

Science AMA Series: I’m Dr. Stephen Hinshaw, a professor of psychology at UCSF/Berkeley. I study mental illness and how human societies use stigma to deal with so-called “aberrant” behavior. AMA!

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Abstract

Hi Reddit! Stigma is a Greek term, denoting a literal mark or brand burned into the skin of members of groups deemed unfit for society. In modern times most stigma is psychological, referring to the subtler but still devastating “mark” of being part of an unfit group. Throughout history and across cultures, many characteristics have been stigmatized, from physical disability or minority status to sexual orientation and mental illness. Some of these characteristics are overt and visible, but others are potentially concealable. These kinds of hidden stigmas can be especially troublesome, because the individuals in question may constantly wonder whether their characteristics are “leaking,” adding layers of tension and uncertainty to every social encounter. Research has demonstrated that self-stigmatization predicts never getting engaged in treatment for people with mental disorders—or dropping out prematurely if treatment has begun. As cultures evolve, a number of formerly stigmatized traits or attributes can become far more acceptable (left-handedness was once considered disgraceful). Yet mental illness and intellectual disability have received extremely harsh stigma throughout history and across nearly all cultures. Theories abound as to the persisting stigma of mental illness: *Encountering people who are unpredictable threatens the observer’s own stability *In hierarchical societies, we tend to blame those ‘below’ us for their own problems, justifying our own, ‘higher’ position *The sheer conditioning related to common media portrayals of aggression and incompetence becomes deeply entrenched *From an evolutionary perspective, signs of disease, low social capital, and major cultural difference may trigger automatic “exclusion modules.” Indeed, mental illness is in many respects the last frontier for human rights. I’m eager to discuss it. Here is a link to a UCSF story about mental illness and stigma: <http://tiny.ucsf.edu/rt4P77> Here is a link to my lab and more of my research: <http://psychology.berkeley.edu/people/stephen-hinshaw> Thanks for the questions, it’s 1:00 Eastern, and I’ll now start in answering. It’s 3:00 Eastern, thanks for the remarkable questions. . . sorry I couldn’t get to them all, I’m signing off for today!

[REDDIT](#)

Science AMA Series: I'm Dr. Stephen Hinshaw, a professor of psychology at UCSF/Berkeley. I study mental illness and how human societies use stigma to deal with so-called "aberrant" behavior. AMA!

DR_STEPHEN_HINSHAW [R/SCIENCE](#)

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- In hierarchical societies, we tend to blame those 'below' us for their own problems, justifying our own, 'higher' position
- The sheer conditioning related to common media portrayals of aggression and incompetence becomes deeply entrenched
- From an evolutionary perspective, signs of disease, low social capital, and major cultural difference may trigger automatic "exclusion modules."

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CORRESPONDENCE:

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Hey Dr Hinshaw, thanks for coming to visit reddit!

I'm curious about exceptions when it comes to mental illness and stigma. Are there cultures where mental illnesses such as schizophrenia are socially elevated rather than stigmatised, or conceived in totally different terms (spiritual etc)? If so, does that cultural perception influence how the illnesses manifest?

As a related question, do you believe mental illness has played a role in the formation or practices of religion? An example would be biblical figures such as Mohammed hearing the voice of an angel (what

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we might today call an auditory hallucination) and transcribing it, or a mystic starving themselves to the point of hallucination.

Apologies if these questions are too left field or anthropological. Thanks for your time!

[Daviddddddd](#)

A fascinating issue about stigma, and traits that are stigmatized, is that as cultures develop and evolve, issues formerly stigmatized may become far more accepted (think of attitudes toward gay marriage in the US across the past two decades). In cultures valuing religious ecstasy or inspiration, behaviors considered hallucinatory in some cultures may well be valued. It may also be the case that there's a fine line, in some instances, between inspirational/conversion experiences and behavior that might otherwise be considered psychotic. But in almost any culture, sustained engagement in such behaviors would probably lead to fairly serious impairment.

I am currently finishing my education as a primary school teacher and had to deal with depression myself. As such I find it important to sensitize people from a young age to the subject of mental illnesses. How can teachers like myself help in removing the stigma of mental illnesses?

[LeoRellez](#)

A truly important question. One strategy for stigma reduction in middle schools and high schools is to teach 'facts' about mental illness, as part of, say, a health curriculum. Whereas students learn more about mental illness, they often become <more> stigmatizing afterwards--because the 'facts' tend to reinforce stereotypes. Far better is sharing lived experience, in a way that's sensitive and appropriate to the students' maturity levels. In short, humanization is far better at stigma reduction than 'fact-promoting.' Thanks also for your disclosure--a whole other topic is when and where and how to disclose...often a matter of social support and timing, rather than 'tell everyone all the time' vs. 'never disclose, ever.'

As cultures evolve, a number of formerly stigmatized traits or attributes can become far more acceptable (left-handedness was once considered disgraceful). Yet mental illness and intellectual disability have received extremely harsh stigma throughout history and across nearly all cultures.

I'm curious about this statement of yours and the role of transnationalism. For example, in many societies, left-handedness was never an issue ([many foragers don't care which is why they are sometimes used for figuring out "natural" rates of handedness preferences.](#)) In another example, [stigmas towards people with schizophrenia seems to be lower in some non-Western areas especially where spirit possession/influence is normative](#) thereby giving them tools to navigate the voices and a better quality of life. Newer Western approaches to handling schizophrenia are similar to these traditional methods. In Haiti, where I do my fieldwork, mental illness that is attributed to spiritual causes is not stigmatized the way that ones due to "medical" causes are. This is true for many societies.

It seems as though the specific aberrations that particular societies focus upon vary as well as the ways in which they handle them. Scholars like Kleinman have talked about the need to both [develop cross-cultural models of health seeking behaviors](#) and clinical approaches as well as the risks involved with importing stigmas and categories (his work in China on outdated diagnoses as important cultural labels being an example.)

So my questions are:

1. How do you navigate the wide range of idioms of distress and develop cross-cultural approaches that work but can still be tailored to the local?

2. How do you avoid importing or exporting stigmas while doing that?
3. Is there anything we can learn from other societies when it comes to navigating mental health stigmas?

[firedrops](#)

Culturally-rich question!

As with many other aspects of human behavior, there are universals and there are culturally specific manifestations (think language, think emotion, etc. etc.).

Research clearly reveals that serious forms of mental illness are strongly stigmatized in nearly every culture investigated--prompting evolutionary models (in short, that humans have developed universal 'exclusion' modules related to behaviors that appear linked to contamination, cheating/low social capital, or pronounced behavioral or physical difference). Yet, as noted in an answer above, cultures differ and grow, meaning that behaviors and traits demonized at one time may become far more acceptable at other times. Kleinman emphasized, for instance, the fascinating and important finding that even in the absence of Western medicine, rural cultures in India and Africa yield better recovery rates for serious conditions like schizophrenia, because there are cultural 'niches' where young adults can 'reside' during recovery, etc.

It's also a mistake to think that the Western idea of ascribing all mental illness to biomedical (uncontrollable) causes automatically reduces stigma--far from it, as I'll elaborate later.

Thanks for doing this AMA!

I'm a psychologist and I've noticed that many of the physicians I work with seem to have the strongest attitudes against psychotherapy - that they would never seek therapy for themselves, despite needing it badly. Do you have any advice for overcoming the stigma and helping people like them get the support they need?

[F_Duddy](#)

The eminent sociologist Goffman introduced the concept of 'courtesy stigma' in his 1963 book, referring to society's tendency to stigmatize anyone even associated with a stigmatized group--family members, associates, even professionals. Thus, psychiatry, clinical psychology, and social work professionals themselves lie in the wide and deep shadow of courtesy stigma--too often fueled by 'authoritarian' us vs. them, well vs. sick training models, that widen the gap between professional and patient.

Hello Dr. Hinshaw! Thanks for doing this!

Two questions:

1 - Most experts in mental illness and treatment, IE - doctors, have never experienced the mental illnesses they are challenged to treat. This is especially true for more disruptive disorders, such as schizophrenia. What do you think are some consequences that stem from the inability of the medical/research establishment to relate to clients through shared experience?

2- In my experiences around the internet, I have observed (anecdotally) that people's causal-explanatory style greatly impacts their response to their experiences. For instance, in places like [/r/DigitalCartel](#), [/r/awakened](#), and [/r/Psychonaut](#) - profound psychological experiences are often woven into religiously themed narratives. At the same time, others can be found who have shared

experiences, but whose method of explaining them leads to a different, and sometimes positive, outcomes. Similarly, bystanders seem to rely heavily on their causal-explanatory style to interpret the claims, revealing themes in how they respond to the experiencers.

Do you have any thoughts about how peoples assumptions about cause-and-effect relate to the outcomes for the experiencers, both for the individual and in broader society?

[juxtapozed](#)

Intriguing.

Lived experience certainly enhances (or ought to enhance) empathy--but we should not, at an extreme, assume that everyone treating someone else must have had the characteristics or illness of the person being treated (e.g., should only women treat women, gay people gay people, etc. etc.). Yet there are other ways (especially through moving personal and family accounts of narrative) to get people aware of another group's issues--that's the value of literature, memoir, documentary, etc. etc.

Explanatory style (from attribution theory in social psychology) is a vital topic here. Briefly, if I attribute your deviant behavior to a controllable cause, I blame and stigmatize you more. But if it's uncontrollable--an illness, for example--I should blame and stigmatize you less. However, in the case of mental illness, things are different--attribution to an uncontrollable cause, like a 'brain disease' caused by genes--does reduce blame but also reduces optimism about the person's future and serves to increase, not decrease, the desire for social distance. There's something about mental illness, with its aura of mystery and unpredictability--perhaps reminding observers of their own rather fragile hold on rationality--that defies attribution theory.

[This article](#) talks about how anonymous spaces like Reddit can help people with mental health issues who might not otherwise seek support because of stigma. Do you think that they can also contribute to decreased stigma over time, as people with less exposure to mental health problems come across threads like this?

[recentfish](#)

Yes, the more that formerly 'mysterious' conditions are brought out in the open and generally discussed, the more that stigma and shame are reduced. Think of cancer--a diagnosis universally shunned 75 years ago, never put in obituaries, etc. etc., because of the belief that the person somehow 'brought it on.' Today, cancer is a major cause and call to arms for support, fundraising, etc., whereas mental illness--still enshrouded in shame and fear--has only recently generated self-help, advocacy, etc.

Hello Doctor Hinshaw.

Thank you for this AMA. Yours is a fascinating field!

I have a question related to public mental health. As a visitor to the US I have noticed that there are far more so called "strange" people in the streets and in public transportation than in any other country I have been to. By strange I mean exhibiting abnormal behavior such as loudly talking to oneself, laughing out loud, being way too friendly, presenting ticks, and so on. And talking to my non-American friends, I always ask if they notice it and they always agree. I would like to ask your opinion on this matter: is it a known phenomenon? if yes, why do you think this happens? why do people from within the society seem to be blind to it?

Thank you!

[lana_white](#)

The short answer is that, 60 years ago, nearly 600,000 Americans were placed involuntarily in state mental hospitals, removed to the countryside and hidden from public view. Under the guise of humanitarian deinstitutionalization, nearly all of such facilities have closed down (under 40,000 remain, a reduction of well over 90%). But where are such individuals, many with severe mental illness, now? In prisons and jails, and far too often on major city streets...the funding for community alternatives to institutions has often been woefully lacking.

Thanks for doing this AMA!

The term "psychological disorder" is well known and well-described. Lately I was wondering, is there also something like a "sociological disorder"? I was not able to find something after a quick search, which I found quite surprising because I can think of a lot of "disorders" in or in between groups.

When reading your introduction this question came up again. Maybe it's just a matter of language and is there another term that covers it.

Thanks!

[VreemdeKwark](#)

When we get into sociocultural or political 'disorders,' we're more clearly in the realm of political science and values...still, it's an important point to consider whether 'abnormal' behavior is related to internal pathology or is a 'healthy' reaction to unequal, discriminatory, etc., social and political circumstances. Recall that in the Soviet Union, some time back, a psychiatric condition was recognized: Antisocialist personality disorder, clearly showing the danger of overpoliticizing attributions to one's inner make up

What sort of stigmas exist for those suffering from a temporary or permanent mental illness that is caused by and underlying medical disorder, such as Hashimoto's, or even some cancers and their respective treatments?

[NikolaiRimskyK](#)

In general, stigma increases (in relation to medical or psychiatric conditions) as a function of the chronicity and severity of the condition (think of the flu vs. HIV or meningitis, etc.). Still, the idea that a person carries a physical 'taint'--especially of it might be contagious--may well be stigmatizing.

hey, thanks for doing this.

How often do you find that those with mental illness do not actually adhere to the stigma of "aberrant" behavior? Does it make this kind of study more difficult? The majority of the people i have encountered with any sort of mental illness are very reserved about it and the stigma has them even self-conscious. Granted, there are varying levels of mental illness but what is it that is considered "aberrant" behavior that should not be? what I mean is what judgement is stigma induced and not just observed erratic behavior?

[McFiend](#)

It's true that, all too often, members of groups that are highly stigmatized tend to 'own' that very stigma--the concept of self-stigma from the introduction above. Yet self (or internalized) stigma is NOT inevitable--especially if people form solidarity with other stigmatized group members and find strengths

in themselves, self-stigma may dissipate.

Dr. Hinshaw,

First off, thank you for your great text on child/adolescent psychopathology; I've had my copy for a few years now.

Concerning my question: what are your beliefs regarding the biomedical model of mental disorders (i.e., it's all chemical imbalances/neuroanatomical abnormalities, little to no attention given to psychosocial/behavioral factors) and how that impacts stigma? From most everything I've seen, the biomedical model actually serves to increase negative stigma despite it often being employed as an attempt to counter it (e.g., drawing analogies between depression and diabetes), along with other negative consequences such as reduced treatment seeking, greater proneness to pursue psychiatric medications, less treatment engagement, etc.

If this is a finding you agree with, what are your thoughts on how to better promote the biopsychosocial model of mental disorders such that we are removing blame/stigma for those with disorders, but also not sending a message of these being entirely biologically based and not malleable by behavior change?

[gloryatsea](#)

First, we must be out of the old-school views that mental disorders are caused by evil spirits, weak personal will, or (for the most part) bad parenting. Most forms of disorder are at least moderately heritable.

But second, we tend to go to all-or-none ways of thinking, as for example, epigenetics informs us that context can 'switch on' genes...and that (to take one example) maltreatment synergizes with genetic vulnerability to produce earlier-onset, more treatment-resistant forms of bipolar disorder.

In short, down with reductionism! High blood pressure is 'biological' to the core, but lifestyle patterns, etc., are also influential for causation, prevention, and treatment. It's both-and, not either-or.

Do you think there is any biases in the medical field on mental illnesses? Do you think professionals underestimate a person with a mental illness? Do you think they are treated similarly to those without a mental illness when their diagnosis is disclosed? For example, Elyn Saks was dismissed for having a brain aneurism and almost died, because her doctor assumed it was mental health symptoms.

Thanks for having this AMA! Appreciate it!

[kirs1132](#)

Yes, see above--people with mental disorders are often undertreated for their own, often serious medical issues, too...their reports are discounted, and the perception is that they're imagining symptoms or malingering. It's shocking, actually.

What is the best way to make a person empathize about mental illness? What is the best way to understand them? I have a friend who is mentally ill. Even sometimes I can not bear him. Should I treat him like a kid? Unfortunately he hates that. Whatever I try I can not satisfy him, or totally understand him. What can we do?

[Mayitbelieve](#)

Of course, there are many forms of mental illness--just as there are many (almost infinite) forms of physical illness, far from a 1 size fits all scenario. In the most severe cases, insight is often poor, and the person may lack fundamental behavioral controls. The tragedy is that, with evidence-based treatment -- too often not sought or not adequately reimbursed -- even these severe forms can improve.

The term "sociopath" strikes me as a dangerously unscientific label created by psychologists--sort of like multiple personality disorder. Is there any hope that we'll see the end of sweeping terms like this to describe what appears to be a constellation of neurological issues?

[cubokie](#)

Huge question...how stigmatizing is the language of psychiatry and clinical psychology itself? I think that it's a partial answer--especially by the importance of labeling the illness (a person with schizophrenia) rather than the person ('that schizophrenic' I treated). Some countries/cultures are experimenting with changing the names of illness to less stigmatizing labels--what used to be called 'leprosy' is now called 'Hansen's disease' (which can be treated with antibacterial agents, meaning that treatability is another key factor related to stigma).

This is probably outside of your professional expertise, but I wonder if you have an opinion. There are some stigmas that can have serious effects on things such as employment and housing. I'm thinking of such things as sexual orientation and religious beliefs. These have been dealt with politically and legislatively so that it is illegal to discriminate against people in these situations. Are you aware of legal or political ways to combat discrimination against mental illness? Also I wonder about attitudes when dealing with legal definitions of disability. In our specific case, my wife had a career - which required a Master's degree - that required a lot of social interaction. She is bipolar. She is generally fine with medication. Her doctor adjusted her medication a bit, and for a little while her behavior was affected negatively. Her coworkers found her to be a little bit off. They couldn't really pinpoint what it was, but they found her difficult to work with and strange. She didn't do anything seriously wrong, but she found that people didn't want to work with her. So she was fired for that specific reason. Now she is unable to get a positive referral from her employers, and her career is almost certainly ruined. We feel that she has been discriminated against. There doesn't seem to be any way for her to combat this, and we don't know what to do. She also applied for disability but was refused. If she had a physical stigma I think she would get it. But it's so hard to demonstrate that her mental illness has caused her to be nearly unemployable. Any thoughts?

[voidedbygeysers](#)

There are indeed laws that are relevant here. The Americans with Disabilities Act (ADA, 1990) prohibits discrimination against physical or mental disabilities in public or the workplace. Though I don't know more details, I believe that your wife has grounds for an ADA suit--and, in hindsight, if the medication switch was known at the time by the agency and employer, perhaps an accommodation could have been made at the time, in order to relieve her temporarily of more intensive case duties until she was back on track medication-wise. VERY few ADA suits are brought on the basis of mental disability claims, because of fear of stigma and retaliation--but the paradox is that such claims can usually be dealt with relatively easily and inexpensively (e.g., flex time at work, allowance for visiting a therapist), in contrast to the often costly physical restructuring of the workplace re: a physical disability.

I've always been fascinated by the stigma associated with genital herpes which as a public health professional I'd consider a benign skin condition. HPV with its association to cancers and now a

vaccine feels like a socially accepted serious illness. HIV though stigmatized is actually an infection that kills. Chlamydia, gonorrhea, syphilis, crabs are all joked about but because there are cures they don't have any of the notoriety of genital herpes. Even within the HSV's, HSV-1 or oral herpes has common names like fever blister, cold sore, etc... when in reality it has an identical presentation to HSV-2 only with a different tissue tropism.

What kind of societal triggers can elevate something like genital herpes to such unusual stigmatization?

[PHealthy](#)

This is out of my league, but it is probably the case that an intensely moralized and scrutinized aspect of behavior -- human sexuality -- is involved, prompting judgments, moral ascriptions, etc.

Thanks for doing this AMA. I recently wrote a research paper for my undergraduate sociology class studying the treatment of mentally ill people in the United States prison system. I found that in some states the prison system has become the largest single mental health provider in the state. I found that in 2006 there were over 1.2 million people with a mental illness in jail or prison. I was also shocked to discover the last federal study of the issue was conducted ten years ago, in 2006. What role do you think stigma plays in the housing of the mentally ill in jails and prisons?

[insomnyuk](#)

See the response several answers up--the the closure of public mental facilities (many of which were snake pits and should have been closed--don't get me wrong) and the lack of funding of viable community alternatives, city/county jails and some prisons are now widely known as the largest mental facilities in many regions. "Reinstitutionalization" instead of "deinstitutionalization."

Hi Dr. Henshaw! As someone who suffers from major depressive disorder, I'd like to thank you for doing this AMA. The world can be a very lonely and isolated place for us because of the stigma attached to mental illness. I have 2 questions.

1. The Americans with Disability Act protects individuals who suffer from disabilities as long as the accommodations are reasonable. However many of the symptoms often lead to what company considers reasons for termination. Symptoms like:

*Showing up to work late because of sleeping disorders *Social Anxiety *inability to get along with superiors *Learning difficulties *Missing work due to a major mood swing

Are there any *reasonable* accommodations that companies can adopt that would help integrate those with mental illness into the workplace?

Finally,

1. What can we do to help educate the public and remove the stigma associated with Mental illness?

[TheBaconBurpeeBeast](#)

I just gave an answer on ADA, immediately above, without having seen this first. If one can show that the symptoms of the disorder are the issue in question, and if reasonable accommodations can be made, this is what the law is for!

Second, HUMANIZATION is the key--not just greater mental health literacy, which is important, but also personal contact and fostering of empathy--as well as true enforcement of ADA an of 'parity' legislation.

How do mental illness rates compare in developed vs. developing countries, really? I see lower *reported* rates of, say depression, and as a result people (hippies) claim "depression is totally a first world problem – it's, like, not even a thing in Malaysia, man" and such. Looking back at how awareness of things like bipolar disorder, autism, and ADHD have changed in my culture just over the course of my life, surely these things are more stigmatized in developing countries and therefore under-diagnosed and under-reported?

[sweng123](#)

Huge question, and one that World Health Org has taken on strongly (go online to see their reports). Bottom line--mental illnesses are, on average, as if not more impairing than physical illnesses in BOTH the developed and less developed world--though as you aptly suggest, given the lack of basic infrastructure, severely underdiagnosed and treated. Sorry can't stay with this crucial issue longer.

Some people say that there is a lot of stigma against mental health in medicine and medical education. Do you think that it is a problem?

If so, what do you think causes it among people who should know better? What can be done to fix it?

[Codes4Nailpolish](#)

See replies to above. A more holistic and humanized form of medical (and psychological...) education...AND a far more scientifically based form of such education--is surely a partial antidote.

How strongly do you believe this continues to prevail in American society. I have a friend who receives Supplemental Security Income for mental illness and Child Protective Services told her she could not be alone with her grandchildren because of that, although she was not the focus of the investigation. I wanted to speak up but dare not risk it as I was still raising my son and in a similar position so couldn't afford to draw attention to myself.

[starmoishe](#)

Mental illness carries a long shadow of 'taint'--in many states, if one admits to mental illness or even a history of such, one cannot run for office, serve on a jury, vote, drive, or maintain child custody--this is clearly stigmatizing, as the discriminatory 'penalty' is so far out of line with the disability (e.g., if my corrected vision is still 20/200, I shouldn't drive, but because I have a history of depression or eating disorder, I can't have a driver's licence??)

I'm interested by an idea I encountered while writing a paper on the relationship between mental illness and portrayals of monsters in popular culture. [This article](#) argues in part that "cultural norms and perceptions determine social indicators of mental illness".

How much of a role does culture play in determining whether or not an individual is stigmatized for having a mental illness? Do you think that, due to stigmatization of certain behaviors, some disorders may be culture-bound syndromes?

Thank you for the AMA!

[wocket-in-my-pocket](#)

Yes, as noted in prior answers, culture is part of the picture, but there are universals as well--given the

strong heritability of mental illness and the fact that schizophrenia, depression, ADHD, bipolar disorder, etc. etc., are found at remarkably similar prevalence rates around the world.

Thanks for the AMA. You say above 'As cultures evolve, a number of formerly stigmatized traits or attributes can become far more acceptable (left-handedness was once considered disgraceful).' Is this also true in the reverse? For instance did the Spartans or Vikings applaud traits that would nowadays land you with an unfavourable tag as opposed to being an upstanding member of society? If so then is this cyclic? Has there been a waxing and waning of different traits depending on how societies evolved? Also are there traits in western culture that are deemed as simply being normal elsewhere in the world?

[Spottedfromadistance](#)

Cultural trends do show, over time, a cyclic rather than completely linear path....body size, spontaneity, emotionality, etc. etc., are sometimes 'in' and sometimes 'out' vis a vis cultural trends. The same is true for cultural/psychosocial vs. biomedical perspectives on health and disease. History and anthropology are relevant here, as much as biochemistry and neuroscience!

What is the true definition of insanity? It's not doing the same thing over and over again and expecting different results because that's called practice. That's how people learn. So what is the definition?

[Iforgotmyname2](#)

'Insanity' is a fairly archaic legal term, used to determine who should not be punishable for a crime because of mental disorder. As for the latter, again, there's no complete biological marker or brain scan to define the concept, so it involves a thorough, thoughtful judgment as to the developmental extremity of the behaviors in question, how much they yield impairment, how much they can't be explained easily on the basis of pure environmental factors, etc., requiring a combination of behavioral, cultural, and biological judgment. This answer would require a book to be thorough!

What are your thoughts on the [social construction of mental illness](#) & the implications that has for the recovery model in the psychotherapeutic setting?

[PM_ME_UR_WRITING](#)

An overly social construction is as reductionistic as an overly biological one...integration is the key, as emphasized throughout

Hi Dr. Hinshaw, I'm interested in what you could tell me about neglect both from a sociological and scientific perspective. Can you talk a little bit about how upbringing and brain chemistry interact?

Also, what do you think about the awareness campaigns about mental illness that seem more prevalent these days? Are they effective? What would you yourself recommend as a course of action for counteracting stigma? I agree that mental illness is the last frontier of human rights- thank you for your work!

[uniquejustlikeyou](#)

Huge question--child neglect is a psychiatric and social and social-inequity related issue... it occurs within impoverished homes, more than any where else, with huge emotional and cognitive

consequences. We know that there is <gene-environment interplay>--parents with vulnerability to substance abuse, severe emotional disorder, etc., transmit risk to kids genetically and can additionally do so through extremely suboptimal home environments, which are often in poor neighborhoods with high rates of violence and suboptimal schools, etc.--you can see the spiral of causation here...

Hi Dr. Hinshaw!

In regards to people who stigmatize themselves; what effect could this have on the persons self image?

Meaning, does it become a part of who they believe they are at the core? And if so, how would they be able to detach the stigma from their idea of who they are?

Thanks for your time!

[Dioclietes](#)

Yes, the danger is that excessive self-stigma can erode one's fundamental self-concept. Yet remember that members of stigmatized groups don't necessarily self-stigmatize--and that solidarity and positive identification with the other group members are key antidotes.

Good afternoon Dr.,

As a fellow colleague in the field, what do you think is the best way our field can continue reducing stigmas associated with diagnoses? How can this be addressed on individual, agency and state levels? I say this because I very much would like to see and contribute to end associated stigmas, but as a worker in the "trenches", I often find that I simply don't have the energy or time to lend my voice to this cause. Thank you.

[RAGE_CAKES](#)

See answer(s) above--policy changes, better training in evidence-based practice, enforcement of ADA and other laws, humanization and contact, etc. etc.

Thank you for doing an ama, Dr. What do you think are the next steps needed to reduce mental health stigma in the workplace? Ex. Do you believe in mental sick days, being open about one's condition(s)?

[TBlair64](#)

Being open is crucial, but timing is everything. I may not choose to disclose at the job interview stage, as who knows what attitudes my prospective employer has. But later, with support--and with a large organization, employee assistance programs--I may choose to disclose, because as noted in an earlier response, it's often relatively minor (from the company's perspective) accommodations that may make a major difference for the employee's well-being and productivity.

Do you think the chemical imbalance theory has helped reduce stigma? Do you think doctors should keep referring to it to patients even though the theory has been seen for awhile as largely unfounded?

Here is a PBS article about why doctors still talk about the theory to their patients and explains why they still reference it despite the scientific evidence: <http://www.npr.org/sections/health-shots/2012/01/23/145525853/when-it-comes-to-depression-serotonin-isnt-the-whole-story>

Also here is an article from the Psychiatric Times explaining the chemical imbalance as a myth:
<http://www.psychiatrictimes.com/blogs/psychiatry-new-brain-mind-and-legend-chemical-imbalance>

Should we still be circulating this theory?

[kirs1132](#)

See above responses!

YES, many forms of mental illness are related to genetic risk/vulnerability and to levels of brain neurotransmitters that may be aberrant.

But NO, mental illness is not a 'simple' brain-chemistry imbalance phenomenon. The brain is highly complex, and it's undoubtedly multiple genes, influencing multiple brain regions and regulatory systems--in interaction with context and with other personal traits--that shape what we call mental illness. Again, not either-or but both-and.

Do you think that stigmatisation of neural diversity will ever be a "thing of the past", and could this diversity be used as an advantage if understood and embraced?

Thanks

[donyboom](#)

Take racial prejudice--will it ever be completely gone? Sure, much progress has been made over the past 50-60 years, yet look at the current climate re: race relations in our nation.

As for mental illness stigma, the goal is even more difficult. I don't think we should promise its 'eradication'--a false promise, potentially leading to rebound when things don't magically change. But it's a hugely worthy goal of 'chipping away at' ... and as you alluded, some traits related to some forms of mental illness can be and undoubtedly are advantageous, in some individuals in the 'right' contexts and in an evolutionary sense

How can we finally overcome the discrimination of the mentally ill if social stigmas are so deeply rooted into society?

[Torquekillsricers](#)

Like all important social issues and problems, it will require multiple levels of change:

Top-down: antidiscrimination laws (and their enforcement); adequate compensation for evidence-based mental health treatments

Bottom-up: promotion of humanization and empathy

Middle-out: A far better set of media images.

This is another chapter- or book-length answer needed, but that's the 30,000-foot view.

Hi and thank you for doing this AMA.

My questions for you is: how big of a role does the thyroid play in mental illness? Why is it that thyroid disorders are not part of standard health screening when patients present manic or depressive symptoms?

[hieropant](#)

It can play a crucial role in mood disorders, in particular--far from universally, but when it does, relevant treatments are needed, which is why thorough psychiatric and medical work-up is needed

Research has demonstrated that self-stigmatization predicts never getting engaged in treatment for people with mental disorders

Would you say this is due to self stigmatization or the mentally ill person being unable to reconcile belonging to the stigmatized group with his own sense of self? Further is the need to accept the stigma in order to receive treatment not an unaddressed barrier that has little to do with the actual condition?

[Tordenskjold](#)

Good points--I agree, see answers above, I'm nearing the end of the 2 hours!

Hello Dr. Hinshaw,

How do you expect to fix societies stigma?

Do you think you will succeed eventually, and what would get in the way of you achieving that goal?

-T

[luke242](#)

See answers above

Dr. Hinshaw,

do you think this tendency to stigmatize mental illness extends to addiction and how it is perceived and treated by the medical community? And, as treatments for addiction start to emerge with naltrexone (and other similar drugs), how do you think we could transition our way of thinking in the matter, especially in the medical community where most med schools in the country don't have a class on addiction medicine?

[fuckingstubborn](#)

Yes, indeed, I believe that addictions may well be even more stigmatized than many forms of mental illness ('you chose to put those substances in your body')--thus, the controllability is often believed to be high. I'm running out of time, but this is a HUGE issue.

Hi Dr. Hinshaw,

I was wonder to what extent folk psychology tends to bundle together various psychological disorders into larger poorly defined categories, and how this can create stigmas against certain disorders that do not line up with reality.

For example, as a person with bipolar disorder I find that many people I talk to tend to associate the term with any kind of instability in mood, emotion, or behavior. This can lead people with borderline personality disorder, for example, to be falsely labeled "bipolar" or "psycho." Because these ideas in folk psychology can lead to false diagnoses among non-professionals, I wonder what your thoughts are

for how we should go about dispelling these misconceptions.

What do you think are the most common sets of disorders to be bundled together by the public?

[thunderpoon](#)

Education, education, education...and deep personal contact, and humanization. These are the themes I've emphasized throughout my many answers today. This important point deserves more, but the sands of time are slipping away.

I found the general public's response to the Ashley Madison hack morbidly intriguing. The quantity and intensity of hate spewing from the mouths of such a large number of people, many of whom I know to be very reasonable and tolerant otherwise, honestly staggered me. What surprised me more than just the sheer ugliness I saw, was the fact that it was all over something so incredibly common. How is it that such intense stigma still exists for something that over a quarter of the population partakes in and is even romanticized all over our media?

[sweng123](#)

Sadly, we're dealing with extremely deep-seated attitudes and biases here...

Hello Dr. Hinshaw,

why do we treat behavioral disorders like a disease, since its treatment is a learning process?

[Davidrodri86](#)

There are disease AND learning elements! See above, as time is almost up....

What is your opinion of support groups for stigmatized persons?

For example, alcoholism is often accompanied by being socially outcast, even after treatment is sought. One facet of a group like Alcoholics Anonymous is that it provides persons with the stigma of alcoholism a new group where the stigma isn't present because all in the group share the same stigma.

Would support groups intended for the same type be effective (Borderline anonymous, Pedophilia Anonymous etc...)

[bugslaughter](#)

In general, support groups are a great antidote for self-stigma. Sometimes professional supervision would be essential...depends on the purpose...

[deleted]

[\[deleted\]](#)

Sadly, MANY forms of mental illness receive stigma, even 'milder' ones like ADHD--because the perception is that the person should be able to overcome his or her inconsistencies. On average, however, the more severe and psychotic forms of mental illness are the most stigmatized.

My own 2007 book, *The Mark of Shame*, is helpful.

see also

www.bringchange2mind.org

And websites for NAMI, etc.

Do you think part of the big hurdle with stigma is the lack of scientific knowledge in the etiology of mental illnesses? Lack of understanding permeates part of the fear and distrust or lack of acceptance?

What 'facts' do you think people should know to dispel stigma? What should we focus on in terms of education?

[kirs1132](#)

Yes, the more we know, the less mysterious mental illness will be.

Facts--people with mental illness can and do recover! Their lives are surprisingly like most everyone else's!

Etc.