities; and the interplay of affective, cognitive, and behavioral reactions in stigmatization. (Editorial review—Amazon.com)

**Reference Type:** Journal Article

**Author:** Herd, F.

**Year:** 1994

**Title:** Studying mental illness: a student's perspective.

**Journal:** Journal of Psychosocial Nursing & Mental Health Services

**Volume:** 32

**Issue:** 6

**Pages:** 20-22

**Abstract:** Upon deinstitutionalization, a mentally ill person's awareness of the stigma attached to his or her illness can negatively influence any effort to become a productive member of society. Support systems are vital in that they facilitate such efforts. The family is perhaps the most important support system because it provides emotional support, which is crucial because it promotes a sense of self esteem and decreases depression, anxiety, sickness and mortality. An awareness of stigma on the part of the family could undermine its role as a support system for a relative with a mental illness.

**Reference Type:** Journal Article  
**Author:** Hinshaw, S. P.; Cicchetti, D.

**Year:** 2000

**Title:** Stigma and mental disorder: conceptions of illness, public attitudes, personal disclosure, and social policy.

**Journal:** Development & Psychopathology

**Volume:** 12

**Issue:** 4

**Pages:** 555-598

**Abstract:** The end of the last millennium witnessed an unprecedented degree of public awareness regarding mental disorder as well as motivation for policy change. Like Sartorius, we contend that the continued stigmatization of mental illness may well be the central issue facing the field, as nearly all attendant issues (e.g., standards of care, funding for basic and applied research efforts) emanate from professional, societal, and personal attitudes towards persons with aberrant behavior. We discuss empirical and narrative evidence for stigmatization as well as historical trends regarding conceptualizations of mental illness, including the field's increasing focus on genetic and neurobiological causes and determinants of mental disorder. We next define stigma explicitly, noting both the multiple levels (community, societal, familial, individual) through which stigma operates to dehumanize and delegitimize individuals with mental disorders and the impact of stigma across development. Key developmental psychopathology principles are salient in this regard. We express concern over the recent oversimplification of mental illness as "brain disorder," supporting instead transactional models which account for the dynamic interplay of genes, neurobiology, environment, and self across development and which are consistent with both compassion and societal responsibility. Finally, we consider educational and policy-related initiatives regarding the destigmatization of mental disorder. We conclude that attitudes and policy regarding mental disorder reflect, in microcosmic form, two crucial issues for the next century and millennium: a) tolerance for diversity (vs. pressure for conformity) and b) intentional direction of our species' evolution, given fast-breaking genetic advances.

**Reference Type:** Journal Article

**Author:** Hocking, B.

**Year:** 2001

**Title:** SANE's StigmaWatch program.

**Journal:** New Paradigm

**Pages:** 6-8

**Abstract:** In this article, the director of SANE—"a charity helping Australian affected by a mental illness

through campaigning for improved services and attitudes, applied research and education"—describes the StigmaWatch program. Given the influence that mass media, that is newspapers and TV, have on the public opinion, StigmaWatch concentrates its efforts on producing accurate portrayal of mental illness in the mass media, and 'fighting' inaccurate portrayal of it. She highlights how work done by this organization helped change the promotion of the video "Me, Myself and Irene."

**Reference Type:** Journal Article

**Author:** Hoffmann-Richter, U.; Alder, B.; Hinselmann, V.; Finzen, A.

**Year:** 1998

**Title:** [Schizophrenia in the "New Zurich Newspaper". A media analysis].

**Journal:** Psychiatrische Praxis

**Volume:** 25

**Issue:** 1

**Pages:** 14-18

**Abstract:** Social representations of mental illness and psychiatry are largely influenced by mass media. This study explores the use of the term "schizophrenia" in the Swiss newspaper NZZ in 1994 and 1995, the text of which is available on CD-ROM. In 31% of the cases the term is used figuratively, i.e. as a metaphor. When used as a name of an illness, it reflects contradictory connotations: schizophrenics as mentally ill offenders or criminal in the local columns, schizophrenics featured as creative writers or artists in the cultural columns. Information on schizophrenia as a disease is rare. If it does occur, reporting is rather sociopsychiatric than neurobiological. (In German) (Author Abstract)

**Reference Type:** Book

**Author:** Holiday, S. G.; Ancill, R. J.; MacEvan, G. W.  
**Year:** 1997

**Title:** Schizophrenia: breaking down barriers.

**Publisher:** John Wiley & Sons

**Abstract:** This book identifies barriers facing those seeking to develop effective treatment and prevention programmes. The barriers range from therapeutic and economic issues to public discrimination and prejudice. This collection from a variety of different authors is targeted to professional audiences such as nurses, psychologists, social workers and psychiatrists. Overall, the authors stress the importance of a mutual respect between those living with schizophrenia (and their families) and service providers.

**Reference Type:** Journal Article

**Author:** Holmes, E. P.; Corrigan, P. W.; Williams, P.; Canar, J.; Kubiak, M.

**Year:** 1999

**Title:** Changing attitudes about schizophrenia.

**Journal:** Schizophrenia Bulletin

**Volume:** 25

**Issue:** 3

**Pages:** 447-456

**Abstract:** Aim: To investigate the effectiveness of short term education programs in changing societal attitude about mental illness is studied. Methods: A sample of 83 students enrolled in either a general psychology course (control) or a course on severe mental illness is used. Both groups completed a form regarding prior knowledge on mental disorders before

the start of the program. They also completed a level of contact report. They also completed the OMI to measure stigmatizing attitudes before and after the course. Three of its scales were used: authoritarianism, benevolence and social restrictiveness. Results: Affects of education and its interaction with knowledge and contact varied with attitude content. Attitudes about benevolence and social restrictions improved during the program. Interestingly, it was also found that people who had prior intimate contact showed less improvement in attitude about social restrictiveness.

**Reference Type:** Journal Article

**Author:** Holmes, E. P.; River, L. P.

**Year:** 1998

**Title:** Individual strategies for coping with the stigma of severe mental illness.

**Journal:** Cognitive and Behavioral Practice

**Volume:** 5

**Issue:** 2

**Pages:** 231-239

**Abstract:** Persons with severe mental illness must cope not only with the symptoms of their disease but also with social and self stigma. Societal attitudes toward severe mental illness lead to lost opportunities for education, employment, and housing. Self stigma occurs when individuals assimilate social stereotypes about themselves as persons with severe mental illness. Self stigma results in loss of self esteem, diminished self efficacy, and a hesitancy to participate in society at large. This paper will outline a number of cognitive behavioral strategies for coping with social and self stigma, including secrecy, selective disclosure, Socratic questioning, and cost/benefit analysis. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Holzinger, A.; Angermeyer, M. C.;

Matschinger, H.

**Year:** 1998

**Title:** What are your associations with the term schizophrenia? An inquiry concerning the social representations of schizophrenia. (In German)

**Journal:** Psychiatrische Praxis

**Volume:** 25

**Pages:** 9-13

**Abstract:** This study addresses the social representation of schizophrenia. The analysis is based on a representative survey among the population of the former East Germany provinces now reunified with former West Germany as the new "Laender" of the Federal Republic, as well as on a survey among medical students at the Universities of Vienna and Leipzig. For those questioned, the most striking feature of schizophrenia was that of a 'split' personality. In the context they assumed the parallel existence of two (or more) personalities in the sense of a multiple personality disorder. This metaphor is interpreted as the result of a concretization process which is substantially supported by the representation of people with mental illness in literature and the media. (Author Abstract/ 15 references)

**Reference Type:** Journal Article

**Author:** Holzinger, A.; Loeffler, W.; Matschinger, H.; Mueller, P.; Priebe, S.; Angermeyer, M. C.

**Year:** 2001

**Title:** Einstellung zu Psychopharmaka bei schizophrenen Patienten vs. Allgemeinbevoelkerung

**Journal:** PsychopharmakoTherapie

**Volume:** 8

**Issue:** 2

**Pages:** 76-80

**Abstract:** Aim: To examine the attitude of schizophrenic patients in regard to psycho pharmaceutical medication, and to see whether it differs from the opinion of the general public. Method: Just after release from the hospital, 104 schizophrenic patients were administered a questionnaire consisting of ten 5-item Likert scales on the positive and negative aspects of medication. Follow-up studies were held 3 and 6 months later. Furthermore, data from a representative survey of the German population was used for comparison. Results: It was found that the percentage of schizophrenic patients seeing the positive aspects of medication is greater than the percentage in the general population (30 to 42% vs. 17 to 26%). Also, an even greater discrepancy was found in terms of the negative aspects of medication. For example, 66% of the general population stated that they were afraid of dependency of the medication, whereas only 40% of the patients claimed to feel that way. (In German) (12 references)

**Reference Type:** Journal Article

**Author:** Hotopf, M.

**Year:** 2000

**Title:** Psychiatrists can cause stigma too.

**Journal:** British Journal of Psychiatry

**Volume:** 177

**Pages:** 467

**Abstract:** In this commentary, the author highlights the role that psychiatrists play in the stigmatization of mentally ill persons. He claims that often mental health professionals hold attitudes regarding mentally ill persons that are as stigmatizing, if not more, as that of the general public. He also notes that another source of stigma is the medication psychiatrists prescribe; in terms of their often negative side effects.

## J

**Reference Type:** Journal Article**Author:** Jamison, K. R.**Year:** 1998**Title:** Stigma of manic depression: a psychologist's experience.**Journal:** The Lancet**Volume:** 352**Issue:** 9133**Abstract:** In this commentary, the author describes his own struggle with the stigma and stereotypes of mental illness. (1 reference)**Reference Type:** Book**Author:** Johnson, A.**Year:** 1995**Title:** Humming whispers.**Publisher:** Scholastic Inc.**Number of Pages:** 121**Abstract:** The WPA reviewers recommend this book for family members in their teenage years. It is the story of a 14-year old girl and her fears as she reaches the age when her sister first developed symptoms of schizophrenia. The award winning children's book author has presented a perceptive, moving and clearly written account of what it is like for the young family members to live with someone suffering from schizophrenia. (Included in Volume V of the WPA 'Open the Doors' program brochures)**Reference Type:** Journal Article**Author:** Jorm, A. F.; Korten, A. E.; Jacomb, P. A.**Year:** 1999**Title:** Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals.**Journal:** Australian and New Zealand Journal of Psychiatry**Volume:** 33**Pages:** 77-83**Abstract:** Aim: To compare the Australian public and Australian professional attitude in regard to mental disorders. Methods: A household survey of 2031 members of the Australian public, 872 general doctors, 1128 psychiatrists and 454 clinical psychologists was effectuated. The questionnaire was based on a vignette of a person suffering from a mental disorder. Results: It was found that health professionals hold a more negative attitude concerning a person with schizophrenia's long term outcomes in various aspects of life after treatment. Health professionals should be aware that their negative attitudes may have an effect on both the public and their patients. (19 references)

## K

**Reference Type:** Journal Article**Author:** Kaminski, P.; Harty, C.**Year:** 1999**Title:** From stigma to strategy.**Journal:** Nursing Standard**Volume:** 13**Issue:** 38**Pages:** 36-40**Abstract:** This article reviews the Mental Health Awareness Project's strategy to address the stigma associated with mental illness.**Reference Type:** Journal Article**Author:** Katschnig, H.**Year:** 2000**Title:** Schizophrenia and quality of life.**Journal:** Acta Psychiatrica Scandinavia**Volume:** Supplement 102**Issue:** 407**Pages:** 33-37**Abstract:** Objective: The purpose of this paper is to critically examine results of quality of life research in schizophrenia patients living in the community. Method: Based on the relevant literature, results of specific studies are discussed in light of the methodological problems of assessing quality of life in these people.

Results: Subjectively assessed quality of life was found to be higher in the less educated and in female patients, and when a sense of control is experienced. If negative or extra pyramidal symptoms are experienced and stigmatization is perceived, subjective quality of life is reported as being poorer. The results are discussed in view of the additional needs and fewer resources of this population, their stigma dilemma and their occasional difficulties in adequately assessing quality of life. Conclusion: It is argued that subjective and quantitative measures of quality of life in schizophrenic patients should be supplemented by external assessment and qualitative methods.

**Reference Type:** Journal Article**Author:** Kommana, S.; Mansfield, M.; Penn, D. L.**Year:** 1997**Title:** Dispelling the stigma of schizophrenia.**Journal:** Psychiatric Services**Volume:** 48**Issue:** 11**Pages:** 1393-1395**Abstract:** Several methods for attacking stigma which are based on the principles of social psychology are described. These methods include the use of mass media, providing recovered patients with interpersonal skills necessary to blend with the general public, or even changing public attitude towards mental illness.**Reference Type:** Journal Article**Author:** Kurihara, T.; Kato, M.; Sakamoto, S.;

Reverger, R.; Kitamura, T.

**Year:** 2000**Title:** Public attitudes towards the mentally ill: a cross cultural study between Bali and Tokyo.**Journal:** Psychiatry and Clinical Neuroscience**Volume:** 54

**Issue:** 5

**Pages:** 547-552

**Abstract:** The present study investigates the differences in public attitudes toward the mentally ill in Bali (Indonesia) and Tokyo (Japan), the former being a non-industrialized society and the latter an industrialized society in Asia. Seventy-seven residents of Bali and 66 residents from Tokyo were examined by a devaluation-discrimination measure and a self-assessment questionnaire to gauge their reactions to five imaginary case study vignettes consisting of three cases of schizophrenia, one case of a depressive episode, and one case of obsessive compulsive disorder. Balinese respondents had significantly lower devaluation-discrimination measure scores, indicating a more favorable global attitude towards persons with a history of psychiatric treatment than did respondents in Tokyo. However the extent to which people were prejudicial against mental patients in the two societies varied with the kinds of mental disorders, with Balinese having a more positive attitude to schizophrenics but more negative to depressive and obsessive-compulsive patients.

L

**Reference Type:** Journal Article

**Author:** Lachaux, B.; Caroli, F.; Masse, G.

**Year:** In press

**Title:** Representations of schizophrenia: the results of a survey.

**Abstract:** Aim: To define the representations of the disease of schizophrenia as seen by the patients themselves, their families and their caregivers.

**Method:** A questionnaire consisting of 14 questions dealing with the representation and understanding of schizophrenia was given to 1029 patients' families, 137 care providers, and 44 patients. **Results:** It was found that the three groups agree on certain aspects but not on all. For example, it was found that delusional symptoms were the most commonly cited symptom for all three groups, and that physicians were held by all three groups as being the most important people in the care of persons with schizophrenia. On the other hand, a discrepancy was found in terms of side effects of medication, where over 80% of families and care givers see side effects as a problem, and only 68% of patients were of that opinion.

**Reference Type:** Journal Article

**Author:** Lai, Y. M.; Hong, C. P.; Chee, C. Y.

**Year:** 2001

**Title:** Stigma of mental illness.

**Journal:** Singapore Medical Journal

**Volume:** 42

**Issue:** 3

**Pages:** 111-114

**Abstract:** Background: Psychiatric patients carry the additional burden of stigma. Methods: The views of 300 psychiatric out-patients and day-patients and 100 mental health workers concerning stigma were sought. The control group comprised 50 cardiac out-patients. Results: A fair proportion of patients with schizophrenia or depression perceived that stigma had a negative effect on their self esteem, relationships and job opportunities. The majority felt a need for an increase in public awareness of mental illness. In contrast, the cardiac patients reported very little stigmatization. Conclusions: The diagnostic label of mental illness may render the person vulnerable to stigmatization. Possible causes of stigma and ways of reducing stigma are discussed.

**Reference Type:** Book

**Author:** Lamb, W.

**Year:** 1998

**Title:** I know this much is true.

**Publisher:** Regan Books

**Abstract:** The narrator of this Oprah Book Club novel has a twin brother diagnosed with schizophrenia. The narrator's attempts to cope with his brother's plight, his feelings about his brother, and his fears about himself are the focus of most of the book. Although the events are fictional, the descriptions of the symptoms of severe mental illness and of the dilemmas accompanying it are quite realistic. (Abstract by Dr. O. Wahl)

**Reference Type:** Journal Article

**Author:** Lauber, C.

**Year:** 2001

**Title:** Attitudes to Psychiatric Research, Early Detection of Schizophrenic Psychosis, and Stigmatization: A survey with Relatives of Mentally Ill.

**Journal:** Psychiatrische Praxis

**Volume:** 28

**Pages:** 144-146

**Abstract:** Objective: To assess attitudes of mentally ill relatives to psychiatric research, especially to early detection of schizophrenic psychosis, and to evaluate the potential stigmatization effect of an early diagnosis of schizophrenic psychosis. Methods: A questionnaire was sent to relatives of mentally ill, all members of a self-help group in Switzerland. They were asked to answer structured questions about their personal attitude to psychiatric research in general, their willingness to support an affected to participate in a research project, their attitude to early detection of schizophrenia and to the potential stigmatization of an early diagnosis. Results: 88% of the relatives (N=200) have a positive attitude to research in psychiatry. 47% would support their affected family member to participate in a research project whereas 39% would not. 52.5% fully share the expectation of psychiatric research to attain a better course by earlier detection of psychosis, 24.5% tend to agree. 20.5% of the respondents indicate a fear of stigmatization for the affected by earlier diagnosis, while 12% fear stigmatization for themselves. Conclusions: A surprising fact is the positive attitude of relatives to psychiatric research in general, but also to early detection of schizophrenic psychosis. But this may not lead to the conclusion that relatives are supporting the participation of an affected family member in research. The small number of relatives that fear a stigmatization by earlier diagnosis of schizophrenic psychosis shows that stigmatization is depending on other factors than the diagnosis, i.e. psychiatric hospitalization or medication side effects. These findings encourage psychiatric research to increase knowledge of the early phase of schizophrenia in favor of patients and their relatives. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Lauber, C.; Nordt, C.; Falcato, L.; Roessler, W.

**Year:** 2000

**Title:** Volunteering in Psychiatry: Attitude and Actual Engagement.

**Journal:** Psychiatrische Praxis

**Volume:** 27

**Pages:** 347-350

**Abstract:** Objective: To assess public attitude, actual engagement and the respective influence of demographic, psychological and sociological variables on voluntary help in psychiatry. Methods: Multiple logistic regression analysis of the results of a representative population survey in Switzerland. Results: Public attitude is mostly positive, but the respective engagement is small. Attitude is depending on gender, psychological factors (social distance, stereotypes), and on attitude to community psychiatry. For the engagement, clearly distinct predictors are found: age, emotions, participation, and perceived discrimination to mentally ill. For both

attitude and engagement contact, having a social profession, and interest in mass media are predictors. Conclusions: Internationally compared, Switzerland has a positive attitude and a big engagement in lay helping in psychiatry. But attitude is different from actual engagement. Lay helpers' engagement must be limited to realizable tasks and they need professional recruitment, instruction, and supervision otherwise they tend to be overburden. The unused potential of voluntary helpers has to be opened specifically, e.g. by involving mass media and opinion-makers. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Lauber, C.; Nordt, C.; Sartorius, N.; Falcato, L.; Roessler, W.

**Year:** 2000

**Title:** Public acceptance of restrictions on mentally ill people.

**Journal:** Acta Psychiatrica Scandinavica

**Volume:** Supplement 102

**Issue:** 407

**Pages:** 26-32

**Abstract:** Objective: To assess the influence of demographic, psychological, sociological and cultural variable on the public acceptance of restrictions on mentally ill people. Method: Multiple logistic regression analysis of the results of an opinion survey conducted on a representative sample in the German, French and Italian speaking part of Switzerland. Results: Public acceptance of restrictions depends on age, education and gender. The influence of demographic variables is reduced when including rigidity, anomie, social distance and contact with mentally ill people in the analysis. The cultural influence of the language region is significant. All these factors predict acceptance. Stereotypes and emotional reactions have no influence. Conclusion: Attitudes to mentally ill people are shaped on three distinct levels, the psychological, social and cultural, respectively. Demographic variables partly play the role of placeholders covering the underlying relationship. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Lee, Y.; Kwang, J.

**Year:** In press

**Title:** Stigma, depression, and somatization in Southern Taiwan.

**Abstract:** Aim: To see whether stigma is related to depressive and somatoform symptoms in patients suffering from depression. Method: 200 psychiatric patients of the psychiatric outpatients clinic of Kaohsiung Chang Gung Memorial Hospital were given a Structured Clinical Interview for DSM-IV (SCID), an explanatory Model Interview Catalogue (EMIC), and the Beck Depression Inventory (BDI). Results: It was found that stigma scores were positively correlated to depressive symptoms, and inversely related to somatoform symptoms. (5 references)

**Reference Type:** Journal Article

**Author:** Leff, J.

**Year:** 2000

**Title:** Family work for schizophrenia: practical application.

**Journal:** Acta Psychiatrica Scandinavica

**Volume:** Supplement 102

**Issue:** 407

**Pages:** 78-82

**Abstract:** Objective: To review the evidence for the efficacy, efficiency and effectiveness of family work for schizophrenia. Method: The review is based on the relevant literature but is not intended to be exhaustive, except in the area of practical application. Results: The effectiveness of family work has been established by a series of randomized controlled trials. Relatives groups are efficient in terms of staff time, and multiple family groups may be more efficacious than sessions with single families. However, a substantial proportion of relatives refuse to attend a group and need sessions in the home. Family work skills can be acquired by clinicians working in ordinary settings, although few studies have addressed this question. Problems have been encountered regularly by trained community workers trying to practice their newly acquired skills. Conclusion: Difficulties in implementation may be remedied by adopting a systemic approach and including the managers of the service in the initial training session. (Author Abstract/ 19 references)

**Reference Type:** Journal Article

**Author:** Lefley, H. P.

**Year:** 1990

**Title:** Culture and chronic mental illness.

**Journal:** Hospital and Community Psychiatry

**Volume:** 41

**Issue:** 3

**Pages:** 277-285

**Abstract:** The author reviews the relationship between culture and mental illness in a cross-ethnic as well as cross-cultural manner. The author argues that aspects such as world views, religion and alternative healing resources should be used by professionals and that they should be viewed by them as cultural strengths that can help mediate the course of mental illnesses. (82 references)

**Reference Type:** Journal Article

**Author:** Lefley, H. P.

**Year:** 1987

**Title:** Impact of mental illness in families of mental health professionals.

**Journal:** Journal of Nervous and Mental Disease

**Volume:** 175

**Issue:** 10

**Pages:** 613-619

**Abstract:** Aim: To examine the family burden experienced by mental health professionals when a family member of theirs is suffering from a mental illness. Method: 84 mental health professionals were given a survey which investigated 5 domains. Results: It was found that most respondents were uncomfortable in discussing the illness of their family members; only 26% claimed that they would talk about it freely. Ninety-one percent reported financial burden. Furthermore, it was found that mothers and siblings were the persons most affected in terms of emotional burden. Lastly, it was found that mental health professionals were similar to the general public in assigning priority to education for the acquisition of family coping strategies. (27 references)

**Reference Type:** Journal Article

**Author:** Libiger, J.

**Year:** 2001

**Title:** Stigma of mental illness.

**Journal:** Psychiatrie

**Volume:** 5

**Issue:** 1

**Pages:** 38-40

**Abstract:** Stigma is a designation for those characteristics of psychiatric patients that make them appear different from others. It is related to the public stereotype of the mentally ill, and it is supported by fears elicited by mental disorders. Stigma leads to the discrimination and isolation of the mentally ill. It distorts the image of a psychiatric patient and also that of a mental disease. It has an influence on the process of rehabilitation. Stigma may be an important factor determining the course of the disorder. WPA launched a worldwide program to fight stigma associated with schizophrenia in an attempt to correct the myths of mental illness. General availability of information on mental disorders and the current focus on the quality of life as an outcome measure may help lead to the elimination of the discrimination due to stigma.

**Reference Type:** Journal Article

**Author:** Link, B. G.

**Year:** 1987

**Title:** Understanding labeling effects in the area of mental disorders: an assessment of the effects of expectations of rejection.

**Journal:** American Sociological Review

**Volume:** 52

**Pages:** 96-112

**Abstract:** Aim: To test whether official labeling gives personal relevance to an individual's beliefs about how others respond to mental patients. Method: Five groups from the Washington heights section of New York City were created: 1) first treatment contact patients (N=67), 2) repeat treatment contact patients (N=117), 3) formerly treated community residents (N=96), 4) untreated community case (N=142), and 5) community residents with no indication of severe psychopathology (N=171). These were all given a 12-item scale that measured beliefs that mental patients would be devalued and discriminated against by most people. Also, demoralization was measured using Dohrenwend's 27-item scale, income was calculated as the respondent's earnings from wages, salaries, and self employment, and finally, employment status was determined by inquiring into the number of weeks of unemployment in the past year. Results: It was found that scores on the devaluation-discrimination scale was associated with income loss, demoralization and unemployment for the labeled but not the unlabeled group. For example, those who have been hospitalized (label) are more demoralized than those who have not. Nevertheless, it was also found that the group of former patients are much more like the unlabeled community members than like current patients in terms of their beliefs about devaluation and discrimination. (28 references)

**Reference Type:** Journal Article

**Author:** Link, B. G.; Struening, E. L.; Neese-Todd, S.; Asmussen, S.; Phelan, J. C.

**Year:** In press

**Title:** On the consequences of stigma for the self esteem of people with mental illness.

**Abstract:** Aim: To see whether stigma affects the self esteem of people suffering from a mental illness. Method: A longitudinal study (baseline, 6 and 24 months) of 70 members of a rehabilitation clubhouse was effectuated. Self esteem as well as two aspects of stigma—perception of devaluation-discrimination and stigma-withdrawal—were measured at each point. Self esteem was measured using a version of the Rosenberg Scale. Stigma was assessed using the Perceived Devaluation-Discrimination as well as the Stigma-Withdrawal scales. Results: It was found that stigma processes do have an effect on the self esteem of people suffering from a mental illness. (46% agree with the claim “at times you think you are no good” or even 37% agree that “all in all, you are inclined to think you are a failure”). Furthermore, it was found that the effects on self esteem seem to erode at 24 months. (20 references).

**Reference Type:** Journal Article

**Author:** Link, B. G.; Struening, E. L.; Rahav, M.; Phelan, J. C.; Nuttbrock, L.

**Year:** 1997

**Title:** On stigma and its consequences: evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse.

**Journal:** Journal of Health and Social Behavior

**Volume:** 38

**Issue:** 2

**Pages:** 177-190

**Abstract:** Numerous studies have demonstrated a strong connection between the experience of stigma and the well-being of the stigmatized. But in the area of mental illness there has been controversy surrounding the magnitude and duration of the effects of labeling and stigma. One of the arguments that has been used to downplay the importance of these factors is the substantial body of evidence suggesting that labeling leads to positive effects through mental health treatment. However, as Rosenfield (1997) points out, labeling can simultaneously induce both positive consequences through treatment and negative consequences through stigma. In this study we test whether stigma has enduring effects on well-being by interviewing 84 men with dual diagnoses of mental disorder and substance abuse at two points in time—at entry into treatment, when they were addicted to drugs and had many psychiatric symptoms, and then again after a year of treatment, when they were far less symptomatic and largely drug- and alcohol-free. We found a relatively strong and enduring effect of stigma on well-being. This finding indicates that stigma continues to complicate the lives of the stigmatized even as treatment improves their symptoms and functioning. It follows that if health professionals want to maximize the well-being of the people they treat, they must address stigma as a separate and important factor in its own right.

**Reference Type:** Journal Article

**Author:** Link, B. G.

**Year:** 1982

**Title:** Mental Patient status, work and income: an examination of the effects of a psychiatric label.

**Journal:** American Sociological Review

**Volume:** 47

**Pages:** 202-215

**Abstract:** Aim: To examine the effects of a psychiatric label. Methods: 257 community members—‘untreated cases’ (no diagnosis/ no label)—and 112 outpatients—‘treated cases’ (diagnosis/ label)—with the same symptoms, were interviewed. Income and work status of each was measured Results: It was found that even though a psychiatric label may not affect the form of behavior for which it was given, it does have a negative effect on other areas such as income and work status. (66 references)

**Reference Type:** Journal Article

**Author:** Link, B. G.

**Year:** 1991

**Title:** The stigma of mental illness: implication for patients’ careers.

**Journal:** Society for the study of social problems

**Abstract:** The impact of psychiatric labels—whether labeling and stigma stabilizes mental disorder—is tested to determine their effect on future mental disorder. Psychiatric patients (N=67) who were part of a study of stigma conducted 8 years earlier were studied, and the baseline measure of respondent’ perceptions of whether most people devalue and discriminate against mental patients was a strong predictor of their current mental status. While based on a small sample conducted in only one social setting, these findings are consistent with the possibility that labeling and stigma contribute to the stabilization of mental disorders. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Link, B. G.

**Year:** 2001

**Title:** Stigma: many mechanisms require multifaceted responses.

**Journal:** Epidemiologia e Psichiatria Sociale

**Volume:** 10

**Issue:** 1

**Pages:** 8-11

**Abstract:** Commentary in which the author defines stigma, describes the different kinds of discrimination (direct vs. structural discrimination), proposes mechanisms to fight stigma, and stresses the fact that these mechanisms need to be both multifaceted and multileveled in order to have an effect. (20 references)

**Reference Type:** Journal Article

**Author:** Link, B. G.; Cullen, F. T.

**Year:** 1986

**Title:** Contact with the mentally ill and perceptions of how dangerous they are.

**Journal:** Journal of Health and Social Behavior

**Volume:** 27

**Pages:** 289-303

**Abstract:** Aim: To study the interaction between contact with persons with mental illness and perceived dangerousness. Method: Two general population samples were used, the first N=153 and the second N=152. Questionnaires were used, assessing the frequency of encounter with the mentally ill. Results: It was found that an inverse correlation existed between contact with mental health patients and notions of how dangerous they are. This relationship was even found when the contact was involuntary. (39 references)

**Reference Type:** Journal Article  
**Author:** Link, B. G.; Cullen, F. T.; Franck, J.; Wozniak, J. F.  
**Year:** 1987  
**Title:** The social rejection of former mental patients: understanding why labels matter.  
**Journal:** American Journal of Sociology  
**Volume:** 92  
**Issue:** 6  
**Pages:** 1461-1500  
**Abstract:** Aim: To challenge the conclusion that the crucial factor in the rejection of former mental patients is their behavior rather than their stigmatized status. Method: 152 Ohio residents filled out a survey, which began with a vignette of a hypothetical person. In this vignette two variables were changed depending on the condition: the person had either been hospitalized for a mental illness or for a back problem, and a passage was or was not included depicting one incident of either mild or severe violence. After reading this vignette, respondents were asked to fill out two scales: the Social Distance Scale and the Dangerousness Scale. Results: A highly significant interaction between labeling and perceived dangerousness was found. More specifically, it was found that the label of a previous hospitalization for a mental illness created greater social distance for those who perceived mental health patients as dangerous. (84 references)

**Reference Type:** Journal Article  
**Author:** Link, B. G.; Mirotznik, J.; Cullen, F. T.  
**Year:** 1991  
**Title:** The effectiveness of stigma coping orientations: can negative consequences of mental illness labeling be avoided?  
**Journal:** Journal of Health and Social Behavior  
**Volume:** 32  
**Issue:** 3  
**Pages:** 302-320  
**Abstract:** Recent research has assigned a prominent role to labeling and stigma as factors that impair the social and psychological functioning of people officially labeled mentally ill. But can the effects of labeling and stigma be overcome by adopting a few simple approaches to coping with these problems? If so, the stigma-induced problems of social awkwardness, demoralization and unemployment emphasized by recent research may not be as severe as claimed. Using a sample of psychiatric patients, we examine this issue by assessing whether patients can ameliorate labeling effects by keeping their history of treatment a secret, educating others about their situation, or avoiding situations in which rejection might occur. None of these coping orientations were effective in diminishing negative labeling effects on unemployment or on psychological distress/ demoralization. In fact, the three coping strategies show consistent effects in the direction of producing more harm than good, and with respect to withdrawal-avoidance this effect is significant. Based on these results we argue that stigma is powerfully reinforced by culture and that its effects are not easily overcome by the coping actions of the individuals. Using C. Wright Mills' (1967) distinction, we conclude that labeling and stigma are "social problems" not "individual troubles."

**Reference Type:** Journal Article  
**Author:** Link, B. G.; Phelan, J. C.  
**Year:** 2001  
**Title:** Conceptualizing stigma.  
**Journal:** American Sociological Review  
**Volume:** 27  
**Pages:** 363-385  
**Abstract:** In response to criticism holding the stigma concept to being too vague, the authors have set out to define it as the 'co-occurrence of its components—labeling, stereotyping, separation, status loss, and discrimination.' The authors also underlie that for stigmatization to occur, power has to exist. Furthermore, they urge more social scientists interested in areas of life chances such as housing, health, criminal involvement to more closely look at stigma since they hold the latter to be closely connected to each of these domains. (63 references)

**Reference Type:** Journal Article  
**Author:** Link, B. G.; Phelan, J. C.; Bresnahan, M.; Stuebe, A.; Pescosolido, B. A.  
**Year:** 1999  
**Title:** Public conceptions of mental illness: labels, causes, dangerousness and social distance.  
**Journal:** American journal of Public Health  
**Volume:** 89  
**Pages:** 1328-1333  
**Abstract:** Aim: To investigate public conceptions on the perceived causes, dangerousness, and desired social distance from a person with a mental illness. Method: 1444 respondents of the Mental Health Module of the 1996 General Social Survey were given 1 of 5 vignette conditions, 4 of which described psychiatric disorders and the fifth describing a troubled person. Each was then asked about causes of situations described in the vignette, as well as labels for the problem, perceived violence risk and willingness to interact. Results: It was found that stressful circumstances were the most often endorsed cause of a mental illness, and also that dangerousness is the core aspect of the stigma of a mental illness. Furthermore, it was found that people sought to have the greatest distance from someone with cocaine dependence and the least from someone with major depression.

**Reference Type:** Journal Article  
**Author:** Link, B. G.; Struening, E. L.; Neese-Todd, S.; Asmussen, S.; Phelan, J. C.  
**Year:** In press  
**Title:** On describing and seeking to change the experience of stigma.  
**Abstract:** Aim: To develop an intervention to enable successful coping with stigma. Method: 88 members of a rehabilitation clubhouse were randomly assigned to one of two conditions—the stigma intervention group and the control group (note that those in the control group were offered the stigma intervention at a 6 months follow up). During the stigma intervention, clubhouse members were given outlets to discuss stigma, as well as educational tools on how to cope with it. For the experience of stigma, Perceived Devaluation-Discrimination and the Self-Reported Experiences of Rejection were used. For the study of approaches to stigma, the following scales were used: secrecy, withdrawal, education, challenging and distancing. Furthermore, the

following stigma-related feelings were measured: misunderstanding, difference and shame. Results: It was found that people experience stigma and that these feelings may lead to low self esteem as well as depressive symptoms. Nevertheless, the effectiveness of the pilot intervention program was not found in that it had no positive impact on any of the stigma measured studied, nor on self esteem nor on depressive symptoms.

**Reference Type:** Journal Article

**Author:** Long, E.; Runck, B.

**Year:** 1983

**Title:** Combating stigma through work for the mentally restored.

**Journal:** Hospital and Community Psychiatry

**Volume:** 34

**Issue:** 1

**Pages:** 19-20

**Abstract:** It is estimated that 75% to 85% of former mental patients in the USA are not working. In the review, the authors examine what has been done in the domain of employment of former mental patients. In 1981 the National Institute of Mental Health along with the National Restaurant Association (NRA) surveyed 8000 of the latter's members (The NRA is a major source of employment for persons with all kinds of handicaps). It was found that 29% claimed to have employed a former patient at some time. Also, it was found that in terms of motivation to work, attendance, punctuality, mentally restored persons were rated as positively as their co-workers. In addition to this survey, the NIMH has also created pamphlets as well as videotapes. (1 reference)

**Reference Type:** Journal Article

**Author:** Lyons, M.; Ziviani, J.

**Year:** 1995

**Title:** Stereotype, stigma, and mental illness: learning from fieldwork experience.

**Journal:** American Journal of Occupational Therapy

**Volume:** 49

**Issue:** 10

**Pages:** 1002-1008

**Abstract:** Aim: To investigate occupational therapy student's experience in psychiatric fieldwork. Method: Data was collected from 16 occupational therapy students through in-depth interviews with the latter as well as extensive observation. Results: It was found that most exhibited stereotyped preconceptions, as well as experienced anxiety at the start of the fieldwork. Yet, it was also found that these feelings diminished as the fieldwork progressed.

M

**Reference Type:** Journal Article

**Author:** Madianos, M. G.; Madianou, D.;

Vlachonikolis, J.; Stefanis, C. N.

**Year:** 1987

**Title:** Attitudes towards mental illness in the Athens area: implications for community mental health intervention.

**Journal:** Acta Psychiatrica Scandinavia

**Volume:** 75

**Pages:** 158-165

**Abstract:** Aim: To examine the attitude of the Athenian population towards mental illness. Method: A sample of 1574 people was used. Each was interviewed. The Opinion about Mental Illness scale (OMI) was used. It was made up of 51 items with Likert-type answers. The five OMI dimensions were as follows: social discrimination; social restriction; social care; social integration; etiology. Results: Social discrimination towards the mentally ill increases with age and decreases in people living in large cities and who have higher education. Social restriction increases with higher education. Social care was found to be the same in the entire sample. Social integration was expressed more positively in people with higher education. Finally, interest in an interpersonal etiology was lowest in students, and highest in workers. In general then, it was found that more tolerance was expressed by the younger and more educated persons, as well as those who stem from a higher socio economic status. It was also found that a discrepancy existed between the prevalence of mental disorders and the usage of mental health services (14% vs. 13.6/ 1000).

**Reference Type:** Journal Article

**Author:** Makal, M. F.

**Year:** 1999

**Title:** The experience of living with the stigma of mental illness: An empirical phenomenological investigation.

**Journal:** Dissertation Abstracts International: Section B: the Sciences & Engineering

**Volume:** 60

**Issue:** 6-B

**Pages:** 2952

**Abstract:** Mental illness continues to be one of the most stigmatized of all sociocultural categories. Psychiatric patients report that stigma can have devastating psychological and emotional effects. Considerable research has been devoted to stigma from sociological and social psychological perspectives, but far fewer studies have approached stigma from the point of view of psychiatric patients themselves. This study sought to explicate the psychological experience of living with the stigma of mental illness. Three adult participants, one male and two females, were studied. Participants were diagnosed with major mental illnesses, and were willing to describe their experiences of being perceived and treated differently by others after having been identified as having a mental illness. First-person narrative descriptions and interviews comprised the data for this study. Data was analyzed using an empirical phenomenological method, in an effort to lay bare the constituent psychological themes. The results indicate that when they have been

identified as having a mental illness, participants have experienced others relating to them as though they were unacceptable human beings and less than full persons. This has left participants feeling dehumanized, devalued, and deeply saddened. They have felt misunderstood, reduced in their totality to others' fantasies and judgments about mental illness. Participants no longer enter the world of others with ease. The world has become a place of uncertainty. They feel partially estranged from others, unable to be themselves. One exception is the mental health center, where participants feel free to engage with others without the fear of being judged. Participants long for others' acceptance, for others to be open to them in all their possibilities. They want to have their humanity restored by others accepting them for who they are, and simply allowing them to be. Participants initially deny the mental illness narrative, and then experience it as a source of shame. Participants come to terms with mental illness when mental illness is no longer set against the narrative of normality, but is set within the narrative of being human. As participants relinquish the desire to be normal, they become more comfortable living within the narrative of mental illness. (Author Abstract)

**Reference Type:** Journal Article  
**Author:** Manning, C.; White, P. D.  
**Year:** 1995

**Title:** Attitudes of employers to the mentally ill.  
**Journal:** *Psychiatric Bulletin*  
**Volume:** 19  
**Pages:** 541-543  
**Abstract:** Aim: To examine whether declaration of a previous mental illness will lead to lower rates of employment. Method: 120 personnel directors were given a 17-item questionnaire asking about attitudes to employing people who were or had been mentally ill. Results: Reluctance and stigma concerning hiring a person with a current or previous mental illness was found. For example, 28% stated that they would never hire a person that has been mentally ill. It was also found that the largest employers were more likely to hire some with a current or past mental illness. Lastly, it was found that people with depression were more likely to be employed than people with schizophrenia or alcoholism.

**Reference Type:** Book  
**Author:** Manning, M.  
**Year:** 1994  
**Title:** *Undercurrents: a life beneath the surface.*  
**City:** New York  
**Publisher:** Harper Collins  
**Abstract:** The author, a clinical psychologist, describes her struggle with depression. The book is written with both wit and insight. It helps readers to understand what it is like to experience depression, how difficult it can be to accept treatment for such a disorder, and how it is possible to cope and overcome the problem. (Abstract by Dr. O. Wahl)

**Reference Type:** Journal Article  
**Author:** Markowitz, F. E.  
**Year:** 1998  
**Title:** The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness.

**Journal:** *Journal of Health and Social Behavior*  
**Volume:** 39  
**Issue:** 4  
**Pages:** 335-347  
**Abstract:** Building on modified labeling theory, the author examined the relationships between stigma, psychological well-being, and life satisfaction among persons with mental illness. The study uses 18-months longitudinal data from 610 individuals in self-help groups and outpatient treatment. Results from cross-sectional and lagged regression models show adverse effects of stigma on the outcomes considered. However, much of the effects of anticipated rejection are due to discriminatory experiences. The results also indicate that stigma is related to depressive-anxiety types of symptoms but not psychotic symptoms. Although the findings show that the negative effect of stigma on life satisfaction is partly mediated by self concept, reciprocal effects models indicate that the relationship between self concept and life satisfaction is bi-directional. The study suggests ways in which stigma processes need to be explored in greater detail.

**Reference Type:** Journal Article  
**Author:** Martin, J. K.; Pescosolido, B. A.; Tuch, S. A.  
**Year:** 2000  
**Title:** Of fear and loathing: the role of 'disturbing behavior,' labels, and causal attribution in shaping public attitudes toward people with mental illness.  
**Journal:** *Journal of Health and Social Behavior*  
**Volume:** 41  
**Issue:** 2

**Abstract:** Our paper couples previous research on attitudes toward people with mental illness and more general sociological research on attitudes towards 'outgroups' to examine the role of 5 factors that influence the public's willingness to interact with people with mental health problems: the nature of the behavior described, causal attributions of the behavior's source, perceived dangerousness of the person, the label of 'mental illness,' and the sociodemographic characteristics of respondents. Using vignette data from the 1996 General Social Survey (N= 1444), we find that respondents discriminate among different types of mental health problems by expressing more desire to avoid those with drugs and alcohol problems than those with mental illness. Consistent with research on racial attitudes, we also find that Americans who attribute mental health problems to structural causes (e.g. stress or genetic/ biological causes) are more willing to interact with vignette person than those who see individual causes (e.g. 'bad character' or the 'way the person was raised') as the root of the problem. However even controlling for these factors, respondents who label the vignette a 'mental illness' also express a preferences for greater social distance. Finally, while sociodemographic characteristics of the respondent appear to play a minimal role in preferences for social distance, the degree of dangerousness that the public ascribes to people with mental health problems is important and appears to mediate the influence of labeling a person as mentally ill.

**Reference Type:** Journal Article  
**Author:** Mayer, A.; Barry, D. D.  
**Year:** 1992

**Title:** Working with the media to destigmatize mental illness.

**Journal:** Hospital and Community Psychiatry

**Volume:** 43

**Issue:** 1

**Pages:** 77-78

**Abstract:** By using the example of a man with a mental illness who killed his grandparents and neighbors in North Carolina, and the subsequent positive media response to it—in that it sought to educate the public by stressing the fact that not all mentally ill are violent—the author wishes to show how the media can be used as an aid in the fighting of stigma and discrimination.

**Reference Type:** Journal Article

**Author:** Mayville, E.; Penn, D. L.

**Year:** 1998

**Title:** Changing societal attitudes toward persons with severe mental illness.

**Journal:** Cognitive and Behavioral Practice

**Volume:** 5

**Issue:** 2

**Pages:** 241-253

**Abstract:** Persons with severe mental illness (SMI) are often stigmatized as a result of their psychiatric condition, which likely contributes to their difficulties in interpersonal relations, occupational functioning, and self esteem. Given the pervasive effects of stigma on the adjustment of persons with SMI, it is necessary to identify potential strategies for reducing barriers that interfere with their acceptance into the community. In this article, the authors briefly review research on the stigma of SMI, and then suggest how mental health professionals might best approach the problem of reducing the stigma associated with SMI. Potential strategies of stigma reduction include education about SMI, promoting contact between the community and persons with SMI, and “value self-confrontation,” a technique used to reduce prejudice toward persons in ethnic minorities. The article concludes with a discussion of future directions for research in this area. (Author Abstract)

**Reference Type:** Journal Article

**Author:** McCarthy, J.; Prettyman, R.; Friedman, T.

**Year:** 1995

**Title:** The stigma of psychiatric in-patient care

**Journal:** Psychiatric Bulletin

**Volume:** 19

**Pages:** 349-351

**Abstract:** Aim: Examination of the difference in attitudes regarding illness between psychiatric in-patients and other medical in-patients in the same hospital. Method: 60 patients (30 ‘psychiatric’ and 30 ‘other medical illness’) were interviewed between 3 and 10 days after their arrival. Results: It was found that psychiatric patients are more likely to disclose the illness from their families (47% vs. 13%), and that their workmates were much more likely to ignore the fact that the patient was in the hospital (53% vs. 0%). Lastly, it was found that in general psychiatric patients were less sure of their diagnosis as well as of the necessity of their admission.

**Reference Type:** Journal Article

**Author:** Meise, U.; Sulzenbacher, H.; Kemmler, G.; Schmid, R.; Roessler, W.; Guenther, V.

**Year:** 2000

**Title:** “Not dangerous, but still frightening”—a school programme against stigmatization of schizophrenia.

**Journal:** Psychiatrische Praxis

**Volume:** 27

**Pages:** 340-346

**Abstract:** Objective: Evaluation of a brief school programme providing information about schizophrenia to high school students. It was investigated whether the programme changed the students’ attitude towards this target group and whether information given by a patient affected the results. Methods: 114 high school students (6 school classes) took part in the programme: 57 students were informed by a psychiatrist and an afflicted person (group A), the other 57 were informed by a psychiatrist and a social worker (group B). The student’s attitudes towards schizophrenics was assessed using a vignette of a fictitious class-mate suffering from schizophrenia and by questionnaires assessing the students’ emotional and cognitive reactions and their social distance towards the person described in the vignette. Results: Only in group A was there a significant improvement regarding the emotional reaction (reduction of fear, increase in positive emotions) and a significant decrease in social distance. Moreover, students no longer associated psychiatric illness with being ‘crazy.’ In group B, these changes could not be observed. There was even a significant increase in describing patients with schizophrenia as dangerous. Conclusion: As high school students themselves consider their level of knowledge about psychiatric illness as low, information about the topic should be given more attention than is currently done. For such information to be effective and to affect students’ attitude positively, it appears necessary that students have the opportunity to get in contact with a person affected by psychiatric illness. For changing attitudes it is also essential how information is presented. (In German) (Author Abstract/ 44 references)

**Reference Type:** Book

**Author:** Mueser, K. T.; Gingerich, S.

**Year:** 1994

**Title:** Coping with schizophrenia: a guide for families

**Publisher:** New Harbinger Publishing

**Number of Pages:** 346

**Abstract:** An extensive overview for the general public as well as those living with schizophrenia and their families. Among the topics covered are strategies for preventing relapses and other crises, as well as ways to manage stress and improve the quality of life. The book includes checklists and practical guidelines for planning activities.

**Reference Type:** Journal Article

**Author:** Murphy, J. M.

**Year:** 1976

**Title:** Psychiatric labeling in cross-cultural perspective

**Journal:** Science

**Volume:** 191

**Issue:** 4231

**Pages:** 1019-1028

**Abstract:** Aim: A cross cultural investigation was established by comparing two non-Western groups: the Eskimos of northwest Alaska, and the Yorubas of Nigeria. Method: Two year-long field works; a year in

each community. Interviews were effectuated during these field works. Results: It was found that Eskimos and Yorubas have labels for psychological and behavioral differences that we call mental illnesses; it was also found that certain conditions, which we would label mental illness, go unlabeled in their communities (which does not mean that they are non-existent). Furthermore, it seems that the non-Western way of life does not offer protection against mental illness, in that the degree of variability in frequency between Western and non-Western is rather small. (59 references)

## N

**Reference Type:** Book

**Author:** Nasar, S.

**Year:** 1998

**Title:** A Beautiful Mind: genius, schizophrenia and recovery in the life of Nobel laureate John Forbes Nash, Jr.

**Publisher:** Simon & Schuster

**Abstract:** This biography of Nobel Prize winner, John Forbes Nash, follows him from his lonely childhood through his student years and encounters with Albert Einstein. In his twenties, Nash solved some of the most challenging mathematical problems in the world, until he began to develop delusions that he was the Prince of Peace. The book describes his family life and how he became ill. Decades later, he emerged from his illness at the age of 66. That same year, the Nobel Prize Committee chose to honor his contribution to game theory. WPA reviewers have described the book as “heartbreaking but inspiring” and “offering practical advice to those people living with schizophrenia and their families.” It is an invaluable book for caregivers with positive messages about community acceptance, family support and the hope of recovery.

**Reference Type:** Book

**Author:** Naylor, P. R.

**Year:** 1986

**Title:** The keeper.

**City:** New York

**Publisher:** Atheneum

**Abstract:** Naylor, a Newberry Award-winning children’s author, called upon her personal experiences as the wife of a man with paranoid schizophrenia to pen this work for young adults. The novel’s main character is a teenage boy whose father suffers from paranoid schizophrenia. The title refers both the boy’s need to be his father’s keeper, protecting him from the consequences of his illness, and his need to keep secret the embarrassing truth that his father has a mental illness. The novel captures well the many conflicting and confusing thoughts and feelings experienced by children with a parent with a severe mental illness. (Abstract by Dr. O. Wahl)

**Reference Type:** Journal Article

**Author:** Neufeld, K.; Mohan, D.

**Year:** 2000

**Title:** Disability, quality of life, burden of care, and stigma in mental disorders.

**Journal:** Current Opinions in Psychiatry

**Volume:** 13

**Issue:** 2

**Pages:** 195-199

**Abstract:** Recent interest in the causes of disability has resulted in the publication of a large number of studies examining the disabling effects of mental disorders. This paper reviews the contributions of recent studies to the understanding of the epidemiology, psychosocial outcomes, care-giving burden and stigmas due to mental disorders. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Ng, C. H.

**Year:** 1997

**Title:** The stigma of mental illness in Asian cultures.

**Journal:** Australian and New Zealand Journal of Psychiatry

**Volume:** 31

**Pages:** 382-390

**Abstract:** By reviewing the literature of the stigma of mental illness in Asian cultures (published in English), Chee Hong Ng found that variations across cultures exist and that psychiatric stigma is prevalent and severe in some but not all Asian cultures. He emphasizes the notion that in order to be correctly understood, stigma needs to be studied not in isolation but rather as intertwined with the sociocultural context surrounding it. (48 references)

**Reference Type:** Journal Article

**Author:** Nieradzik, K.; Cochrane, R.

**Year:** 1985

**Title:** Public attitudes towards mental illness—the effects of behavior, roles and psychiatric labels.

**Journal:** International Journal of Social Psychiatry

**Volume:** 31

**Pages:** 23-33

**Abstract:** Aim: To examine the public's attitude towards mental illness. Further, the authors were interested to see whether the same behavior would be more tolerated if a label such as 'gifted painter' was given. Methods: A questionnaire was given to 108 subjects, which consisted of a vignette and a social distance scale. Each questionnaire was made up of 3 scenes, one depicting a normal behavior, one depicting a neurotic behavior and one depicting a schizophrenic behavior. Furthermore each scene was assigned a mental illness label ('neurotic,' 'schizophrenic,' no label) as well as a role label ('gifted painter,' 'bank clerk,' no label). Results: It was found that public attitudes towards mental illness are more rejecting than accepting. Furthermore, it was found that this rejection increased with the severity of the illness. Also it was found that if the public is given a non-deviant label (e.g. gifted painter) rejection will be decreased. Thus, all in all it was found that attitudes of the public were influenced both by the behavior as well as by the label given to the person depicted. (18 references)

**Reference Type:** Journal Article

**Author:** Nordt, C.; Falcato, L.; Lauber, C.; Roessler, W.

**Year:** In press

**Title:** Assessment of Depression and Schizophrenia as mental illness and its influence on the help-seeking recommendations.

**Journal:** Neuropsychiatrie

**Abstract:** Background: Mentally ill persons are influenced by their social environment when contacting mental health professionals for the first time. This study examines how much the subjective assessment whether a depressive or schizophrenic person is regarded as mentally ill by the public is influencing lay recommendations. Method: In Switzerland we conducted a representative opinion survey (N=1737) on public attitude to mental illness, psychiatric treatment, and the institutions involved. A vignette was presented depicting a case of either

depression or schizophrenia. The interviewees were asked whether they regarded the described person as being mentally ill or expressing a normal reaction in a difficult life situation. Out of a list of nine proposals for help we further questioned to indicate their first and their second recommendation. Results: Two thirds of the respondents regarded the schizophrenic person as mentally ill whereas the depressive person was mainly considered as expressing a normal reaction in a difficult life situation. The preferred help proposal was the general practitioner (GP). Those who considered the person in the vignette as mentally ill proposed different recommendations depending on the linguistic area of Switzerland: GP's were more recommended in the German and in the French part than in the Italian part. If the person was regarded as mentally ill, psychiatrists were more proposed. Psychologists were proposed independently of the evaluation of the vignette. Conclusions: Depending on the cultural context GP's have a different function regarding the contact for mental illness. In Switzerland, psychiatrists are exclusively considered as specialists for mental disorders whereas psychologists are proposed independently of the nature of the disorder. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Nordt, C.; Falcato, L.; Lauber, C.; Roessler, W.

**Year:** In press

**Title:** Recognition increases social distance: a dilemma for antistigma strategies.

**Abstract:** Aim: To examine the relationship between recognition of a person as mentally ill and the subsequent perceived social distance towards that person. Method: A telephone survey was conducted on a representative population sample (N=1737) in Switzerland. Results: It was found that recognition of a mental illness as well as age of the respondents increased social distance to a similar extent. (1 references)

**Reference Type:** Journal Article

**Author:** Page, S.

**Year:** 1995

**Title:** Effects of the mental illness label in 1993: acceptance and rejection in the community.

**Journal:** Journal of Health and Social Policy

**Volume:** 7

**Issue:** 2

**Pages:** 61-68

**Abstract:** Examines the effects of the mental illness label in obtaining accommodation by telephoning 160 individuals who were advertising rooms or flats for rent in 1993 in 2 Canadian cities, Windsor and London, Ontario and in Detroit, MI. Telephone callers—for 50% of the sample—made simple enquiries as to availability. For the other 50%, similar enquiries were made by an individual ostensibly receiving psychiatric treatment but soon to require accommodation. In the latter condition, rooms were significantly more likely to be described as unavailable. Comparisons are made to similar, previous research and to current perspectives about community reactions to stigmatizing conditions.

**Reference Type:** Journal Article

**Author:** Parra, F.

**Year:** 1985

**Title:** Social tolerance of the mentally ill in the Mexican American community.

**Journal:** International Journal of Social Psychiatry

**Volume:** 31

**Pages:** 37-45

**Abstract:** Aim: To examine whether the opinion held by Mexican American and Anglo Americans concerning mental illness differed. Method: Telephone interviews were used, lasting an average of 22 minutes. 206 Mexicans and 118 Anglos participated in this study. Five agree/ disagree statements were used, as well as a social distance scale. Results: It was found that little differences exist between the two groups. Differences were nonetheless found; younger people as well as men tend to be more tolerant. This difference was found in the two groups. (8 references)

**Reference Type:** Journal Article

**Author:** Paykel, E. S.; Priest, R. G.

**Year:** 1998

**Title:** Changes in public attitudes to depression during the Defeat Depression Campaign.

**Journal:** British Journal of Psychiatry

**Volume:** 173

**Issue:** 12

**Pages:** 519-522

**Abstract:** Aim: To examine the results of the Defeat Depression Campaign conducted between 1991 and 1996. Method: Three surveys (1991 N=2009; 1995 N=2050; 1997 N= 1946) were used, in which face-to-face interviews were conducted looking at the following areas: perception of depression; views on treatment of depression; and views on GPs. Results: Positive changes were found concerning attitudes to depression, reported experience of it, and to antidepressants. Less consistent positive changes were found concerning the opinion of treatments given by GPs.

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Chamberlin, C.

**Year:** In press

**Title:** The effects of a documentary film about schizophrenia on psychiatric stigma.

**Abstract:** Aim: To test whether a balanced media presentation about schizophrenia would reduce psychiatric stigma. Method: 163 undergraduates were randomly assigned to 1 of 4 conditions: no film condition (control), and three film conditions—one documentary about polar bears, one about overweight people, and one about persons suffering from schizophrenia. To determine participants' mood, the Positive and Negative Affect Scale (PANAS) was administered prior and after each film. Other scales used to measure the stigma were: Social Distance Scale, the Dangerousness Scale, the Affective Reaction Scale, the Attribution Scale, as well as an index of behavioral intent. Results: It was found that a documentary about schizophrenia had an influence on participant's attributions about schizophrenia, but did not have an effect on general attitudes nor on behavioral intentions to participate in a focus group with persons with schizophrenia. More specifically, the study did show that the movie on schizophrenia resulted in lower attributions of blame and responsibility to individuals for their disorder, and also in a view that the illness was more likely to change.

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Corrigan, P. W.

**Year:** In press

**Title:** The effects of stereotype suppression on psychiatric stigma.

**Abstract:** Aim: To investigate the effects of stereotype suppression. Method: Two studies were conducted. In the first, 52 undergraduates were put in one of two conditions: the suppression and the no suppression condition. They were asked to look at a photograph of a presumed person with schizophrenia and were asked to write an essay about a day in that person's life—participants were either asked to suppress stereotypical claims or not asked anything at all. Then they were shown another photograph and ask to write about a day in that person's life again, only this time, no instructions were given to either group. In the second study, 58 undergraduates were again put in either of 2 conditions—suppression vs. no suppression. The first half of the study is similar to study 1. After having viewed the 1st photo and written about it, participants were asked if they wanted to meet the person in the photograph and then were brought to a room on which a coat was hanging from a chair. Where the participants chose to sit in relation to that chair was used for the behavior variable. Furthermore, participants also completed a Contact Scale. Results: It was found that stereotype suppression instruction led to less stereotypical passages in both studies. Furthermore, the expected rebound effect of the second half of both studies was not found. It was also found that previous contact resulted in choosing a closer seat to the person in the photograph.

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Guyan, K.; Daily, T.

**Year:** 1994

**Title:** Dispelling the stigma of schizophrenia: What sort of information is best?

**Journal:** Schizophrenia Bulletin

**Volume:** 20

**Issue:** 3

**Pages:** 567-575

**Abstract:** Aim: To study what type of information is best used in the reduction of the stigma associated with schizophrenia. Method: 329 undergraduates were given 1 of 6 vignettes describing a person who had recovered from mental illness. 5 dependent measures were used: Social Distance Scale, Dangerousness Scale, Characteristics Scale, Skill Assessment Scale and the Affective Reaction Scale. Results: It was found that those with no previous contact held schizophrenic patients as being more dangerous than those who had no previous contact. Furthermore, it was found that knowledge of the acute phase of schizophrenia created more stigma, whereas information concerning post-treatment living arrangement (i.e. supervised care) lowered stigma.

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Kohlmaier, J. R.;

Corrigan, P. W.

**Year:** 2000

**Title:** Interpersonal factors contributing to the stigma of schizophrenia: social skills, perceived attractiveness, and symptoms.

**Journal:** Schizophrenia Research

**Volume:** 45

**Issue:** 1-2

**Pages:** 37-45

**Abstract:** Aim: To study the interpersonal factors related to the stigma of schizophrenia. Method: 39 individuals with schizophrenia were asked to participate in a role play with a confederate, which were then shown to 41 undergraduate raters. These were asked to rate the persons in the role play on a number of social skills (overall social skill, meshing, clarity, fluency of speech, gaze, pleasantness of conversation, involvement in conversation, number of questions asked, and perceived strangeness). Furthermore, to measure stigma, the Social Distance Scale was used. Results: in terms of symptoms, greater distance was associated with greater thought disorder and anergia. And in terms of social skills, greater distance was associated with less involvement in the conversation, poorer eye contact, less affective expressiveness, conversational meshing, less speech clarity and overall lower social skill, as well as greater perceived strangeness.

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Kommana, S.; Mansfield, M.;

Link, B. G.

**Year:** 1999

**Title:** Dispelling the stigma of schizophrenia II. The impact of information on dangerousness.

**Journal:** Schizophrenia Bulletin

**Volume:** 25

**Issue:** 3

**Pages:** 437-446

**Abstract:** Aim: To see whether information on violence and schizophrenia could have an effect on the notion of dangerousness often associated with the disease. Method: 182 undergraduates were given 1 of

four information sheets to read—the first stated 'you will read the description of a man who has schizophrenia which is in remission' [baseline], the 2nd comprised a general description of the symptoms and course of schizophrenia, the 3rd comprised information on violence and mental illness and the 4th compared the rates of violent behaviors among psychiatric disorders. It was also measured whether the subjects had any previous contact with persons with schizophrenia. The dependent measures were: perceived dangerousness of individuals with mental illness in general and perceived dangerousness of the target person (Dangerousness Scale). Results: It was found that previous contact as well as information on the prevalence of violent behavior among schizophrenic patients resulted in lower ratings of perceived dangerousness. (50 references)

**Reference Type:** Journal Article

**Author:** Penn, D. L.; Martin, J.

**Year:** 1998

**Title:** The stigma of severe mental illness: Some potential solutions for a recalcitrant problem.

**Journal:** Psychiatric Quarterly

**Volume:** 69

**Issue:** 3

**Pages:** 235-247

**Abstract:** Even though the treatment of mental illnesses has improved dramatically over the recent years, the full integration of these patients into society is still hindered by the strong negative attitudes held by many. In this review, the authors discuss the different means employed to fight this stigma, and conclude that the lowest negative attitudes towards persons with a mental illness are associated with previous contact, as well as with presentation of empirically based information on the relationship between violence and mental illness. (71 references)

**Reference Type:** Journal Article

**Author:** Penn, D.L., Nowlin-Drummond, A.

**Year:** 2001

**Title:** Politically correct labels and schizophrenia: a rose by any other name?

**Journal:** Schizophrenia Bulletin

**Volume:** 27

**Issue:** 2

**Pages:** 197-203

**Abstract:** Aim: To study the role of politically correct labels in emotional reactions, attributions regarding illness, behavioral intentions and knowledge of schizophrenic symptoms. Method: Two samples—113 undergraduates and 77 community members—were asked to rate a target individual with one of four labels: 'consumer of mental health services,' 'person with severe mental illness,' 'person with schizophrenia,' and 'schizophrenic' (labels were identified after an extensive review of the literature). The dependent measures that were used are as follows: social distance, affective reaction, dangerousness scales, attributions regarding mental illness, a symptom knowledge measure and behavioral intention. Results: It was found that the label 'consumer of mental health services' was associated with the least negative emotional response. Furthermore, it was this label that participants associated with the greater likelihood of change over time. Nevertheless it is also with this label that

participants gave the 'ill person' the greatest responsibility for their illness. Furthermore, this label conveys the least information about schizophrenia. Lastly, the results of the two samples were the same.

**Reference Type:** Journal Article

**Author:** Pescosolido, B. A.; Monahan, J.; Link, B. G.; Stueve, A.; Kikuzawa, S.

**Year:** 1999

**Title:** The public's view of the competence, dangerousness, and need for legal coercion of persons with mental disorder.

**Journal:** American Journal of Public Health

**Volume:** 89

**Issue:** 9

**Pages:** 1339-1345

**Abstract:** Objectives: The authors examined American's opinion about financial and treatment competence of people with mental health problems, potential for harm to self or others, and the use of legal means to force treatment. Methods: The 1996 General Social Survey provided interview data with a nationally representative sample (N= 1444). Respondents were given a vignette based on diagnostic criteria for schizophrenia, major depression, alcohol dependence, or drug dependence, or a 'control' case. Results: The specific nature of the problem was the most important factor shaping public reaction. Respondents viewed those with 'troubles,' alcohol dependence, or depression as able to make treatment decisions. Most reported that persons with alcohol or drug problems or schizophrenia cannot manage money and are likely to be violent toward others. Respondents indicated a willingness to coerce individuals into treatment. Respondents and other case characteristics rarely affected opinions. Conclusion: Americans report greater concern with individuals who have drug or alcohol problems than with persons who have other mental health problems. Evaluations of dangerousness and coercion indicate a continuing need for public education. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Phelan, J. C.; Bromet, E. J.; Link, B. G.

**Year:** 1998

**Title:** Psychiatric illness and family stigma.

**Journal:** Schizophrenia Bulletin

**Volume:** 24

**Issue:** 1

**Pages:** 115-126

**Abstract:** Aim: To study the effects of psychiatric stigma on the families of persons with a psychiatric disorder. Method: 278 patients as well as 156 significant others (either spouse or mother) were interviewed over the telephone. Family stigma was measured using the Social Adjustment Scale. Results: Only 50 of the families interviewed did not conceal the hospitalization. Furthermore it was found that family members were more likely to conceal the illness if they did not live with their ill relative and if the relative was female.

**Reference Type:** Journal Article

**Author:** Phelan, J. C.; Cruz-Rojas, R.; Reiff, M.

**Year:** Forthcoming

**Title:** Genes and stigma: the connection between perceived genetic etiology and attitudes and beliefs about mental illness.

**Journal:** Psychiatric Rehabilitation Skills

**Abstract:** Aim: To examine whether increased emphasis on genetic/ biological causes of mental illness has the potential to decrease stigma. Method: 56 people living in New York City and the Los Angeles area were interviewed. This semi-structured interview lasted between 1 1/2 and 2 hours and assessed conceptions, knowledge and attitudes about mental illness and genetics. More specifically, the independent variable was genetic attribution and the dependent variables were self and parental responsibility for illness, future course of illness, risk to family members and social distance. Results: It was found that attributing biological causes to mental illness can have both positive and negative effects on stigma. Those who did not endorse genetic causes were twice as likely to attribute responsibility to the subject for his illness (70% vs. 29%). On the other hand, those who endorsed genetic causes were more pessimistic about the possibility of improvement (19% vs. 56% believed in improvement), and thought it more likely that someone else in the family would develop the illness as well (69% vs. 15%).

**Reference Type:** Journal Article

**Author:** Phelan, J. C.; Link, B. G.

**Year:** 1998

**Title:** The growing belief that people with mental illnesses are violent: the role of the dangerousness criterion for civil commitment.

**Journal:** Social Psychiatry and Psychiatric Epidemiology

**Volume:** 33

**Pages:** S7-12

**Abstract:** Aim: To assess the changes in the public's opinion on whether or not mentally ill people are violent. Method: The authors compared the answer to an open ended question concerning the respondent's understanding of mental illness in two surveys: one conducted in 1950 and the other in 1996. Results: The percentage of people using the phrase "dangerous to self or others" has increased from 4.2% to 44%. Getting rid of these respondents, a slight decrease in perceptions of violence was found. The authors argue that this increase from 4.2% to 44% is due to the dangerousness criterion for involuntary commitment widely accepted in the USA in the 1960s.

**Reference Type:** Journal Article

**Author:** Phelan, J. C.; Link, B. G.

**Year:** In preparation

**Title:** Public Perceptions that people with mental illness are dangerous: the role of impersonal public contact.

**Abstract:** Aim: To examine whether greater impersonal contact with mentally ill persons increases perceptions of dangerousness. Methods: Telephone interviews (average 40 minutes) were conducted with 1507 adult residents of the USA. The dependent variable was perceived dangerousness and was measured with a 7-item scale. The independent variable was impersonal contact with people with a mental illness and the control variable was personal contact. Results: It was found that greater impersonal contact did not lead to increased perceptions of

dangerousness. As a matter of fact frequency of reporting seeing someone in public who appears mentally ill was negatively associated with perceived dangerousness.

**Reference Type:** Book

**Author:** Philo, G.

**Year:** 1996

**Title:** Media and mental illness.

**City:** London

**Publisher:** Longman

**Number of Pages:** 409

**Abstract:** The systematic study explores how mental illness is presented in the mass media. Professionals and those working in the media will find it especially useful. The clarity of its presentation also makes it readable for friends and family members of people living with schizophrenia. It presents a positive, specific approach to the study of media and their portrayal of those living with mental illness. Although written for a US audience, the book also provides a model for application in other countries around the world. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article

**Author:** Philo, G.

**Year:** 1997

**Title:** Changing media representations of mental health.

**Journal:** Psychiatric Bulletin

**Volume:** 21

**Pages:** 171-172

**Abstract:** False assumptions held by the public on mental illness can be traced back to the media. Not only that but the negative stereotypes found in mass media also lead to damaging effects in users and their families. The author urges members of the College to address the issue of false depiction of mental illness and persons affected by it in the media.

**Reference Type:** Report

**Author:** Philo, G.; Henderson, L.; McLaughlin, G.

**Title:** Media Representations of Mental Health Illness.

**City:** Glasgow

**Institution:** Glasgow University

**Pages:** 56

**Abstract:** Reviews the various contents of mental illness in the media, ranging from contents such as comic images to contents dealing with violence to self.

**Reference Type:** Journal Article

**Author:** Pinfold, V.

**Title:** Consulting, involving and education people in the community: Kent awareness in action programme.

**Abstract:** In this article, the author briefly overviews the notion of stigma because of mental illness and the aversive consequences it entails for the life of the stigmatized individual, by highlighting, for example, the lowered chances of finding employment after acquiring the label of mental illness. After this brief introduction, the author continues by describing the work she and her group have been doing in Kent, England, highlighting what they have been doing with the police force population. The reason for choosing

this population, she explains, is that, on the one hand police officers often have to deal with situations involving people in distress and on the other hand, they often receive only very limited mental health training. (11 references)

**Reference Type:** Book

**Author:** Plummer, E.; Seeman, M. V.;

Thornton, J. F.; Jeffries, J. J.

**Year:** 1990

**Title:** Living and working with schizophrenia.

**City:** Canada

**Publisher:** University of Toronto Press

**Number of Pages:** 148

**Abstract:** The authors provide practical advice to those living with schizophrenia as well as caregivers, friends, and the general public. Although some of the information on available medications needs to be updated, the book is well-written and organized. At 148 pages in length, it is a concise discussion of important elements in the diagnosis, treatment, and recovery from schizophrenia. (Included in Volume V of the WPA 'Open the Doors' program brochures)

## R

**Reference Type:** Journal Article**Author:** Rabkin, J. G.; Muhlin, G.; Cohen, P. W.**Year:** 1984**Title:** What the neighbors think: community attitudes toward local psychiatric facilities.**Journal:** Community Mental Health Journal**Volume:** 20**Issue:** 4**Pages:** 304-312

**Abstract:** Aim: To examine the impact of psychiatric facilities in the neighborhood on the attitudes of the public towards mental illness. Method: 15 interviews were completed in 12 areas (matched pairs of areas: six with a psychiatric facility, six without). Furthermore, people living in varying distances from the facility were interviewed (in the same building, on the same block, or around the corner). Results: It was found that attitudes of the public were unrelated to whether or not the area they were living in included a psychiatric facility. Furthermore, 74% did not believe that persons with mental illness treated in the community were a danger for the people in the area. Also, most people (54%) showed no opposition to the inclusion of such a facility in their neighborhood.

**Reference Type:** Journal Article**Author:** Raguram, R.; Weiss, M. G.; Channabasavanna, S. M.; Devins, G. M.**Year:** 1996**Title:** Stigma, depression and somatization in south India.**Journal:** American Journal of Psychiatry**Volume:** 153**Issue:** 8**Pages:** 1043-1049

**Abstract:** Aim: To examine the relationship of stigma to depression and somatization in south India. Method: The Explanatory Model Interview Catalogue, the SCID, and the Hamilton Depression Rating Scale were given to 80 psychiatric outpatients in Bangalore, India. Results: It was found that stigma was positively related to depressive symptoms and inversely related to somatoform symptoms. It was also found that the mean stigma scores were 18.2 for persons with somatoform disorders, and 36 for those with depressive disorders.

**Reference Type:** Journal Article**Author:** Read, J.; Law, A.**Year:** 1999**Title:** The relationship of causal beliefs and contact with users of mental health services to attitudes to the 'mentally ill.'**Journal:** International Journal of Social Psychiatry**Volume:** 45**Issue:** 3**Pages:** 216-229

**Abstract:** Aim: To measure whether the attitude changes towards people with mental illness before and after four lectures on the subject. Method: 126 first-year psychology students were given a questionnaire before and after the four lectures that included 8 six-point Likert scale items from the Mental Health Locus of Origin scale (MHLO), as well

as two six-point Likert scale items measuring Behavioral Intention. Results: It was found that after the four lectures attitudes improved, mainly in the domains of dangerousness and unpredictability. It was also found that contact was the strongest influence on attitude.

**Reference Type:** Journal Article**Author:** Retzinger, S. M.**Year:** 1987**Title:** A theory of mental illness: integrating social and emotional aspects of labeling.**Journal:** American Sociological Association

**Abstract:** In an examination of the social and emotional aspects of mental illness and the dynamics of labeling theory of mental illness, it is suggested that labeling and stigma rest on intense unacknowledged emotions, particularly anger and shame. Emotions that occur with and between persons may help explain the universal phenomenon of labeling, segregation and stigmatization of deviants. A Goffman-Lewis shame construct is used to provide an explanation of the source and maintenance of mental illness at the interpersonal and societal levels, involving a bilateral relationship between the labeled and the labelers. An excerpt from a psychiatric interview illustrates this process as it occurs within and between a psychiatrist and patient. (Author Abstract)

**Reference Type:** Journal Article**Author:** Richards, P.**Year:** 1999**Title:** Stigma in mental illness.**Journal:** Journal of the Royal Society of Medicine**Volume:** 92**Issue:** 3**Pages:** 154

**Abstract:** In this commentary, the author highlights the necessity of faculties at medical schools to address the topic of stigma.

**Reference Type:** Journal Article**Author:** Roessler, W.; Salize, H. J.**Year:** 1995**Title:** Factors affecting public attitudes towards mental health care.**Journal:** European Archives of Psychiatry and Clinical Neuroscience**Volume:** 245**Pages:** 20-26

**Abstract:** This study represents a telephone survey of 501 randomly selected residents of the Grand Duchy of Luxembourg older than 15 years of age. The interviewees were questioned on their attitudes and judgments towards mental health care in Luxembourg. The implementation of a community-based mental-health-services delivery system in Luxembourg is in its initial stages. Being the smallest member of the European Community, Luxembourg offers the opportunity to analyze a whole catchment area in transition marked off clearly by national borders. As a general rule the people of Luxembourg are undecided when it comes to mental health care. Almost half the sample answered 'don't know' when asked about the quality of several sectors of mental health care, excluding inpatient care. The factors that had a significant influence on the attitude of the

people of Luxembourg regarding mental health care were nationality, age, class and personal contact with mentally ill persons, with a tendency of worse judgment in younger age groups and in members of upper social classes. We find multivariate models including these variables. The results of our study point to entrenched prejudice. The findings suggest, however, that attitudes are changeable by direct or indirect contact with mentally ill persons. Possible strategies that could change public attitudes towards mental health care in a mental health care system that is in transition are discussed. (Author Abstract/ 26 references)

**Reference Type:** Journal Article

**Author:** Roessler, W.; Salize, H. J.

**Year:** 1995

**Title:** Community care needs a community that cares—public attitudes towards mental health care and the mentally ill.

**Journal:** Psychiatrische Praxis

**Volume:** 22

**Pages:** 58-63

**Abstract:** Since community mental health care started public attitudes towards the mentally ill and mental health care had been development to an important influencing factor in planning mental health care and in rehabilitation of patients. This paper describes the historical development of research in public attitudes in psychiatry, which started with deinstitutionalization. It discusses the interaction between types and quality of mental health care and public opinions or attitudes towards the care of mentally ill patients, considering own empirical results. (In German) (Author Abstract/ 26 references)

**Reference Type:** Journal Article

**Author:** Rosen, A.

**Year:** 1994

**Title:** 100% Mabo: De-colonizing people with mental illness and their families.

**Journal:** Australian and New Zealand Journal of Family Therapy

**Volume:** 15

**Issue:** 3

**Pages:** 128-142

**Abstract:** In order to help many of the traditional cultures in our world (here specifically the Aboriginal and Maori people), psychiatrists need to begin a discussion with traditional healers instead of imposing 'white male' treatment on traditional cultures.

**Reference Type:** Film or Broadcast

**Writer:** Rosenberg, K. P.

**Year Released:** 1993

**Title:** Through madness.

**City:** USA

**Medium:** Film

**Abstract:** This documentary de-mystifies psychotic illnesses such as schizophrenia and manic depression, and humanizes those who suffer from them. In the half hour program, we hear from three people who describe their illness. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article

**Author:** Rosenfield, S.

**Year:** 1997

**Title:** Labeling mental illness: the effects of received services and perceived stigma on life satisfaction.

**Journal:** American Sociological Review

**Volume:** 62

**Issue:** 4

**Pages:** 660-672

**Abstract:** Examines both sides of the labeling theory debate by comparing the importance of perceived stigma (pro) vs. the receipt of services (con) to the quality of life of persons with chronic mental illness, drawing on face-to-face interviews with 157 patients in Piscataway, NJ. Results show that both stigma & services received are significantly associated with quality of life, but in opposite ways. Findings have important implications for intervention for mental illness. (Author Abstract/ 54 references)

## S

**Reference Type:** Journal Article

**Author:** Salter, M.; Byrne, P.

**Year:** 2000

**Title:** The stigma of mental illness: how you can use the media to reduce it.

**Journal:** Psychiatric Bulletin

**Volume:** 24

**Pages:** 281-283

**Abstract:** Editorial—By means of a survey of 1600 individuals, it was found that people have quite specific, and often false, views of what mental illnesses are. The media project of the College's 'Changing Minds' campaign wishes to utilize the media in order to increase understanding of mental illness and ultimately change people's erroneous views and attitudes.

**Reference Type:** Journal Article

**Author:** Sartorius, N.

**Year:** 1997

**Title:** Fighting schizophrenia and its stigma: a new World Psychiatric Association educational program.

**Journal:** British Journal of Psychiatry

**Volume:** 170

**Issue:** 4

**Pages:** 297

**Abstract:** Editorial—Describes the World Psychiatric Association's programme to fighting schizophrenia and its stigma. Describes its objectives, targets and design.

**Reference Type:** Journal Article

**Author:** Sartorius, N.

**Year:** 1998

**Title:** Stigma: what can psychiatrists do about it?

**Journal:** The Lancet

**Volume:** 352

**Issue:** 9133

**Pages:** 1058-1059

**Abstract:** Discusses the WPA programme on fighting the stigma and discrimination because of schizophrenia, and also discusses some possible ways in which the psychiatric profession can help in the reduction of stigma and discrimination.

**Reference Type:** Journal Article

**Author:** Sayce, L.

**Year:** 1997

**Title:** Stigma and social exclusion. Top priorities for mental health policies.

**Journal:** Eurohealth

**Volume:** 3

**Issue:** 3

**Pages:** 5-7

**Abstract:** Briefly discusses some possible strategies that could be used in order to achieve a reduction of stigmatization of persons with a mental illness. (6 references)

**Reference Type:** Book

**Author:** Sayce, L.

**Year:** 2000

**Title:** From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion.

**City:** London, England

**Publisher:** Macmillan Press Ltd.

**Number of Pages:** 280

**Abstract:** Liz Sayce critiques the most common approaches to fighting stigma and instead shows how a 'disability inclusion' model could be transformed into legal as well as public education initiatives. Furthermore, she believes the stigma associated with mental illness to be a key factor in the creation of obstacles in the social reinsertion of expatients.

**Reference Type:** Journal Article

**Author:** Sayce, L.; Measey, L.

**Year:** 1999

**Title:** Strategies to reduce social exclusion for people with mental health problems.

**Journal:** Psychiatric Bulletin

**Volume:** 23

**Pages:** 65-67

**Abstract:** Editorial—Examines the standpoint of two antistigma campaigns—MIND's Respect Campaign and the Royal College's 'Changing Minds: Every Family in the Land'—on what change in stigmatizing attitudes entails for them. (19 references)

**Reference Type:** Book

**Author:** Schiller, L.; Bennet, A.

**Year:** 1994

**Title:** The quiet room: a journey out of the torment of madness.

**City:** New York

**Publisher:** Warner Books

**Abstract:** Lori Schiller's nearly 20-year struggle with schizophrenia is described by her in this book. Her story provides evidence for the value of persistence and determination and demonstrates that recovery is possible even for those whose disorders have been previously resistant to change. The book also includes chapters by Ms. Schiller's mother, father, and brother, revealing what it is like for family members to struggle with a serious mental illness in a loved one. (Abstract by Dr. O. Wahl)

**Reference Type:** Book

**Author:** Schizophrenia Society of Canada

**Year:** 1991

**Title:** Schizophrenia: a handbook for families.

**City:** Canada

**Publisher:** Health and Welfare Society of Canada

**Number of Pages:** 68

**Abstract:** A book rich in practical information on issues facing families of those living with schizophrenia. It includes the real life experiences of caregivers, as well as description of Canada's mental health law and available mental health services. Although written for Canadian parents, the book is useful for family members in countries similar to Canada. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article

**Author:** Schlosberg, A.

**Year:** 1993

**Title:** Psychiatric stigma and mental health professionals (stigmatizers and destigmatizers).

**Journal:** Medicine & Law

**Volume:** 12

**Issue:** 3-5

**Pages:** 409-416

**Abstract:** This article presents a definition of the term psychiatric stigma, its development, dynamics and role in society. The role that psychiatrists have played in the past and are playing in the present is described. The different factors that influence this role are elucidated culturally, professionally and economically. Examples are given of where psychiatrists act as destigmatizers and, on the other hand, as stigmatizers. The article stresses the point that psychiatrists should always be on the alert that in fulfilling their therapeutic role they can either stigmatize more or destigmatize their patients. Consideration should be taken in the overall approach so that the benefits to a patient are always more than his or her losses. Psychiatrists and mental health professionals must constantly be alert to ensure that they are acting in the best interest of the patient. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Schneider, I.

**Year:** 1987

**Title:** The theory and practice of movie psychiatry.

**Journal:** American Journal of Psychiatry

**Volume:** 144

**Issue:** 8

**Pages:** 996-1002

**Abstract:** The depiction of psychiatry in the movies has been a source of concern over the years to many in the profession who feel that a false picture of psychiatrists' work has been presented to the public. In fact, psychiatry in the movies has developed its own characteristics, which only occasionally intersect with those of the real life profession. This paper outlines the methods and theories of the invented profession of movie psychiatry. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Shibre, T.; Negash, A.; Kullgren, G.; Kebede, D.; Alem, A.; Fekadu, A.; Fekadu, D.; Medhin, G.; Jacobsson, L.

**Year:** 2001

**Title:** Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia.

**Journal:** Social Psychiatry and Psychiatric Epidemiology

**Volume:** 36

**Issue:** 6

**Pages:** 299-303

**Abstract:** Background: Many studies from the Western world have reported on stigmatization of people with mental illnesses and its negative consequences, but few studies have addressed the issue in traditional rural societies. The present study aimed to estimate the extent and socio-demographic distribution of stigma as perceived by relatives of mentally ill individuals in rural Ethiopia. Method: A total of 178 relatives of individuals who were diagnosed as suffering from schizophrenia or major affective disorders in a community-based survey were interviewed using the Family Interview Schedule. Results: About 75% of the respondents perceived that they were stigmatized or had experienced some sort of stigma due to the presence of mental illness in the family, 42% were worried about being treated differently and 37% wanted to conceal the fact that a relative was ill. Those from the older age group (45+)

and urban residents were more likely to perceive stigma as a major problem, but otherwise differences were few between socio-demographic groups. The illness was attributed to supernatural forces by 27% and praying was suggested as a preferred method to deal with the problem by 65%. Conclusion: Stigma was found to be a common problem, with few differences between socio-demographic groups or between types of mental disorder. Beliefs about causes differ from those held by professionals. Popular beliefs and attitudes must be taken into account when planning for intervention. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Shurka, E.

**Year:** 1983

**Title:** Attitudes of Israeli Arabs towards the mentally ill.

**Journal:** International Journal of Social Psychiatry

**Volume:** 29

**Pages:** 101-110

**Abstract:** Aim: To examine the attitude of the Arab population in Israel. Method: 91 Israeli Arabs were interviewed using a closed item structured questionnaire. Results: Negative attitudes were found in relation to intimate relationships with mental illness patients as well as towards their work potential. Furthermore, it was found that level of education was inversely related to amount of rejection. Lastly it was found that in comparison to Christian respondents, Moslems are more rejecting. (17 references)

**Reference Type:** Journal Article

**Author:** Siantz, M. L.

**Year:** 1993

**Title:** The stigma of mental illness on children of color.

**Journal:** Journal of Child and Adolescent Psychiatric and Mental Health Nursing

**Volume:** 6

**Issue:** 4

**Pages:** 10-17

**Abstract:** Children and adolescents who have been designated as mentally ill, mentally retarded, juvenile delinquent, poor, homeless, or sexually abused at some point in their lives experience a great deal of difficulty in removing such labels. Society has persisted in using these labels even when the designated person is engaged in many of the things taken for granted among 'normal' persons of their age and culture. The author discusses the stigma that results from unreliable, invalid, unstandardized identification of psychiatric disorders, particularly among children from ethnic minority groups. Research is needed that improves clinical information processing, particularly among the multicultural population of the United States. For too long, majority-based norms have been the focus of research, with little consideration given to the creative adaptations that have occurred among ethnic minority groups. (Author Abstract)

**Reference Type:** Journal Article  
**Author:** Signorielli, N.  
**Year:** 1989  
**Title:** The stigma of mental illness on television.  
**Journal:** Journal of Broadcasting and Electronic Media  
**Volume:** 33  
**Issue:** 3  
**Pages:** 325-331  
**Abstract:** Content analysis of 17 annual week-long samples of prime-time network dramatic programming reveals a negative and generally stigmatized image of mental illness and the mentally ill. Mental illness has consistently appeared on 20% of all prime time programs, affecting 3% of the major character. Although relatively small in numbers, the mentally ill were most likely to commit violence, and to be victimized. The mentally ill characters were less likely to be employed outside the home and if so employed were likely to be seen to be failures. (Author Abstract/ 14 references)

**Reference Type:** Journal Article  
**Author:** Silver, T.  
**Year:** 1996  
**Title:** An exploratory study of families of the substance mentally ill: burden, stigma and social support.  
**Journal:** Dissertation Abstracts International  
**Volume:** 56  
**Issue:** 10  
**Pages:** 4149-A  
**Abstract:** This study of family caregivers of persons who have both mental illness and substance abuse (SAMI) explores the social and emotional consequences or burden that these families bear coping with their ill family member. The purpose is to show whether family caregivers of SAMI have different characteristics than family caregivers of the non-substance abusing mentally ill (NSAMI). Thirty family caregivers of the SAMI were compared to thirty family caregivers of the NSAMI in a matched sample utilizing a non-experimental cross-sectional survey. The survey questionnaire was developed from previous research on families of the mentally ill with additional questions on substance abuse, and included both empirical and qualitative measures. Instruments that measure burden, stigma, depression, anxiety, health, substance abuse and social support were used to compare and contrast the two groups of families. The individual measures were analyzed through one-tailed t-tests and multiple analysis of variance. Most family caregivers in the study were female, married and they were middle class or lower middle class. Respondents were predominately parents of consumers, with a mean age of about 60 years. Most caregivers had regular contact with the ill members and 90% of the respondents were participants in support groups for families of persons with mental illness. The findings did not support the research hypotheses that there would be significant differences between the two groups of caregivers in the variables of burden, stigma, physical health and social support. There were mixed results obtained on the variables of anxiety and substance use with caregivers of SAMI showing significantly more anxiety and substance use on t-tests but not when the MANOVA was performed. Depression was the one variable where a

significant difference was observed with families of SAMI showing greater depression than families of NSAMI. Results of the qualitative measures indicated much similarity between the caregivers in their experiences of living with mental illness. (Author Abstract)

**Reference Type:** Book  
**Author:** Simmie, S.; Nunes, J.  
**Year:** 2001  
**Title:** The last taboo: a survival guide to mental health care in Canada.  
**City:** Toronto  
**Publisher:** McClelland & Stewart

**Reference Type:** Journal Article  
**Author:** Sirey, J. A.; Bruce, M. L.; Alexopoulos, G. S.; Perlick, D. A.; Raue, P.; Friedman, S. J.; Meyers, B. S.  
**Year:** 2001  
**Title:** Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression.  
**Journal:** American Journal of Psychiatry  
**Volume:** 158  
**Issue:** 3  
**Pages:** 479-481  
**Abstract:** Aim: To examine the relationship between perceived stigma and treatment discontinuation in young and older adults suffering from depression. Methods: 92 new admissions of persons with major depression were used. Scales used were the 17-item Hamilton Depression Rating Scale, the Global Assessment of Functioning, and the Chronic Disease Score. Furthermore, perceived stigma was measured using the Stigma Coping Scale. Results: Younger adults reported higher levels of perceived stigma than older adults. Furthermore, perceived stigma predicted treatment discontinuation solely in older adults.

**Reference Type:** Journal Article  
**Author:** Siris, S. G.  
**Year:** 2001  
**Title:** Suicide and schizophrenia.  
**Journal:** Journal of Psychopharmacology  
**Volume:** 15  
**Issue:** 2  
**Pages:** 127-135  
**Abstract:** Suicide and suicide attempts occur at a significantly greater rate in schizophrenia than in the general population. Common estimates are that 10% of people with schizophrenia will eventually have completed suicide, and that attempts are made at two to five times that rate. Demographically associated with suicidality in schizophrenia are being young, being early in the course of illness, being male, coming from a high socioeconomic family background, having high intelligence, having high expectations, not being married, lacking social supports, having awareness of symptoms, and being recently discharged from the hospital. Also associated are reduced self esteem, stigma, recent loss or stress, hopelessness, isolation, treatment non compliance and substance abuse. Clinically, the most common correlates of suicidality in schizophrenia are depressive symptoms and the depressive syndrome, although severe psychotic and panic-like symptoms may contribute as well. This review specifically

explores the issue of depression in schizophrenia, in relation to suicide, by organizing the differential diagnosis of this state and highlighting their potentially treatable or correctable causes. This differential diagnosis includes both acute and chronic disappointment reactions, the prodrome of an acute psychotic episode, neuroleptic induced akinesia and akathisia, the possibility of direct neuroleptic-induced depression, negative symptoms of schizophrenia, and the possible co-occurrence of an independent depressive diathesis. The potential beneficial roles of 'atypical' antipsychotic agents, including both clozapine and more novel agents, and adjunctive treatment with other psychopharmacological medications are considered, and the important roles of psychosocial factors and intervention are recognized. (Author Abstract)

**Reference Type:** Book

**Author:** Snyder, P.

**Year:** 1996

**Title:** Edge of madness: living with schizophrenia.

**Number of Pages:** 28

**Abstract:** This book provides the general public with a clear description of schizophrenia. It also presents personal stories of those living with the illness, as well as their artwork and poetry. (Included in Volume V of the WPA 'Open the Doors' program brochures)

**Reference Type:** Journal Article

**Author:** Socall, D. W.; Holtgraves, T.

**Year:** 1992

**Title:** Attitude toward the mentally ill: the effects of label and beliefs.

**Journal:** Sociological Quarterly

**Volume:** 33

**Issue:** 3

**Pages:** 435-445

**Abstract:** To overcome contradictions in earlier research positing that people labeled mentally ill experience negative societal reactions, a mail survey was conducted in 1988 in Delaware County, Ind. asking 600 respondents to indicate their willingness to interact with a person with a specific mental disorder, or with an identically behaving person with a specific physical disorder. Supporting labeling theory, respondents rejected the mentally ill significantly more than identically behaving physically ill persons. Respondents also considered the mentally ill as less predictable and as having less positive outcomes than those with physical illness. These beliefs highly correlate with rejection and account for some, but not all, of the effects of labeling on rejection. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Spiegel, D. E.; Keith-Spiegel, P.

**Year:** 1969

**Title:** Why we came back: a study of patients readmitted to a mental hospital.

**Journal:** Mental hygiene

**Volume:** 53

**Issue:** 3

**Pages:** 433-437

**Abstract:** Aim: To investigate why there are so many readmissions of persons with a mental illness and what could be done to ameliorate the sociocultural milieu that awaits them outside the hospital. Method:

30-minute interviews were held with 100 patients who had just been readmitted to the hospital. Results: Many mentioned difficulty in finding a job and subsequent financial problems as well as depression. It became clear as well that many of these patients were in need of community support and assistance.

**Reference Type:** Journal Article

**Author:** Stuart, H.; Arboleda-Flórez, J.

**Year:** 2001

**Title:** Community attitudes toward people with schizophrenia.

**Journal:** Canadian Journal of Psychiatry

**Volume:** 46

**Pages:** 245-252

**Abstract:** Aim: To investigate public attitude toward people with schizophrenia (pilot project for the WPA program). Method: Two cross sectional random-digit telephone surveys of 1653 respondents was used (since there were no statistically significant differences in terms of knowledge, attitudes or social distance between the two sample, they were treated as one). A brief interview gathered information concerning the respondents experience with persons with schizophrenia. Results: It was found that knowledge of schizophrenia rather than exposure to the mentally ill patient was the key factor in a less distancing attitude.

T

**Reference Type:** Journal Article

**Author:** Taylor, P.; Gunn, J.

**Year:** 1999

**Title:** Homicides by people with a mental illness: myth and reality.

**Journal:** British Journal of Psychiatry

**Volume:** 174

**Pages:** 9-14

**Abstract:** Aim: To investigate whether an increase in homicides occurred with the change found in the psychiatric services. Methods: Reviews the numbers and evidence for homicides by the mentally ill. Results: It was found that homicides by mentally ill persons have remained stable over time even though psychiatric services have changed. Furthermore, it is also underlined that homicides by mentally ill persons account for a very small percent of all homicides. (33 references)

**Reference Type:** Journal Article

**Author:** Teasdale, K.

**Year:** 1987

**Title:** Stigma and psychiatric day care.

**Journal:** Journal of Advanced Nursing

**Volume:** 12

**Pages:** 339-346

**Abstract:** Aim: To examine the stigma attached to psychiatric day care. Method: 21 clients attending psychiatric day care were interviewed using a semi structured interview, aiming at collecting information about the psychological and social context of the clients' lives, as well as collecting information on the latter's opinions about the activity programs, and their relationships to the nurses and other clients. Results: It was found that most clients expressed the fear of being labeled as 'mad.' Furthermore, it was found that the label of schizophrenia was the most feared label of the selected group. It was also found that a major factor in the effectiveness of such a program is the meaning clients place on their use of such a psychiatric service.

**Reference Type:** Journal Article

**Author:** Teschinsky, U.

**Year:** 2000

**Title:** Living with schizophrenia: the family illness experience.

**Journal:** Issues in Mental Health Nursing

**Volume:** 21

**Issue:** 4

**Pages:** 387-396

**Abstract:** Mental health nurses have the opportunity to provide parents and siblings of a schizophrenic family member with information, empowering them to care for themselves and their ill loved one. By understanding the emotional reaction families have to the illness and the effects of social stigma, nurses can help families overcome the barriers to care by establishing a supportive practice. This article describes schizophrenia in terms of its impact on parents and siblings, including novel implications for nursing practice and research. (Author Abstract/ 22 references)

**Reference Type:** Journal Article

**Author:** Thara, R.; Srinivasan, T. N.

**Year:** 2000

**Title:** How stigmatizing is schizophrenia in India?

**Journal:** International Journal of Social Psychiatry

**Volume:** 46

**Issue:** 2

**Pages:** 135-141

**Abstract:** Aim: To study the nature of stigma in schizophrenic patients in India. Method: 159 patients of Madras, India were studied. The Family Interview Schedule was used in order to assess stigma and attribution. Results: It was found that marriage (55%), fear of rejection by neighbor (37%), and the need to hide the illness from others (36%) were the most stigmatizing aspects of the stigma for schizophrenic patients in this sample. Furthermore, 80% reported feelings of depression because of this stigma. (14 references)

**Reference Type:** Journal Article

**Author:** Thompson, A. H.; Stuart, H.; Bland, R. C.; Arboleda-Flórez, J.; Warner, R.; Dickson, R. A.

**Year:** In revision

**Title:** Attitudes about schizophrenia from the pilot site of the WPA worldwide campaign against the stigma of schizophrenia.

**Journal:** Journal of Social Psychiatry and Psychiatric Epidemiology

**Abstract:** Aim: To examine the attitude of the general public, of members of the Schizophrenic Society of Alberta, and of medical students towards people with schizophrenia, in order to aid in the planning of the WPA antistigma initiative in Alberta, Canada.

Methods: A computer structured survey was administered over the telephone to 1269 individuals in three Alberta, Canada cities. Also, this same survey was given to 40 members of the Schizophrenic Society of Alberta and 67 medical students in a paper and pencil format. The survey included the following areas: symptoms that characterize schizophrenia, the relative seriousness of schizophrenia, social distance, received dangerousness, taxes and better service, medication, causes of mental illness, acceptability of community residents, marrying a person with schizophrenia, Rx and dangerousness, and what should be done. Results: It was found that the most endorsed causes of mental illness were constitutional factors, that most respondents would befriend a person with mental illness (community 83%; SZ society 87%, and medical students 79%), yet that only a small number would marry a person with mental illness (community 27%; SZ society 10%, and medical students 6%), that the majority believed that an adequate treatment of mental illness needs a combination of both psycho-social therapy and drug therapy. Furthermore, perceived dangerousness was high in the community sample (40%). All in all, it was found that the people in this study were more knowledgeable and had more positive attitudes than expected. Nevertheless this does not mean that stigma is no longer present. The authors suggest looking at these results as an indication that antistigma strategies need not be too broad but rather should focus on a specific aspect of stigma, which they believe should be dangerousness, since the latter is still strongly associated with people with mental illness. (41 references)

**Reference Type:** Journal Article  
**Author:** Thompson, E. H.; Doll, W.  
**Year:** 1982  
**Title:** The burden of families coping with the mentally ill: an invisible crisis.  
**Journal:** Family Relations  
**Volume:** 31  
**Pages:** 379-388  
**Abstract:** Aim: To examine the costs families bear after the return home of a discharged patient in terms of subjective as well as objective burden. Method: 125 families were selected. A home interview of the patients' significant other was effectuated. The subjective burden was measured using Freeman and Simmons' (1981) index of family members' embarrassment as well as a modified version of the incomplete Sentence Blank (ISB). In terms of objective burden, five indicators were used: financial burden; role strain due to relatives having to neglect their responsibility to other family members; interruption of the family's normal way of life; otherwise unnecessary supervision; and problems with neighbors. Results: In terms of objective burden, 73% of families were negatively affected in one or more ways. For example 30% claimed that it disrupted their social life. In terms of subjective burden it was found that many of the families felt the stresses of having to live with a former hospitalized patient. For example it was found that 72% lived with constant feelings of being overloaded. (56 references)

**Reference Type:** Book  
**Author:** Torrey, E. F.  
**Year:** 1995  
**Title:** Surviving schizophrenia: a manual for families, consumers, and providers.  
**Publisher:** Harper Perennial Library  
**Abstract:** E. Fuller Torrey has written extensively on schizophrenia. This manual is designed to help consumers and their family members cope with the illness. While reviewers found the book to be addressed primarily to a US audience, they also felt that the information would be useful to many people elsewhere.

**Reference Type:** Journal Article  
**Author:** Trad, P. V.  
**Year:** 1991  
**Title:** The ultimate stigma of mental illness.  
**Journal:** American Journal of Psychotherapy  
**Volume:** 45  
**Issue:** 4  
**Pages:** 463-466  
**Abstract:** Editorial—Discusses some of the possibilities why such a strong stigma is associated with mental illness, which include the fact that we attribute immense power to the mind, the very organ affected by mental illness, or that we often ignore what the causes of mental illnesses are or also that images of self destruction are often associated with mental illnesses.

V

**Reference Type:** Journal Article  
**Author:** Vezzoli, R.; Archiati, L.; Buizza, C.; Pasqualetti, P.; Rossi, G.; Pioli, R.  
**Year:** In press  
**Title:** Attitude towards psychiatric patients: a pilot study in a northern Italian town.  
**Journal:** European Psychiatry  
**Abstract:** The stigmatization of the psychiatric patient is still a strong barrier to the integration process of these subjects in our society. Therefore, it is necessary to identify what types of prejudices exist and the types of variables with which they are linked, in order to plan strategies to reduce them. In this exploratory study we administered a semi-structures interview to 303 subjects, in order to examine the relationships between social attitudes towards mental disorders and some social demographic variables: the information about mental disorders and the previous "contacts" with psychiatric patients. The data analysis shows that there is a relationship between the knowledge of psychiatric patients and a more positive attitude towards them (i.e. less fear, more integration and work opportunities). This study is to be considered preliminary as far as people's attitudes towards psychiatric patients are concerned. This result encourages the planning and implementation of sensitization and information programmes concerning mental disorders, in the sense that increasing the knowledge of mental disorders could lead to significant achievements in the important fight against the stigma surrounding psychiatric patients. (WPA Italy Abstract)

**Reference Type:** Journal Article  
**Author:** Vlassoff, C.; Weiss, M. G.; Ovuga, E. B. L.; Eneanya, C.; Nwel, P. T.; Babalola, S. S.; Awedoba, A. K.; Theophilus, B.; Cofie, P.; Shetabi, P.  
**Year:** 2000  
**Title:** Gender and the stigma of onchocercal skin disease in Africa.  
**Journal:** Social Science and Medicine  
**Volume:** 50  
**Pages:** 1353-1368.  
**Abstract:** Aim: To examine gender differences in the stigma associated with onchocercal skin disease in Africa. Method: In five sites (Cameroon, Nigeria-Awka & Ibadan, Ghana, and Uganda), a total of approximately 500 people were interviewed; half with the disease and half without. Questionnaires used were adapted from the Explanatory Model Interview Catalogue (EMIC) looking at patterns of distress, perceived causes, and preference for help seeking. Results: It was found that stigma was expressed more openly by the unaffected group, as they viewed the disease as something foreign and exterior to them. The affected were found to deny experiencing stigma because of the condition. Furthermore, it was found that men and women differed in the experience of stigma; men being more concerned about the impact of the disease on sexual performance and economic success, and women being more concerned about life chances and physical appearance. The results were the same in all five sites studied. (30 references)

## W

**Reference Type:** Book

**Author:** Wahl, O. F.

**Year:** 1995

**Title:** Media madness: public images of mental health.

**City:** New Brunswick, NJ

**Publisher:** Rutgers University Press

**Number of Pages:** 220

**Abstract:** Otto Wahl sets out to show that false portrayal of mental illness in the media affects the way all of us think about the matter.

**Reference Type:** Journal Article

**Author:** Wahl, O. F.

**Year:** 1996

**Title:** Schizophrenia in the News.

**Journal:** Psychiatric Rehabilitation Journal

**Volume:** 20

**Issue:** 1

**Pages:** 51-54

**Abstract:** Using computerized indices, 101 stories related to schizophrenia were identified in the New York Times, Los Angeles Times & Chicago Tribune, 1989-1994, to examine what the lay public may be learning about schizophrenia. Stories about drug treatment (especially the controversy over Clozapine) were the most common; there were also reports of new research findings, profiles of individuals with schizophrenia, and stories of criminal acts committed by schizophrenics, as well as reviews of books and TV programs about the condition. Both the positive (e.g. information accuracy) and negative aspects (e.g. lack of personal profiles) of newspaper coverage are discussed. (Author Abstract/ 13 references)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.

**Year:** 1999

**Title:** Mental health consumers' experience of stigma.

**Journal:** Schizophrenia Bulletin

**Volume:** 25

**Issue:** 3

**Pages:** 467-478

**Abstract:** Aim: To study mental health consumers' encounter with psychiatric stigma. Methods: 1301 mental health consumers were surveyed concerning their own experience of stigma and discrimination. 100 of those were then randomly selected and interviewed. Results: It was found that these mental health consumers experienced stigma from a variety of sources, such as their family or their coworkers, and also that in result of this stigma many felt discouragement, hurt, and low self esteem among other things. (39 references)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.

**Year:** In press

**Title:** Children's views of mental illness: a review of the literature.

**Abstract:** The attitudes persons have, including negative attitudes about mental illness, are acquired gradually over a lifetime and their roots are established in childhood. Nevertheless little research in the stigma literature has looked at children's views of mental illness. For this reason, a review of the subject is effectuated in which the author examines

children's knowledge of mental illness, their attitude towards mental illness, the developmental progression of their knowledge and attitudes. He also briefly overviews the depiction of mental illness in children's media.(42 references)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.

**Year:** In press

**Title:** Stop the press: journalistic treatment of mental illness.

**Abstract:** According to the 1990 Robert Wood Johnson Foundation survey, mass media is the primary source from which most people acquire information about mental illness, which is quite dangerous given the bias involved in news reporting. To start with there is an amount of selectivity in news coverage. With regards to mental illness, that selectivity is found in that newspapers tend to choose stories in which the latter is linked with violence. Furthermore, crimes made by a person with a mental illness are more likely to be the subject of multiple stories than a similar crime committed by a non-ill person. This selection of news coverage is dangerous because it can give rise to biased perceptions on the part of the public, which in turn leads to rejection and avoidance as well as a decrease in funding for mental health programs. But that is not all. These stories also lead to feelings of incomprehension and misunderstanding on the mental health consumer's part. (20 references)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.; Borostovik, L.; Rieppi, R.

**Year:** 1995

**Title:** Schizophrenia in popular periodicals.

**Journal:** Community Mental Health Journal

**Volume:** 31

**Issue:** 3

**Pages:** 239-248

**Abstract:** To examine what the general public is learning about schizophrenia, all articles on schizophrenia listed in the Reader's Guide to Periodical Literature for all even-numbered years between 1964 and 1992 were read and rated. Hallucinations and delusions were the most commonly mentioned symptoms in the articles reviewed, biochemical dysfunction and heredity the most noted causes, and drugs the most cited treatment. The average yearly number of articles was relatively small, however (9.1), and only a minority of those appeared in general circulation magazines. In addition, community support was seldom included in discussions of treatment and specific misconceptions about schizophrenia were rarely addressed. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.; Harman, C. R.

**Year:** 1989

**Title:** Family views of stigma.

**Journal:** Schizophrenia Bulletin

**Volume:** 15

**Issue:** 1

**Pages:** 131-139

**Abstract:** The views of 487 members of the National Alliance for the Mentally Ill (NAMI) concerning stigma

were surveyed in 20 different states. Almost all identified stigma as a problem for their mentally ill relatives and for families in general. The most frequently cited effects of stigma on ill relatives were damage to self esteem, difficulty in making and keeping friends, difficulty finding a job, and reluctance to admit mental illness. The most frequently cited effects on families were lowered self esteem and damaged family relationships. NAMI respondents identified popular movies about mentally ill killers, news coverage of tragedies caused by mentally ill people, casual use of terms like “crazy” and “psycho,” and jokes about mental illness as prominent sources of stigma. The things families reportedly found most helpful in dealing with stigma were factual information about mental illness, interactions with other families with mentally ill relatives, support within the family, and research findings that establish a biological basis for mental illness. Mental health professionals received mixed reviews from family members. While not generally viewed as contributing to stigma, mental health professionals were seen as helpful in dealing with stigma. Overall, survey results indicate that considerable concern about stigma exists among families with mentally ill relatives and that substantial numbers of family members experience the stigma of mental illness in one form or another and perceive that their ill relatives experience it as well. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Wahl, O. F.; Lefkowitz, J. Y.

**Year:** 1989

**Title:** Impact of a television film on attitudes toward mental illness.

**Journal:** American Journal of Community Psychology

**Volume:** 17

**Issue:** 4

**Pages:** 521-528

**Abstract:** The possible impact of a prime time television film portraying a mentally ill killer was investigated. Groups of college students were shown the film with and without a film trailer reminding viewers that violence is not characteristic of mentally ill persons. A third group viewed a film not about mental illness. Post-film responses to the Community Attitudes toward the Mentally Ill scale indicated that those who saw the target film expressed significantly less favorable attitudes toward mental illness and community care of mentally ill persons than did those who saw the control film, regardless of whether or not they received the trailer along with the target film. Results support concerns that media depictions add to mental illness stigma and also suggest that corrective information alone may be sufficient to counteract the stigmatizing impact of such audience-involving mass media portrayals. (Author Abstract)

**Reference Type:** Book

**Author:** Wahl, O. F.

**Year:** 1999

**Title:** Telling is risky business: the experience of mental illness stigma.

**City:** New Brunswick

**Publisher:** Rutgers University Press

**Number of Pages:** 231

**Abstract:** Individuals with mental illnesses—such as schizophrenia, bipolar disorder, and depression—have a double burden, Otto Wahl writes. Not only must they cope with disabling disorders, but they also must contend with the negative attitudes of the public toward those disorders. To truly understand the full extent of this stigma, we need to hear from the consumers (the term used in this book for people with mental illnesses) themselves. Telling Is Risky Business is the first book to examine what these people have to say about their own experiences of stigma. (From the back cover)

**Reference Type:** Report

**Author:** Walter, G.; Rosen, A.

**Title:** Psychiatric stigma and the role of the psychiatrist.

**Abstract:** Overviews the emergence of STIGMA, an Australian antistigma group.

**Reference Type:** Journal Article

**Author:** Warner, R.

**Year:** 1999

**Title:** Environmental interventions in schizophrenia 1: the individual and the domestic levels.

**Journal:** New Directions for Mental Health Services

**Volume:** 83

**Pages:** 61-70

**Abstract:** This chapter looks at the research on environmental factors at the individual and domestic levels and speculates on innovations that reduce the occurrence of schizophrenia, improve its course, and enhance the quality of life. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Warner, R.

**Year:** 1999

**Title:** Environmental interventions in schizophrenia 2: the community level.

**Journal:** New Directions for Mental Health Services

**Volume:** 83

**Pages:** 71-84

**Abstract:** This chapter looks at the research on environmental factors at the community level, and speculates on innovations that could reduce the occurrence of schizophrenia, improve its course, and enhance the quality of life. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Warner, R.

**Year:** 1999

**Title:** Schizophrenia and the environment: speculative interventions.

**Journal:** Epidemiologia e Psichiatria Sociale

**Volume:** 8

**Issue:** 1

**Pages:** 19-34

**Abstract:** Objective: Starting from research on environmental factors that influence schizophrenia, the author speculates on innovations that could reduce the occurrence of the illness, improve its course and enhance the quality of life of sufferers and their relatives. Results: Ranging from education about obstetric risks to a stigma-reducing campaign, the suggestions could be of interest, not only to clinicians, but also to advocates, policy makers and communications specialists. Conclusions: Several of the suggestions, which would be innovative in the US,

are already established features of Italian mental health care.

These features include social enterprises, family support payments, and a disability pension system without severe disincentive to work.

(Author Abstract/ 120 references)

**Reference Type:** Journal Article

**Author:** Warner, R.; Taylor, D.; Powers, M.; Hyman, J.

**Year:** 1989

**Title:** Acceptance of the mental illness label by psychotic patients: effects on functioning.

**Journal:** American Journal of Orthopsychiatry

**Volume:** 59

**Issue:** 3

**Pages:** 398-409

**Abstract:** Labeling theory predicts that psychotic patients who accept the label of mental illness will function less well than those who reject their diagnosis. Accepted psychotherapeutic theory suggests the reverse. Two predictive models were tested. Results supported the central hypothesis of the psychotherapeutic model but not that of the labeling model, although some elements of the latter model were affirmed. Besides acceptance of diagnosis, an internal locus of control appears important for good outcome in psychosis. (Author Abstract)

**Reference Type:** Journal Article

**Author:** Waxler, N. E.

**Year:** 1979

**Title:** Is outcome of schizophrenia better in non-industrial societies? The case of Sri Lanka.

**Journal:** The Journal of Nervous and Mental Disease

**Volume:** 167

**Issue:** 3

**Pages:** 144-158

**Abstract:** Aim: To examine whether the prognosis for schizophrenia is better in non-industrial countries. Method: In 1970 to 1971, as well as 5 years later (1975), a cohort of 66 first admission patients were sampled. In 1970, an interview with a family member was effectuated within 1 to 3 months after the patient's discharge. Also the patients' hospital records were abstracted. In the 1975 follow-up study two types of information were obtained: the patients' current clinical state (through patient interview and through the administration of the psychiatric status schedule) as well as their treatment and social history since 1970 (through family member interview as well as hospital record search). Results: The outcomes of most patients were good. For example it was found that 45% of patients reported no clinical symptoms, 64% were non-psychotic, 50% had a normal social adjustment, and 58% held a normal social role in the home. Finally the author stresses that the discrepancy between outcomes in non-industrial versus industrial countries can be explained using the model of the social labeling theory. (17 references)

**Reference Type:** Journal Article

**Author:** Weinstein, R. M.

**Year:** 1981

**Title:** Labeling theory, psychiatry and the attitudes of mental patients.

**Journal:** Society for the study of social problems

**Abstract:** Mental illness is generally viewed differently by sociologists and psychiatrists. The latter tends to

emphasize the medical (or disease) model, while the former stresses labeling theory or the societal reaction perspective. Both approaches have been used as frames of reference for research on a variety of topics, but not for the interpretation of the attitudes of mental patients. Sociological and psychiatric models both presume that patients have negative attitudes toward their illness, hospitalization, and treatment. However, a review of empirical data from various hospital studies indicates that patients are mainly positive in orientation. Both perspectives have thus failed to adequately account for the attitudes of mental patients.

**Reference Type:** Journal Article

**Author:** Weinstein, R. M.

**Year:** 1982

**Title:** Theories of stigma and the attitudes of mental patients.

**Journal:** Society for the study of social problems

**Abstract:** An evaluation of the role that stigma plays in the lives of current and former mental patients.

Theoretical works on stigma and mental illness tend to argue that hospitalized patients and expatients have a strong sense of stigma that causes them much anxiety and embarrassment. Empirical studies dealing with attitudes of patients toward the stigma of mental illness are reviewed and key findings delineated; these data seem to contradict the theories of stigma and mental illness. As predicted by theory, patients do have lowered valuations of self, but, in many cases, non-patients also have lowered valuations of patients; these groups do not differ significantly. Contrary to theory, in several studies patients espoused favorable attitudes, or at least not unfavorable ones, toward themselves, and in many cases, these attitudes changed for the better during the hospital stay. Stigma theorists seem to have overstated the degree to which mental patients' self images are adversely affected by their institutionalization. Also contrary to theory are results dealing with patients' and expatients' feelings of shame, discrimination, and rejection. Most of these studies suggest that patients do not have the sense of stigma that theorists have posited.

**Reference Type:** Journal Article

**Author:** Weinstein, R. M.

**Year:** 1983

**Title:** Labeling theory and the attitudes of mental patients: a review.

**Journal:** Journal of Health and Social Behavior

**Volume:** 24

**Pages:** 70-84

**Abstract:** This article reviews 35 studies in order to analyze patient's reaction to labeling, and found that labeling theory did not always correctly predict their views: it underestimated the extent to which patients think favorably about mental illness, as well as incorrectly predicted that patient's views and attitudes would become more negative during a hospital stay, and also that after release patient's attitude would be less favorable than non patients.'

**Reference Type:** Journal Article

**Author:** Weiss, M. G.; Jahdhav, S.; Raguram, R.;

Vounatsou, P.; Littlewood, R.

**Year:** 2001

**Title:** Psychiatric stigma across cultures: local validation in Bangalore and London.

**Journal:** Anthropology and Medicine

**Volume:** 8

**Issue:** 1

**Pages:** 71-87

**Abstract:** Aim: To examine the different effects of psychiatric stigma on two psychiatric patient populations; one in London and the other in Bangalore, India. Method: 80 patients in Bangalore and 47 in London were interviewed using the EMIC as a flexible framework. In these interviews, narrative responses were elicited that dealt with the patient's experience of the illness. Results: In Bangalore, the main concerns the sample had were related to marriage. Interestingly they were not only concerned with lowering their own chances of entering a 'good' marriage, but were also concerned with decreasing the chances of one of their relatives. In the London sample, marriage was of no concern. It was also found that self perceived stigma was much higher in the London sample than in the Bangalore sample.

**Reference Type:** Journal Article

**Author:** Weiss, M. G.; Ramakrishna, J.

**Year:** 2001

**Title:** Interventions: research on reducing stigma.

**Abstract:** In this review, the authors seek to redefine stigma in such a way that is suitable for a public health agenda. They highlight the necessity to study stigma not broadly, but rather as a concept that can have varying faces that are both illness specific as well as culture specific. This specificity also implies that interventions fighting stigma can vary greatly from one another. The authors suggest that research on stigma should focus on the following issues: documenting the burden from the stigma of various health problems; comparing the character and extent of stigma for different conditions and in different social and cultural regions; identifying distinctive features of stigma in order to guide interventions programs; as well as evaluating changes in stigma over time.

**Reference Type:** Journal Article

**Author:** Weissman, M. M.

**Year:** 2001

**Title:** Stigma (a piece of my mind).

**Journal:** JAMA

**Volume:** 285

**Issue:** 3

**Pages:** 261-262

**Abstract:** In this commentary, the story of a young boy suffering first from various psychological illnesses and then diagnosed with leukemia is told. Highlighted is the differential treatment received by the family and the patient both from doctors and insurance companies in the treatments of the various psychological distresses and the leukemia.

**Reference Type:** Journal Article

**Author:** White, P. D.

**Year:** 1998

**Title:** Changing minds': banishing the stigma of mental illness.

**Journal:** Journal of the Royal Society of Medicine

**Volume:** 91

**Issue:** 10

**Pages:** 509-510

**Abstract:** Editorial—discusses psychiatric stigma in terms of its negative consequences of stigmatized mental health consumers and briefly describes the Royal College of Psychiatrist's Changing Minds campaign to reduce stigma. (18 references)

**Reference Type:** Journal Article

**Author:** Wilson, C.; Nairn, R.; Coverdale, J.; Panapa, A.

**Year:** 2000

**Title:** How mental illness is portrayed in children's television.

**Journal:** British Journal of Psychiatry

**Volume:** 176

**Pages:** 440-443

**Abstract:** Aim: To investigate the way in which mental illness is portrayed in children's television. Method: A sample of a complete week of children's TV was used (57 hours and 50 minutes). Results: It was found that terms such as 'crazy,' 'mad' were used and that the six mentally ill characters observed were almost fully devoid of positive characteristics.

**Reference Type:** Journal Article

**Author:** Witztum, E.; Margolin, J.; Bar-On, R.; Levy, A.

**Year:** 1995

**Title:** Stigma, labeling and psychiatric misdiagnosis: origins and outcomes.

**Journal:** Medicine & Law

**Volume:** 14

**Issue:** 7-8

**Pages:** 659-669

**Abstract:** The sources and consequences of inaccurate psychiatric diagnosis are discussed. The philosophy of the DSM diagnosis system is described, and the hazards of the practice of labeling together with its resulting social stigma are explored. The dangers and complications of psychiatric misdiagnosis are illustrated with a case example. Recommendations are made for extreme caution to be exercised in the making of psychiatric diagnoses and the need to revise is strongly emphasized.

**Reference Type:** Journal Article

**Author:** Wolff, G.; Pathare, S.; Leff, J.

**Year:** 1996

**Title:** Community knowledge of mental illness and reaction to mentally ill people.

**Journal:** British Journal of Psychiatry

**Volume:** 168

**Pages:** 191-198

**Abstract:** Aim: To see whether lack of knowledge about mental illness is related to negative attitudes. Method: 215 people were interviewed. Also three attitudinal factors (fear and exclusion, social control and goodwill) were analyzed in terms of their relationship to knowledge of mental illness. Results: It was found that except for children, those with negative attitudes showed lacked of knowledge. Furthermore it was found that most people (80%) knew someone with a mental illness.

**Reference Type:** Journal Article  
**Author:** Wolff, G.; Pathare, S.; Craig, T.  
**Year:** 1996  
**Title:** Community attitudes towards mental illness.  
**Journal:** British Journal of Psychiatry  
**Volume:** 168  
**Pages:** 183-190  
**Abstract:** By means of a census conducted in two areas prior to the opening of supported houses for the mentally ill in each of the two areas, it was found that people with children as well as non-Caucasians were more likely to object to the creation of such a home in their community.

**Reference Type:** Journal Article  
**Author:** Wolpert, L.  
**Year:** 2001  
**Title:** Stigma of depression—a personal account.  
**Journal:** British Medical Bulletin  
**Volume:** 57  
**Pages:** 221-224  
**Abstract:** The personal account of a man who has had to fight the label of a mental illness. Also discusses the impact that stigma had on his family.

**Reference Type:** Journal Article  
**Author:** Wright, E. R.; Gronfein, W. P.; Owens, T.J.  
**Year:** 2000  
**Title:** Deinstitutionalization, social rejection, and the self esteem of former mental patients.  
**Journal:** Journal of Health and Social Behavior  
**Volume:** 41  
**Issue:** 1  
**Pages:** 68-90  
**Abstract:** Modified labeling theorists have long argued that the stigma of mental illness has important consequences for the lives of people with mental illness. We propose that social rejection is an enduring force in the lives of people with mental illness and that these experiences are central to understanding the poor self-concepts described by many former psychiatric patients. We explore changes in a cohort of recently deinstitutionalized mental patients' (N=88) self esteem and experiences with social rejection using data from a three-wave panel survey conducted while institutionalized and over a two-year period following the patients' discharge from a long-term state hospital. Our results indicate that social rejection is a persistent source of social stress for the discharged patients. Moreover, these experiences increase feelings of self-deprecation that, in turn, weaken their sense of mastery. Where the patients' received their follow up care—whether in community setting or in another state hospital—had little impact on their self related feelings or on their experiences of social rejection. Our results provide further support for modified labeling theory and underscore the need to consider the dynamic relationship between stigmatizing experiences and self related changes. (Author Abstract)

Y

**Reference Type:** Journal Article  
**Author:** Yang, H.  
**Year:** 1989  
**Title:** Attitudes towards psychoses and psychotic patients in Beijing.  
**Journal:** International Journal of Social Psychiatry  
**Volume:** 35  
**Issue:** 2  
**Pages:** 181-187  
**Abstract:** Aim: To investigate the attitude of the Chinese public towards the mentally ill. Method: A questionnaire of 25-items was given to 3028 lay people in China. Results: On the whole, it was found that they were sympathetic towards the latter. Nevertheless a small minority still attributed mental illness to such things as 'ghosts' or 'retribution for ancestor's evil deeds.'

**Reference Type:** Journal Article  
**Author:** Yazaji, M. E.; Kadri, N.  
**Year:** 2001  
**Title:** [Trouble mental implique t-il violence]  
**Journal:** Esperance Medicale  
**Abstract:** In this article, the causes of human violence are investigated, and highlight the notion that violence results from a number of individual and environmental factors. Furthermore, it is also noted that the greatest risk factor for violence, if really there is one, is not prior mental illness but rather alcohol consumption. (In French) (13 references)

**Reference Type:** Journal Article  
**Author:** Yen, C.; Chong, M.  
**Year:** 1998  
**Title:** Attitude towards mental illness: a study of change during psychiatric internship.  
**Journal:** Taiwanese Journal of Psychiatry  
**Volume:** 12  
**Issue:** 1  
**Pages:** 64-72  
**Abstract:** Objective: This study assessed medical students' change in attitude towards psychiatric illnesses during psychiatric internship. Methods: A total of 60 medical students undergoing psychiatric internship in a teaching hospital were selected for study. The attitudes of the interns towards psychiatric illness before and after their psychiatric internship were assessed using a questionnaire. The questionnaire focused on five major factors thought to be related to attitude toward psychiatric illness: 1) attitude toward psychiatric patients; 2) concept of folk therapy; 3) significance of environmental factors in the development of psychiatric illnesses; 4) acceptability of psychiatric programs in the community; and 5) significance of life events in the development of psychiatric illnesses. Results: A significant change of attitude towards psychiatric patient was found after psychiatric internship ( $t = -2.323, p = 0.024$ ). Increased interest in psychiatry play a significant role in the change in attitude ( $F(2,57) = 3.97, p < 0.05$ ) and concept of psychosocial factors in the explanatory model of etiology of psychiatric illness ( $F(2,57) = 3.45, p < 0.05$ ). There was a sex difference in opinion regarding the concept of folk therapy in psychiatry. Interest in psychiatry was significantly related to the choice of psychiatry as a

career. Conclusions: This study confirmed the effectiveness of psychiatric internship in changing attitudes toward psychiatric illnesses. The details of the internship program are also discussed with suggestions for further modification to improve attitudes towards psychiatric illnesses

## Index by Keyword

### A

- Advice 10, 12, 14, 15, 17, 32, 38, 40, 41, 46
- Anti stigma intervention strategies 5, 8, 11, 14, 16, 22, 25, 34, 41, 45, 48
  - Individual 23, 29
  - Mass 13-16, 19, 21, 22, 24, 27, 28, 30-32, 35, 36, 38, 40, 41, 48, 50
- Anti stigma programs 5, 9, 11-13, 15, 16, 18, 24, 35, 41, 48, 50
- Authoritarianism 14

### B

- Benevolence 14
- Book 10-12, 14-22, 24, 25, 31-33, 38, 41, 43, 44, 46, 47

### C

- Causation 37
- Commentary 11, 13, 14, 16, 17, 19, 23, 24, 28, 38, 39, 41, 50
- Comparative study 5, 6, 7, 12, 15, 17, 24-28, 32, 35, 37, 39, 43, 45, 48, 49-51
- Contact 7, 12, 14, 21, 22, 26, 28, 39, 51
- Country of Origin
  - Africa 46
  - Australia 22, 24, 40, 48
  - Belgium 17
  - Canada 9, 17, 35, 38, 41, 43, 44, 45
  - China 51
  - Czech Republic 27
  - Ethiopia 42
  - France 25
  - Germany 5-8, 18, 23, 32, 40
  - Greece 30
  - India 39, 45, 50
  - Indonesia 24
  - Israel 42
  - Italy 12, 46
  - Japan 24
  - Luxembourg 39
  - Morocco 51
  - New Zealand 20, 39, 50
  - Norway 44
  - Scotland 12, 38
  - Singapore 25
  - South Africa 39, 50
  - Sri Lanka 49
  - Switzerland 20, 22, 26, 34, 41, 46, 50, 51
  - Taiwan 26, 51
  - United Kingdom 11-14, 16, 18, 21, 23, 24, 26, 31, 32, 34, 35, 38, 41, 45, 50, 51
  - USA 5, 11, 12, 14-24, 27-33, 35-37, 39-51
- Cross cultural comparison 18, 24, 27, 32, 34, 39, 40, 46, 50
- Cross sectional study 37, 43, 44, 45

### D

- Dangerousness 5, 7, 9, 10, 11, 15, 16, 18, 20, 28, 29, 31, 32, 36, 37, 39, 45, 51
- Diagnostic Group
  - Alcoholism 8
  - Cocaine addiction, depression, psychosis, mental retardation 15
  - Depression 12, 26, 31, 35, 39, 43, 51
  - Manic Depression 24
  - Mental illness in general 5-51
  - Schizophrenia 5-9, 11, 13, 14, 17-19, 21-26, 32-36, 38, 40, 41, 43-49, 51
  - Schizophrenia & depression 34

- Diagnostic Group cont.
  - Schizophrenia & major affective disorder 42
  - Schizophrenia & substance abuse 28
  - Schizophrenia, depression, alcohol & drug dependence 37
  - Substance abuse 18, 43
- Discrimination 28

### E

- Editorial 8, 12, 13, 16, 41, 46, 50
- Education 22
- Employment 10, 18, 20, 21, 28-31, 38, 42, 44

### F

- Families 25, 32
- Family illness experience 6, 7, 13, 17, 19, 21, 24-27, 33, 37, 38, 41-43, 45-47, 50, 51
- Film 40
- Follow up study 20, 49

### H

- Historical article 9, 17-19, 22, 40, 42, 46
- Housing 5

### L

- Labeling 14, 23, 32, 40
- Labeling effects 5, 11-14, 17, 18, 20, 21, 24, 27-32, 34-38, 42, 43, 45-47, 49, 50
- Labeling theory 39, 44, 51
- Legal issues 12, 41
- Linguistic study 21, 36
- Locus of control 11, 15, 31, 35, 37, 39, 49, 51
- Longitudinal study 7, 12, 27, 29-31, 35

### M

- Mass media 9-11, 13, 17, 18, 22, 23, 31, 38, 41, 47, 51
  - Film 13, 35, 42, 48
  - TV 43, 50
- Mechanisms of causation 21, 31
- Mechanisms of causation (of stigma) 6-9, 11, 12, 14-18, 21, 23, 27-29, 34, 36-38, 41, 43, 45-47, 50
- Mental health professionals attitude 51

### N

- Non-Western 18, 21, 24, 32, 34, 39, 40, 42, 45, 46, 49-51

### P

- Personal experience 8, 12, 18, 43
  - 3rd person report 11, 17, 24, 25, 30, 33, 38, 44, 49, 50
  - Factual study 6, 25, 26, 28, 45, 47, 49
  - Self report 11, 12, 19, 24, 31, 40, 41, 51
- Population
  - Children 5, 47, 50
  - General population 11, 12, 17, 20, 26, 27, 30, 32, 34, 35, 37-39, 46, 49
  - Graduate school students 5
  - Lay public 5, 7, 8, 12, 16, 18, 21, 24, 26, 28, 29, 31, 34, 35, 37, 39, 41, 42, 44, 50, 51
  - Lay public & medical students 23
  - Lay public & mental health professionals 24
  - Lay public & patients 23, 27, 28, 46
  - Lay public & undergraduate students 36
  - Lay public, medical students & members of a schizophrenia society 45
  - Medical students 51
  - Mental health professionals 8, 10, 12, 14, 17, 18, 22-25, 35, 39, 41, 42, 45, 48, 49
  - Occupational Therapy Students 30
  - Patients 6, 19, 26, 28-32, 39, 40, 43-45, 47, 49-51
  - Patient's family & lay public 7

- Patients & mental health professionals 25
- Patient's family 6, 26, 42, 43, 46, 47
- Patient's family & patients 37
- Patient's family, patients & mental health professionals 25
- Undergraduate students 14-16, 22, 35, 36, 39, 48
- Undergraduate students & mental health professionals 11
- Prejudice 17
- Program development 41
- Public Attitude 5, 7, 8, 11, 12-13, 16-18, 20-24, 26, 28, 30, 31, 34, 35, 38-47, 50, 51
- Q**
- Quality of life 24, 27, 32, 35, 40, 48
- Questionnaire 5
- R**
- Review 5, 6, 9-14, 16, 18-21, 24, 26, 27, 29, 32-34, 36, 38, 40, 42, 43, 45-50
- S**
- Self concept 14
- Self help guide 17
- Self stigma 14, 16, 19, 23, 27, 29-31, 39, 43, 47, 51
- Semi structured interview 37
- Social distance 5, 7, 8, 10, 12, 14, 26, 29, 31, 32, 34-36, 39, 44, 45, 51
- Social psychological research 14-16, 21, 24, 29, 35
- Social skills 6, 15, 36, 47
- Stability (likelihood of change) 15, 35
- Stereotype 8, 27
- Survey 7
- Survey 25, 29, 34
- Survey study 5, 7, 8, 16, 26, 34, 35, 37, 39, 43, 44, 46, 50
- V**
- Vignette study 7, 18, 29, 36

## Index by Author Name

### A

Adler, A. K. 5  
Albrecht, G. L. 5  
Alder, B. 22  
Alem, A. 42  
Alexopoulos, G. S. 43  
Alisky, J. M. 5  
Ancill, R. J. 22  
Angermeyer, M. C. 5, 6, 7, 8, 23  
Anonymous 8  
Arboleda-Flórez, J. 9, 44, 45  
Archianti, L. 46  
Armstrong, B. 10  
Asioli, F. 10  
Asmussen, S. 27, 29  
Atkinson, J. M. 10  
Awedoba, A. K. 46  
Ayonrinde, O. 11

### B

Babalola, S. S. 46  
Backlar, P. 11  
Bar-On, R. 50  
Barry, D. D. 31  
Bassi, M. 10  
Bennet, A. 41  
Bergman, M. 15, 16  
Berlin, F. S. 11  
Bhugra, D. 11  
Bjorklund, R. 11  
Bland, R. C. 45  
Boisvert, C. M. 11  
Bolton, J. 11  
Borostovik, L. 47  
Bresnahan, M. 29  
Bright, J. A. 21  
Britten, N. 12  
Bromet, E. J. 37  
Brown, J. F. 12  
Bruce, M. L. 43  
Brunton, K. 12  
Buizza, C. 12, 46  
Burke, R. D. 12  
Burton, V. S. 12  
Byrne, P. 13, 41

### C

Campion, J. 15, 16  
Canar, J. 22  
Caroli, F. 25  
Chadwick, P. K. 14  
Chamberlin, C. 35  
Channabasavanna, S. M. 39  
Chee, C. Y. 25  
Chong, M. 51  
Cicchetti, D. 22  
Clausen, J. A. 14  
Cochrane, R. 34  
Cofie, P. 46  
Cohen, P. W. 39  
Coia, D. A. 10  
Corker, E. 14  
Corrigan, P. W. 14, 15, 16, 22, 35  
Coverdale, J. 50  
Craig, T. 51  
Crisanti, A. 9  
Crisp, A. H. 16

Cruz-Rojas, R. 37  
Cullen, F. T. 28, 29

### D

Daily, T. 35  
Dain, N. 17  
David, A. 12  
Day, D. M. 17  
De Hert, M. 17  
Deveson, A. 17  
Devins, G. M. 39  
Dickson, R. A. 45  
Dincin, J. 17  
Diwan, S. L. 14  
Doherty, E. G. 17  
Doll, W. 46

### E

Edwards, A. B. 14  
Eneanya, C. 46

### F

Fabrega, H. 18  
Falcato, L. 26, 34  
Farina, A. 18  
Farrell, M. 18  
Faust, D. 11  
Fekadu, A. 42  
Fekadu, D. 42  
Felner, R. D. 18  
Ferriman, A. 18  
Fink, P. J. 18  
Finzen, A. 18, 22  
Fischer, W. 20  
Fox, L. 19  
Franck, J. 29  
Freudenberg, M. 20  
Friedman, S. J. 43  
Friedman, T. 32

### G

Gagnon, C. 15, 16  
Gallo, K. M. 19  
Garfinkel, P. E. 19  
Gelder, M. G. 16  
Gilmartin, R. M. 19  
Gingerich, S. 32  
Goffman, E. 19  
Goldbloom, D. S. 19  
Goldstein, H. 15, 16  
Green, A. 14, 15  
Green, D. E. 20  
Greenley, J. R. 20  
Grobela, S. 8  
Gronfein, W. P. 51  
Grove, B. 20  
Guenther, V. 32  
Guimon, J. 20  
Gunn, J. 45  
Guyan, K. 35

### H

Haghighat, R. 21  
Haj-Yahia, M. M. 21  
Harding, A. 20  
Harman, C. R. 47  
Harty, C. 24  
Hayward, P. 21  
Heatherston, T. F. 21

- Hebl, M. R. 21  
Henderson, L. 38  
Herd, F. 21  
Hinselmann, V. 22  
Hinshaw, S. P. 22  
Hocking, B. 22  
Hoffmann-Richter, U. 22  
Holiday, S. G. 22  
Holley, H. 9  
Holmes, E. P. 22, 23  
Holtgraves, T. 44  
Holzinger, A. 8, 23  
Hong, C. P. 25  
Hotopf, M. 23  
Hully, J. G. 21  
Hyman, J. 49
- I**  
Iczkowski, K. A. 5
- J**  
Jacobsson, L. 42  
Jacomb, P. A. 24  
Jahdhav, S. 49  
Jamison, K. R. 24  
Jeffries, J. J. 38  
Johnson, A. 24  
Jorm, A. F. 24
- K**  
Kadri, N. 51  
Kaminski, P. 24  
Kato, M. 24  
Katschnig, H. 24  
Kebede, D. 42  
Keith-Spiegel, P. 44  
Kemmler, G. 32  
Kikuzawa, S. 37  
Kitamura, T. 24  
Kleck, R. E. 21  
Kohlmaier, J. R. 36  
Kommana, S. 24, 36  
Korten, A. E. 24  
Kubiak, M. A. 15, 16, 22  
Kullgren, G. 42  
Kurihara, T. 24  
Kwang, J. 26
- L**  
Lachaux, B. 25  
Lai, Y. M. 25  
Lamb, W. 25  
Lammers, R. 6  
Lauber, C. 26, 34  
Law, A. 39  
Lee, Y. 26  
Leff, J. 11, 26 50  
Lefkowitz, J. Y. 48  
Lefley, H. P. 27  
Levy, A. 50  
Levy, J. A. 5  
Lewis, G. 18  
Libiger, J. 27  
Liebelt, P. 6  
Link, B. G. 6, 27, 28, 29, 36, 37  
Littlewood, R. 21, 49  
Loeffler, W. 23  
Long, E. 30  
Lundin, R. K. 15, 16  
Lyons, M. 30
- M**  
MacEvan, G. W. 22  
Madianos, M. G. 30  
Madianou, D. 30  
Magiels, G. 17  
Majcher-Angermeyer, A. 6  
Makal, M. F. 30  
Malin, M. 11  
Mallet, R. 11  
Manning, C. 31  
Manning, M. 31  
Mansfield, M. 24, 36  
Margolin, J. 50  
Markowitz, F. E. 31  
Martin, J. 36  
Martin, J. K. 31  
Masse, G. 25  
Mathisen, J. 16  
Matschinger, H. 6, 7, 8, 23  
Mayer, A. 31  
Mayville, E. 32  
McCarthy, J. 32  
McCormick, I. A. 20  
McLaughlin, G. 38  
Measey, L. 41  
Medhin, G. 42  
Meise, U. 32  
Meltzer, H. I. 16  
Methsien, J. 15  
Meyers, B. S. 43  
Minicuci, N. 12  
Mirotznik, J. 29  
Mohan, D. 33  
Monahan, J. 37  
Mueller, P. 23  
Mueser, K. T. 32  
Muhlin, G. 39  
Murphy, J. M. 32
- N**  
Nairn, R. 50  
Nasar, S. 33  
Naylor, P. R. 33  
Neese-Todd, S. 27, 29  
Negash, A. 42  
Neufeld, K. 33  
Ng, C. H. 34  
Nieradzik, K. 34  
Nordt, C. 26, 34  
Nowlin-Drummond, A. 36  
Nunes, J. 43  
Nuttbrock, L. 28  
Nwel, P. T. 46
- O**  
O'Flynn, D. 20  
Ovuga, E. B. L. 46  
Owens, T. J. 51
- P**  
Page, S. 17, 35  
Panapa, A. 50  
Parra, F. 35  
Pasqualetti, P. 46  
Pathare, S. 50, 51  
Paykel, E. S. 35  
Penn, D. L. 14, 16, 24, 32, 35, 36  
Perlick, D. A. 43  
Pescosolido, B. A. 29, 31, 37  
Phelan, J. C. 27, 28, 29, 37  
Philo, G. 38

- Pinfeld, V. 38  
 Pioli, R. 11, 46  
 Plummer, E. 38  
 Powers, M. 49  
 Prettyman, R. 32  
 Priebe, S. 23  
 Priest, R.G. 35
- R**
- Rabkin, J. G. 39  
 Raguram, R. 39, 49  
 Rahav, M. 28  
 Ramakrishna, J. 50  
 Raue, P. 43  
 Read, J. 39  
 Reiff, M. 37  
 Retzinger, S. M. 39  
 Reverger, R. 24  
 Richards, P. 39  
 Rieppi, R. 47  
 River, L. P. 15, 16, 23  
 Rix, S. 16  
 Roessler, W. 26, 32, 34, 39, 40  
 Rosen, A. 40, 48  
 Rosenberg, K. P. 40  
 Rosenfield, S. 40  
 Rossi, G. 12, 46  
 Rowan, D. 15  
 Rowlands, O. J. 16  
 Runck, B. 30
- S**
- Sakamoto, S. 24  
 Salize, H. J. 39, 40  
 Salter, M. 41  
 Sartorius, N. 20, 26, 41  
 Sayce, L. 41  
 Schiller, L. 41  
 Schizophrenia Society of Canada 41  
 Schlosberg, A. 41  
 Schmid, R. 32  
 Schneider, I. 42  
 Schulze, B. 8  
 Seeman, M. V. 38  
 Shetabi, P. 46  
 Shibre, T. 42  
 Shurka, E. 42  
 Siantz, M. L. 42  
 Signorielli, N. 43  
 Silver, T. 43  
 Simmie, S. 43  
 Sirey, J. A. 43  
 Siris, S. G. 43  
 Sleijpen, C. 12  
 Snyder, P. 44  
 Socall, D. W. 44  
 Spiegel, D. E. 44  
 Srinivasan, T. N. 45
- Stefanis, C. N. 30  
 Struening, E. L. 27, 28, 29  
 Stuart, H. 44, 45  
 Stueene, A. 29  
 Stueve, A. 37  
 Sulzenbacher, H. 32
- T**
- Tasman, A. 18  
 Taylor, A. J. 20  
 Taylor, D. 49  
 Taylor, P. 45  
 Teasdale, K. 45  
 Teschinsky, U. 45  
 Thara, R. 45  
 Theophilus, B. 46  
 Thompson, A. H. 45  
 Thompson, E. H. 46  
 Thornton, J. F. 38  
 Thys, E. 17  
 Torrey, E. F. 46  
 Trad, P. V. 46  
 Tuch, S. A. 31
- U**
- Uphoff-Wasowski, K. 15, 16
- V**
- Vezzoli, R. 12, 46  
 Vlachonikolis, J. 30  
 Vlassoff, C. 46  
 Vounatsou, P. 49
- W**
- Wahl, O. F. 5, 47, 48  
 Walker, V. G. 5  
 Walkey, F. H. 20  
 Walter, G. 48  
 Warner, R. 45, 48, 49  
 Watson, A. C. 15, 16  
 Waxler, N. E. 49  
 Weinstein, R. M. 49  
 Weiss, M. G. 39, 46, 49, 50  
 Weissman, M. M. 50  
 White, K. 15  
 White, P. D. 31, 50  
 Williams, P. 22  
 Wilson, C. 50  
 Witztum, E. 50  
 Wolff, G. 50, 51  
 Wolpert, L. 51  
 Wozniak, J. F. 29  
 Wright, E. R. 51
- Y**
- Yang, H. 51  
 Yazaji, M. E. 51  
 Yen, C. 51
- Z**
- Ziviani, J. 30