

A close-up photograph of tree bark, showing a rough, cracked, and layered texture in shades of brown and olive green. The lighting is soft, highlighting the irregular patterns and crevices of the bark.

SESSION 4

STIGMA



SCRIPTURE: PSALM 42:4

*These things I remember,
as I pour out my soul:
how I went with the throng,
and led them in procession to the house of God,
with glad shouts and songs of thanksgiving,
a multitude keeping festival.*

In a psalm that speaks very movingly of personal pain, this verse serves as a reminder that the loss of community can be one of the most difficult experiences in life. The psalmist recalls the joy of worshipping with others in a season when that joy has been taken away.



SESSION OVERVIEW

In this session you will:

1. Examine the effects of stigma on those struggling with mental health problems
2. Define and identify the process that produces stigma
3. Discuss the message of the gospel in light of the realities of stigma



CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE ON STIGMA

In the previous session you were introduced to the bio/psycho/social/spiritual model of illness and explored the many layers that are present in the experience of mental illness. Today you are going to examine an additional layer—one that often significantly impacts the experience of individuals struggling with mental health. According to the dictionary, stigma is “a mark or sign of disgrace or discredit.”¹ At one point in time the term described a physical mark or defect of some kind, but now stigma refers to *the experience of being perceived negatively by or set apart from others* due to stereotyping.

Many people have strong reactions to words like “stigma” and “stereotype.” We live in a society where tolerance and respect are highly valued, and we are connected to local congregations where the commandment to love one another is taken very seriously. Given these realities, it may be difficult to believe that stigma still exists in our communities. However, the fact remains that three out of four individuals with a diagnosed mental illness report experiencing stigma.² What is this experience like? Take a moment and reflect on a personal experience of stigma. Perhaps you have reacted to someone on the basis of a negative stereotype, or perhaps you

Optional Discussion Question:

Have you experienced or participated in stigma due to race, gender, physical or mental capability, or any other factor? If you feel comfortable, share your story with the group.

have been stereotyped. As you reflect, notice the words you use to describe this experience—words like shame, hopelessness, distress, and anger. These are some of the most commonly reported emotional effects of stigma.

Stigma doesn't just impact emotions, however. It can also create barriers to recovery by making individuals reluctant to seek help for mental health problems, inhibiting community participation in the recovery journey, and limiting social and financial opportunities for those who are suffering. Does this seem like an exaggeration? The World Health Organization declared that stigma is the "single most important barrier to overcome in the community,"³ and studies in the last few decades have shown that negative attitudes and beliefs regarding mental illness are still very common. These beliefs include the following:

People with mental illness are violent and dangerous
People with mental illness cannot work or "hold down" a job
People just use mental illness as an excuse for poor behavior
People with mental illness could "snap out of it" if they really tried
People with mental illness are weak and cannot handle stress

Indeed, an Australian study found that nearly one in four people thought depression was a sign of personal weakness and would not choose to employ an individual with depression. The same study found that one in five people would not tell anyone if they struggled with depression.⁴ Clearly these responses are related! Canadian studies have produced similar results: 54% of those living with a diagnosed mental illness felt embarrassed regarding their mental health challenges, and 54% experienced discrimination based on their mental health.⁵

One of the most painful realities for individuals facing stigma is the low self-esteem that results from being negatively stereotyped. When society blames you for your problems, it is all too easy to begin blaming yourself as well. The shame and guilt can be very intense, and these emotions prevent many people from reaching out for the help they need. However, it is possible to break free of the effects of stigma and enter into recovery.



DISCUSSION QUESTION

How can people living with mental health problems fight against stigma?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

Today you will be meeting April, who lives with bipolar disorder.



DISCUSSION QUESTION

How does April's story relate to the discussion of stigma?

THE SOCIAL PERSPECTIVE ON STIGMA

So far you have looked at the individual experience of stigma and discussed ways for individuals to move beyond that experience. However, stigma is a cultural reality produced by groups of people and reinforced by social systems. This section will break down the bigger picture regarding stigma and help you look for ways to shift the culture surrounding mental health. Let's start by asking the question, "Where does stigma come from?" Research has shown that it is really the product of a process with three steps: stereotyping, prejudice, and discrimination. Looking at each step in a little more detail will further our understanding of how the entire process works.

STEREOTYPING

PREJUDICE

DISCRIMINATION

A stereotype is a belief that most members of a particular group share certain negative characteristics. For example, the preceding section identified a few negative characteristics that are applied to people with mental health problems. When someone communicates the idea that every individual suffering from depression is weak, that is a stereotype. We are surrounded by examples of stereotyping in our daily lives. It shows up in our conversations, the entertainment we view, the literature we read, and so on.

When people are exposed to the same stereotype frequently, it often leads to prejudice. The term "prejudice" relates to personal thoughts and emotions. People become prejudiced when they hold beliefs and feelings about a group that are neither fair nor based on reason. At this point in the process they are not just being exposed to stereotypes; they are actually internalizing them and reacting mentally and emotionally to individuals based on stereotyping.

The final step of the process is discrimination. This is when people act on the basis of prejudice. In the earlier example, the business owners who stated they would not want to hire an individual with depression were practicing discrimination. Discrimination can occur between individuals, or it can be institutionalized.

Optional Discussion Question:

Can you think of specific examples of stereotyping, prejudice, and discrimination?

Stereotyping, prejudice, and discrimination—this is the process that creates stigma. And stigma doesn't just affect interactions between individuals. It actually impacts our society in a surprising number of ways. Stigma affects personal finances and economic policies by determining who does and does not have access to jobs, housing, or government assistance. Stigma affects public policy as well. Who decides what constitutes a "sick day" at school or work? Who determines what is and is not covered by health insurance? These are all policy matters. Finally, stigma affects our entertainment industry by influencing the types of characters that are portrayed. When mental health problems are presented in a negative or threatening light in the media, this can even increase instances of harassment and violence directed towards people experiencing mental health challenges. (Contrary to popular opinion, people living with mental problems are not statistically more prone towards violence. In fact, individuals with mental illness are ten times more likely to be the victims of violence than the general population.⁶)

Clearly the task of eliminating the stigma surrounding mental health problems is a big one. It isn't enough to personally avoid prejudice and discrimination (although that is a great place to start). The stereotypes that exist in our culture and the systems that support those stereotypes need to be shifted. The next section will look at the unique role that faith communities can play in achieving this goal. First, though, take a minute to examine the importance of language in the battle against stigma.

Language is a subtle yet powerful tool. The words you use shape the way you view others, yourself, and the world. What responses do you have to the following statements?

"Jane is paranoid."

"Michael is crazy."

"That person seemed mentally unstable."

"My mom is depressed. She is so difficult right now."

"Sorry, that's just my OCD coming out!"

Perhaps you noticed that the first few statements identify people with mental health challenges. The last statement minimizes the significance of mental health problems. In other words, speaking in these ways reduces human beings to an illness and trivializes very difficult and painful experiences. People are complicated, and personal identity is made up of many different things: family history, cultural heritage, personal experience, skills, preferences, personality traits. People are not reducible to a label or diagnosis, which is why you want to use language that honors the identity of those you discuss and reminds you to look beyond the challenges they may be facing and see the bigger picture.



DISCUSSION QUESTION

Take a moment as a group and think about different ways to rephrase the statements listed above. Can you come up with language that is more compassionate and that doesn't contribute to the stigma surrounding mental health problems?

THE THEOLOGICAL PERSPECTIVE ON STIGMA

Being more thoughtful in our speech is a great way to begin shifting the culture. However, as Christians we believe in the possibility of transformation that goes beyond language and touches the heart. We don't just want to change our communication style; we want to grow in our ability to love others with the same love we have received from Christ.

I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another. (John 13:34-35)

Our greatest hope in the battle against stigma lies in the power of the gospel. Christ's example of sacrificial love and his commitment to the marginalized are radically counter-cultural. Nowhere is this seen more clearly than in the Gospel of Luke. Jesus began his ministry by quoting from the prophet Isaiah and declaring his mission to bring good news to the poor and freedom to the oppressed (Luke 4:18-21). From the beginning of his ministry until the very end, he was surrounded by outcasts. Luke records many meaningful interactions with Gentiles, women, children, and sinners—each one representing a different stigmatized group in first-century Palestine, and each one given the gifts of attention, compassion, respect, and healing by Christ. Take a moment to imagine the shocking sight of a crowd numbering in the thousands coming to a standstill so that one poor, solitary widow could be comforted (Luke 7:11-15). What would it have looked like to witness a “sinful woman” crash a party filled with religious leaders and weep at the feet of Jesus (Luke 7:36-50)? Almost every page of this Gospel presents us with a fresh example of Christ's commitment to love each person he encountered, regardless of how they were labeled by society.

This commitment led him to the cross, where he surrendered his life as he identified himself with the sin and brokenness of the world. In that moment, Christ bore the ultimate stigma for us. As you read the following words from Isaiah 53:3-5, consider the experience of rejection and pain that purchased your salvation:

*He was despised and rejected by others;
a man of suffering and acquainted with infirmity;*

*and as one from whom others hide their faces
he was despised, and we held him of no account.
Surely he has borne our infirmities
and carried our diseases;
yet we accounted him stricken,
struck down by God, and afflicted.
But he was wounded for our transgressions,
crushed for our iniquities;
upon him was the punishment that made us whole,
and by his bruises we are healed.*

Here is a reminder that our God knows what it is like to be judged and rejected by society, and that he voluntarily embraced this experience in order to make us whole. For this very reason, the Church has historically used a specific term to refer to the wounds Jesus received at his crucifixion. These wounds are called *stigmata*.

It is important to reflect on the radical nature of God's love and his experience of stigma, because these reflections (when they are cultivated over time) become the seeds of transformation in our lives. If individuals who are careful in their speech can begin to shift the stigma that surrounds mental health problems, how much more can a Church empowered by the beautiful love of Christ transform communities through its love for the vulnerable, the suffering, and the stigmatized? Jean Vanier, the founder of a Christian community where mentally and physically disabled individuals live alongside mentally and physically-abled peers, says this about the vision and power of the gospel: "It is a promise that the walls between people and groups can fall, but this will not be accomplished by force. It will come about through a change of heart—through transformation."⁷



DISCUSSION QUESTION

In what ways did Christ experience stigma during his years of ministry? How do you think he would respond to individuals who are experiencing stigma today?



REFLECTION

Earlier in the session you were asked to consider how individuals can fight against the experience of stigma. Now take some time as a group to discuss the following questions.

1. What are some of the common prejudicial beliefs that exist in our culture?
2. What are some of the common discriminatory practices in our culture?
3. How can stigma be combatted at a cultural level?



PRAYER

This prayer for peace is attributed to St. Francis of Assisi. It is a beautiful expression of our desire to demonstrate the radical love of Christ to all around us. Feel free to add your own prayers for your community at the end.

Lord, make me an instrument of your peace:
where there is hatred, let me sow love;
where there is injury, pardon;
where there is doubt, faith;
where there is despair, hope;
where there is darkness, light;
where there is sadness, joy.

O divine Master, grant that I may not so much seek
to be consoled as to console,
to be understood as to understand,
to be loved as to love.
For it is in giving that we receive,
it is in pardoning that we are pardoned,
and it is in dying that we are born to eternal life.

Amen.

ENDNOTES:

1. *The Oxford American Dictionary and Thesaurus*, s.v. "stigma," (Oxford: Oxford University Press, 2003).
2. "Stigma," Healthy WA: Health Information for Western Australians, accessed March 1, 2018, http://healthywa.wa.gov.au/Articles/S_T/Stigma.
3. "Stigma and Mental Illness: A Framework for Action," CMHA, accessed March 1, 2018, <https://cmha.ca/documents/stigma-and-mental-illness-a-framework-for-action>.
4. "Stigma," Healthy WA: Health Information for Western Australians, accessed March 1, 2018, http://healthywa.wa.gov.au/Articles/S_T/Stigma.
5. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 1, page 3.
6. "Mental Health Myths and Facts," MentalHealth.gov, accessed May 26, 2018, <https://www.mentalhealth.gov/basics/mental-health-myths-facts>
7. Stanley Hauerwas and Jean Vanier, *Living Gently in a Violent World* (Downers Grove, IL: IVP Books, 2008), 29.