

This issue of *PEOPLE FIRST* examines the fight against prejudice directed toward people with mental illness.

PEOPLE FIRST

Thomas J. Ridge, *Governor*
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News About Pennsylvania's Mental Health System

Advocates fight stigma in the media



Nearly 300 marchers took the anti-stigma message to the streets (from the Montgomery County Courthouse to Norristown State Hospital) May 6 during "Walk Beside Me '95," sponsored by a coalition of groups and agencies.

Groups across PA battle prejudice with diverse tactics

By Peggy Heidorn

You can dance the night away and leave with a greater understanding of mental illness at a Dance Aware-a-thon sponsored by Chester and Delaware counties. In Montgomery County or Philadelphia, you can walk or run toward the same end. And at some Carbon County restaurants, you can digest facts about mental illness served

up on your placemat along with your toast and coffee.

In these and other ways, Community Support Program (CSP) committees, Alliances for the Mentally Ill and non-profit agencies are increasing public understanding of mental health.

Anne Stevenson Smith of the Chester County Office of Mental Health/Mental Retardation said

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Violent stereotypes targeted

By Susan Rogers

The entertainment and news media contribute to the stigma of mental illness in the minds of the general public by portraying people with mental illness as violent and demented losers, studies show. This, in turn, has a direct impact — economically, socially and psychologically — on the lives of people who have been labeled "mentally ill."

Through a constant barrage of negative imagery and an absence of positive portrayals on television and in movies, newspapers, magazines and advertisements, the mass media perpetuate the twin myths that people with mental illness are violent and that they don't recover.

The so-called "psychotic killer" has become a kind of *deus ex machina*, trundled out to tie up loose ends in the plot, said Joseph A. Rogers, executive director of the Philadelphia-based National Mental Health Consumers' Self-Help Clearinghouse. "It seems like if the

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PA groups fight prejudice against consumers with diverse public education campaigns

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these and other such efforts break down barriers between consumers, providers, families and the public.

"Pretty much everything we do is from a CSP perspective," said Stevenson, a CSP county liaison. (The CSP philosophy promotes community-based treatment and supports to help adults with serious mental illnesses live successfully in the community.) "We help [educate] even professionals about what the capabilities of consumers are," she said.

Besides the dance event, Chester County sponsors an annual arts festival with Delaware County and Haverford State Hospital, Smith said. The county's Mental Health/Mental Retardation Board organizes public health fairs and operates a speakers' bureau. Local Chester County businesses have sponsored events; and a church outreach program netted not only donations but valuable links between consumers and religious organizations.

Smith cited the pledge drive for the Dance Aware-a-thon as a particularly effective way to engage the general public. "The one-to-one approach is much more effective than a billboard," she said.

However, billboards have their place, says Kathy Lemke, public relations director of Pennsylvania's Alliance for the Mentally Ill (AMI).

A 1992 survey showing that most Pennsylvanians were influenced by negative stereotypes about people with psychiatric disabilities confirmed what AMI members already knew. Thus was born the "Mental Illness: It's Not What You Think"

campaign; it appeared on billboards across the state with a toll-free number. AMI also plastered the message on posters in mass transit vehicles. The campaign was rounded out with radio and television public service announcements that Lemke called "provocative."

"We showed the ignorant and labeling behavior, and then said that mental illness can be treated," she said. Later this year, AMI will commission a survey to analyze the effect of this media blitz.

AMI also constantly works to place stories with local television stations and operates an anti-stigma clearinghouse to encourage its members to monitor the media and react appropriately with criticism or praise.

AMI of Eastern Pennsylvania's speakers' bureau addresses community groups throughout the Philadelphia area. Leonard Hoffman, who heads the bureau, said the regional AMI spends thousands on brochures geared toward boosting the public's understanding of mental illness.

He believes these and other educational efforts have had some effect, at least in the mental health community. "We notice the willingness of mental health professionals on all levels to genuinely involve the family members," Hoffman said.

Across the state, other groups are also mounting campaigns to educate the public about mental illness.

Mary Lou Norton of I CAN in Columbia, Montour, Snyder and Union counties said the consumer group recently sponsored a poster contest in the health classes of the middle and high schools in each

county. The prizes included \$25 for the winner in each school and the display of the artwork at an open house in May, which is Mental Health Month. The consumer group has offered to make speakers available to all the health teachers on the topic of mental illness.

"We made up a brief flyer to give to kids, to give them a little background about mental illness," Norton said. "It gives them personal stories so they know it is nothing to be ashamed of and it could happen to anyone," she said.

Maureen Walsh, northeastern regional CSP chair, said educational placemats have been distributed to participating area restaurants for display in storefronts and windows. Gary Gerber, chair of the Carbon County CSP Committee, said the placemats were sponsored by a state CSP grant. He described the mats as "not hard-core anti-stigma; they are more informational toward the general public."

Gerber said plans include getting consumers involved in community activities, such as cooking church meals and holding yard sales. "They usually have low self-esteem and they don't come out of the house," he said. Gerber also wants "so-called normal people" to see that consumers are like everybody else.

Carbon County is developing a speakers' bureau and has produced five half-hour television programs geared toward fighting stigma. Carbon, Monroe and Pike counties also jointly held a police luncheon, attended by one officer from each de-

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Negative images bombard children

'Today's children grow up to be tomorrow's NIMBYs.'

By Susan Rogers

A vacationing family stops on the highway to pick up a hitchhiker — a hulking brute with stringy hair, blue jowls and tattered clothes. The radio sounds a news flash: "A psychotic killer has escaped from the state maximum security prison." After describing the "raving maniac" and "homicidal fiend," the announcer says, "Doctors report the slaving lunatic has a psychotic aversion to pork. In fact, exposure to any pig product will cause him to go screaming off the deep end."

The vacationers happen to be pigs (accompanied by a duck). Soon, the hitchhiker from hell — not a pig or a duck but unmistakably a human male — whips out his chain saw and . . .

The latest R-rated horror film? No, it's "How I spent my vacation," a children's feature-length "Tiny Toon Adventure" produced by Steven Spielberg for Time Warner.

Studies show that much of children's entertainment is an unappetizing mixture of violent images and negative stereotypes of women and minority groups — especially people with mental illness. "There is a steady diet of violent stereotypes being fed to children," said Nora Weinerth, co-chair of the National Stigma Clearinghouse, which coordinates anti-stigma initiatives.

Unfortunately, experts say, this may be where children pick up their values. "Today's children grow up to be tomorrow's NIMBYs," said

Weinerth. (NIMBY — "Not In My Back Yard" — is shorthand for people who object to services such as group homes in their community.)

In a 1993 study, "Women and Minorities in Television," Dr. George Gerbner wrote, "A child today is born into a home in which television is on an average of seven hours a day. For the first time in human history, most of the stories about people, life and values are told not by parents, schools, churches, or others in the community . . . but by a group of distant conglomerates that have something to sell."

"We let big monopolies such as Time Warner, Rupert Murdoch, TCI and VIACOM dominate our cultural environment," Gerbner said in an interview.

Although television in general does a bad job of portraying people with disabilities, Gerbner's study found that disabled characters fare even worse on Saturday morning, when children's programming is concentrated. According to the criteria used by the study, "to be cast as an older woman or a mentally ill character in children's programs is to run the highest risk of ill fate on television . . . perpetuating stigma of the most damaging kinds."

Dr. Otto Wahl, a prominent researcher on the relationship between stigma and the media, said Gerbner's report substantiates the fact that mentally ill characters are most often cast as villains, particularly on programs intended for children.

"Look at cartoons: the main way mentally ill people get depicted is as the bad guys," Wahl said. "It is often the case in cartoons and in comic books that mental illness is implic-

itly what *makes* people bad guys. [Typical are] scientists who are working on things to help humanity, and then something happens and they go insane, and it makes them villainous.

"It isn't even a matter of seeing people who are odd or evil and assuming they're mentally ill," Wahl said. "There's a very direct labeling: 'We have to stop that madman.'" The villains in children's story books are also often labeled in this manner, Wahl said.

These images take root in children's minds, he continued. "Even at a relatively young age — we did a study of third and fourth graders — there is a clear hierarchy: 'Normal,' able-bodied people are viewed more favorably than are physically disabled people, who are

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PA groups fight prejudice against consumers with diverse public education campaigns

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partment in those counties, at which the state police offered a program about how to handle involuntary commitments, Gerber said.

In Butler County, state CSP liaison Joyce Ainsworth said, they have recently attracted the attention of the local media. "For years we couldn't get our activities into the newspaper," she said. Finally, through relentless efforts, the group succeeded in placing six articles in 1994, followed by a major story with color photographs.

The local AMI also has planned a town meeting with daytime activities for professionals and nighttime activities for families. "That's an area that needs more focus," Ainsworth said. "We've been doing a lot with the consumers, and they are just blossoming. But the AMIs are still developing here."

Montgomery County has developed extensive anti-stigma initiatives targeting consumers, family members, professionals, providers and the public. Last year, the third annual walk-a-thon brought out more than 200 people. This year, for the first time, a consumer, Vicki Darring, was honored as Grand Marshal. Coincidentally, Darring, who directs the Community Companion Project of the Mental Health Association of Southeastern Pennsylvania, had been a patient at Norristown State Hospital, where the marchers rallied.

In addition, for nearly the last two decades, the county has organized an annual awards luncheon.

"The walk and luncheon provide a time for people to come together,"

explained Gregory DiDomenico, Montgomery County's CSP liaison. "It makes providers think about . . . how they treat people. It has broken down the barriers."

The Mental Health Association of Southeastern Pennsylvania (MHASP) and its consumer-run organizing arm, Project SHARE, have for years battled stigma on many fronts, said Joseph Rogers, the association's deputy executive director and SHARE's founder. The efforts have included television and radio appearances, public service announcements, op-eds and newspaper articles, and media events such as the Walk/Run for Mental Health, organized by MHASP and the Philadelphia Psychiatric Society. (The second annual Walk/Run will occur on September 24.)

"SHARE staff have often been interviewed by the print and electronic media and have appeared on the top-rated talk shows, in broadcast news specials with Charles Kuralt and Tom Brokaw, on 'Entertainment Tonight,' in a video narrated by Walter Cronkite, and in a commercial, first aired on '60 Minutes,' that kicked off a national anti-stigma campaign about depression," Rogers said. "We also have trained consumers around the U.S. to be effective stigma-busters."

Damage control is key to fighting stigma, he added. "When the press focuses on the rare tragedy caused by someone with a psychiatric history, we immediately contact the media to spread the word that such incidents are extremely unusual and that the vast majority of us are living

productive lives."

In western Pennsylvania, regional CSP co-chair Gary Lefebvre said, the Pittsburgh CSP committee produced a television public service announcement with a state CSP grant. The announcement has been aired frequently in the Pittsburgh area.

"The message is that people with mental illness can and do get better with supports on their own," Lefebvre said. "It showed them in a variety of 'normalized' settings."

Some western counties also sponsor "Anti-Stigma Days" during which fact sheets are distributed in public places and information booths are set up. Placemats and news releases calling attention to stigma and discrimination also have been used, Lefebvre said.

In Clarion County, community Office of Mental Health/Mental Retardation Program Coordinator Karen Curtis said that during the last year the CSP committee and the local AMI sponsored a number of presentations on mental health issues. One such presentation, for judicial and penal personnel, covered mental health law and forensic issues. Another program — a panel at Clarion University in which the CSP committee, AMI and a university psychiatric club participated — centered on positive approaches to treatment.

"We get real positive feedback from the people who go, but it is difficult to get attendance," Curtis said. But she is optimistic. "As the community becomes more enlightened because of national stuff and things that come in from Pittsburgh on television, that will help."

Media experts blame money woes for poor mental health reporting

By Susan Rogers

Give them more time and more money, and the news media would do a better job of covering mental health issues, experts say.

Newspapers can't afford to educate their reporters, and reporters don't have the time to educate themselves, said Brian L. Steffens, editor of *The Quill*, published by the Society of Professional Journalists.

"Right now the newspaper industry is 'economically challenged,'" Steffens said. "You go to any editor and, when they talk cutbacks, the first thing to go is non-news travel. All the seminars, where reporters can learn something — that's the first thing they trim."

He continued: "Most newspapers do not invest in the education of their staff, like some other industries do. [An editor says,] 'Do I send five guys to a big disaster and cover their expenses, or to the Poynter Institute for Media Studies? I've got to cover the news; that's what I'm in business for.' [Education] is the easiest trim to make without hurting the product in the short term."

That leaves it up to the reporters to educate themselves about the subjects they cover, he said.

"Journalists tend to be generalists at everything and therefore expert at nothing," Steffens added. "There are very few specialty reporters in the mental health area, unless you're at *The New York Times* or *The Washington Post*.

"The reporter, through no fault of his or her own, may be thrown into a

story they've never had before. That's how news gets churned out when you have a news hole or a broadcast to fill and 30 minutes of your preparation time may be taken up with the driving time to get there."

Although, in theory, journalists have a responsibility to expand their knowledge so they can report a story accurately, "in a small newsroom you may have only a dozen reporters, or a handful at a TV station, so there's no time to do this," Steffens continued. "Realistically, they're filing half-a-dozen stories a day. They might go to the clip file or morgue if they have time. But if it has been done wrong in the past, you run the risk of perpetuating the problem."

He suggested, "For any group that takes issue with the media, rather than whine and complain, perhaps a proactive mode is the best way." That might include publishing primers and mailing them to every newspaper in the country, he said.

Steffens added that the best time to educate journalists is in college or high school, when they're starting out, and then provide them with further education when they're in the job. "Catch them on the way up."

Tom Berner, a journalism professor at Pennsylvania State University, said that the university's journalism department tries to do this. "In all our professional and theory courses, we try to make future journalists sensitive to the community they're reporting about," Berner said. "We talk about how ethnic and gender groups are misportrayed in the news media, or could be. We talk



Brian L. Steffens
... editor of *The Quill*

about how important it is for journalists to get beyond stereotypes."

He said that the curriculum also includes a course on ethics.

Do ethics include taking special precautions when interviewing people who are known to have mental illness? Berner said he does not distinguish between such individuals and almost everyone else. "I tell my students that most people don't know how the media operate, so they're *all* vulnerable. Politicians are fair game; with most people, you need to explain it."

Keith Woods, an associate in ethics at the Poynter Institute for Media Studies in St. Petersburg, Fla., said that the Institute teaches its students to be sensitive and responsible to the people they interview.

"As journalists, we confront people about whom we know very little and seek to reflect their lives," he said. "There are a set of precau-

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Abraham Lincoln Virginia Woolf Lionel Aldridge Eugene O'Neill Beethoven
 Gaetano Donizetti Robert Schumann LEO TOLSTOY Vaslov Nijinsky
 John Keats Tennessee Williams Vincent Van Gogh Isaac Newton Ernest Hemingway
 Sylvia Plath Michelangelo WINSTON CHURCHILL Vivien Leigh
 Emperor Norton I Jimmy Piersall Patty Duke Charles Dickens

**PEOPLE WITH MENTAL ILLNESSES
 ENRICH OUR LIVES.**

These people have experienced one of the major mental illnesses of Schizophrenia, Manic-Depression and/or Major Depression. Reprinted with permission from the National Alliance for the Mentally Ill.

'Belt tightening' blamed for poor reporting

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tions we take that are universal.

"We have three basic guiding principles," Woods said. "You engage in truth-telling to the best of your ability; you act independently, to avoid undue influence from other sources; and you minimize harm. The first and the third principle are often in conflict. Sometimes the truth hurts; sometimes the truth causes harm.

"If you are aware that someone is impaired — not in the diagnostic but in the behavioral sense — and . . . is clearly not able to make good decisions, you have a responsibility to act ethically," Woods said.

He gave a few examples: a parent whose child has just been killed, an intoxicated person, and a person exhibiting symptoms of mental illness.

"It's possible to interview somebody who is distraught and still put them in front of the public in a way that is not embarrassing or harmful to them," he said.

Tom Berner believes that there has been progress in how the press treats people.

"I think the press has over the years tended to reflect society and

become more sensitive and more aware of the diversity of the population," he said. "But sometimes the press is only as good as its sources. Sometimes the cops say, 'That guy is a nutcase.' The cops are making judg-

ments they're not qualified to make."

Ultimately, there's no way to keep stories involving violence out of the paper, Berner added. "Violence is news, obviously, regardless of who commits it."

Negative images in media bombard children

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in turn viewed more favorably than mentally disabled people."

Wahl said that although children acquire these attitudes from various sources, including their parents and society in general, "the media plays a big part because it is so pervasive in people's lives and so consistently portrays people with mental illness as violent and dangerous."

The impact of these stereotypes is compounded by the fact that these are essentially the *only* images of people with psychiatric disabilities that children are exposed to, said Leslie Scallet, director of the Washington-based Mental Health Policy Resource Center. "It would be one thing if those images were balanced

in some fashion by other images of people with mental illness who were working or living in the neighborhood," she said. "But they aren't."

She does see the potential for progress. "There is a lot more concern in general about what is appearing in the media," she said. She cited such groups as the Washington-based Center for Media Education and Institute for Mental Health Initiatives, both of which have a media focus.

Scallet believes that the problem stems from thoughtlessness on the part of the entertainment industry. Although a "frontal assault" would make industry executives defensive, she said, "if you bring it to their attention in the appropriate way, it can be changed."

Professional schools steer grads away from treating serious mental illness

But consumer movement is making impact in training

By Peggy Heidorn

Most departments of psychology and psychiatry, nursing schools and social work departments are still turning out practitioners who are unprepared to work with people who have serious mental illnesses. They may consider such illnesses "chronic" and harbor doubts that their clients can resume productive lives. Communicated to the clients, such views can be destructive.

However, here and there, consumer advocates are beginning to influence the training these professionals receive. And — although it is too early to call this a trend — some professionals are starting to believe that people who have mental illnesses can get better with treatment and community supports.

"No one would disagree that too few professionals are being trained to work with the seriously mentally ill and, of those being trained, too few are being trained well. That's why people aren't getting very good treatment," said Vicki Conn, R.N., co-chair of the Curriculum and Training Network of the National Alliance for the Mentally Ill.

A study by Dr. Dale Johnson of the University of Houston found that only about a dozen of the doctoral programs in psychology in the U.S. and Canada were preparing students to work with people who have serious mental illnesses; and, of those, only a few were doing it well. The

logical conclusion to draw is that people diagnosed with schizophrenia or manic-depression are being treated in a system largely schooled in treating the "worried well."

"Most psychologists don't talk to people with schizophrenia or manic-depression," Conn said. "They talk with people who are in less dire straits because they have more success" in treating these people.

Training can be inconsistent largely because university professors do not all agree on the issues.

Those with a "caretaker" view of the role of the mental health professional tend to have a difficult time seeing people with mental illnesses as "people first," experts say. Those who believe that people should take an active role in their own treatment use a consumer-centered approach based on respect for the individual and offering hope for recovery.

Consumer advocates encourage professionals to see their patients as their partners and their equals.

Tom Leibfried, director of Philadelphia SHARE — a consumer-run project of the Mental Health Association of Southeastern Pennsylvania — described a recent presentation at Jefferson Medical College, in which he discussed changing the balance of power between consumers and providers of services.

Providers seem resistant to being told that they need to listen more to consumers, Leibfried said. "The im-

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Professionals say they experience stigma, too

By Matthew Factor

The stigma of mental illness is so powerful that it affects not only the recipients of mental health services but also the providers of those services, many mental health professionals say.

"Psychiatric consumers/survivors are not the only people being stigmatized," said Dr. Paul Fink, a psychiatrist for 35 years and a past president of the American Psychiatric Association. "Professionals who are trying to help these patients are also stigmatized." As a professor of psychiatry at Temple University, he encounters medical students whose teachers have told them not to specialize in psychiatry because it is not really the practice of medicine, he said.

When a professional discloses his own psychiatric illness, his peers may be just as rejecting as the general public, Fink added. He has seen doctors turn their backs on their colleagues who have been diagnosed with mental illness. "It does not matter who you are; if you become sick with mental illness you are looked down upon," he said.

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Professional schools steer grads away from treating serious mental illness

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plication is that they are using the power abusively or not in a productive way. They seem to feel attacked and defensive instead of hearing the message that 'I'm letting you into my head so I need to know what you are doing in there,' " he said.

Whether or not one is schooled in a consumer-centered approach may depend simply on geography.

In urban areas, where the consumer movement has made greater inroads, professors will be much more aware of the movement, Conn said. "I teach in a rural area where the consumer movement is still fledgling. It hasn't reached critical mass." The curriculum may therefore be less sensitive, she said.

Becky Morgan, president of the Pennsylvania Mental Health Consumers' Association, has been part of a team providing training in both rural and urban areas, to state hospital staff, fledgling community psychiatrists and medical students. She has found her audiences receptive.

Morgan recalled a doctor who heard her speak once and drove from Clarion to Somerset to hear her again. "He told me afterwards that he was impressed by the fact that here was a person who would stand up and say she had a problem," Morgan said.

Professionals need to hear consumers speak about their experiences — especially concerning the fact that people with mental illness have the same dreams as everyone else, she said. "They should be helped to work toward their dreams instead of being told they can never accomplish any-

'The mental health system is so busy putting out fires with budget cuts and other crises that academia is not a real priority for them.'

thing because they have a mental illness." She added that, while many people complain about taxes, "a lot of [people with psychiatric histories] would like nothing better than to get a job so they *could* pay taxes."

She also noted that it's not just mental health professionals who need such training; so do primary-care physicians — often the first health-care professionals that people consult about a mental health problem.

"They get very little training on how to treat people with mental illnesses, and they know practically nothing about the concept of self-help or CSP," she said. CSP promotes community-based treatment and such supports as housing and jobs to help people with serious mental illness succeed in the community.

Dr. Diane T. Marsh, a University of Pittsburgh psychology professor, said she has found that the most effective teaching method is to invite consumers to address her classes.

Marsh said that the students enter

the classroom with a lot of fear and misconceptions. "[The consumers] talk about their own experience and it establishes a human bond," she said. "[My students] leave with a sense of our common humanity."

Tom Leibfried said he found that small group settings, where consumers talk to students informally, are more effective than larger assemblies. At the Jefferson Medical College forum, the students were more open to hearing consumer perspectives than the faculty were, he said.

The family movement has also worked to educate professionals. Conn said NAMI's Curriculum and Training Network addresses students in university programs as well as offering continuing education through professional associations. She said that these efforts are better received than 10 years ago, but that there is still a long way to go.

Bill Holt, chairman of the State-wide CSP Advisory Committee, said people working in the consumer movement and the public mental health system need to reach out to academia. "One of the things that would make a difference is if there were concentrated efforts by the consumer and family movements to dialogue with the schools of social work and departments of psychology about what should go into the curriculum. The graduates now in the public system could serve as advocates to get access to the institutions.

"But the mental health system is so busy putting out fires with budget cuts and other crises that academia is not a real priority for them," he said.

Advocates fight stigma in the media

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plot lags for a few minutes, they'll drag in a 'psycho-killer' to shoot people up."

"It's scapegoating," said Nora Weinerth, a family member and media consultant who co-chairs the National Stigma Clearinghouse, which she calls "the hub of a nationwide wheel of stigma busters."

"The bad guys in thriller-chillers or on the evening news are not described as evil, they're labeled mentally ill," Weinerth said. "The two have become synonymous in our popular culture."

Exploiting fears and tears

According to a 1993 survey by the Cultural Indicators project at the University of Pennsylvania's Annenberg School for Communication, "The most negatively valued characters [on television], with actually more villains than heroes, are the mentally ill."

A 1982 study published in *The Journal of Broadcasting* reported that "approximately one out of every 11 prime-time television shows contains a character labeled as mentally ill and that the most common portrayals of these characters are as confused, aggressive, dangerous, and unpredictable." And a 1980 survey found that "70 percent of television dramatic characters labeled as mentally ill are violent (vs. 45 percent normals), including 67 percent of female mentally ill characters (vs. 26 percent of normal females)."

Dr. Otto Wahl, co-author of the 1982 study, sees little improvement since then.

"My impression is that there are

more positive portrayals of people with mental illness occurring; but they still, the data suggest, pale by comparison with the negative ways," said Wahl, a nationally known researcher on the relationship between stigma and the media.

You don't need to be a researcher to dig up such evidence; just scan the movie ads, turn on the TV or read the newspaper.

"There has never been the kind of tidal wave of images of violence in every home as we have in the present," said Dr. George Gerbner, dean emeritus of the Annenberg School for Communication, who authored the report on its 1993 survey, "Women and Minorities in Television: A Study in Casting and Fate." "Fear of people who are different — minorities and people with mental illness especially — is exploited politically," he said.

"In every other democratic country, they're much farther advanced than we are in trying to diversify images of minorities, women and other groups," Gerbner noted. "In some European countries, for example, there is a 3 percent tax on theater admissions and a 2 percent tax on videotapes, which provide funds for loans for independent productions defying the stereotypes."

Experts find it particularly troubling that, with rare exceptions, the negative images are not balanced by more positive portrayals of people with mental illness.

Wahl said, "To some extent, we can justify any given image — even an image of a mentally ill person as violent and dangerous, because there *are* such people.

"The problem is that 70 percent of the portrayals show people with mental illness as violent and dangerous, which is not in line with reality." (Statistics show that "mental disorders — in sharp contrast to alcohol and drug abuse — account for a minuscule portion of the violence that afflicts American society," according to a statement issued by the National Stigma Clearinghouse.)

Besides images, there is language. Psychiatric terms such as "schizophrenic" and "psychotic" are routinely used incorrectly in the media. Offensive words such as "nuts," "psycho," "lunatic" and "insane" crop up regularly in movies, on television, in the news, and in advertisements for products ranging from clothing to furniture to stereo equipment. (Many such advertisements use straitjackets as props.)

Some advocates say that the word "stigma" is itself stigmatizing.

"It makes it sound like an etiquette issue — like it's impolite to treat people with mental illness as a subclass of human beings," said Darlene Ward of the Mental Health Association in New York State. "It's not impolite; it's a violation of their civil rights."

When the media are not pandering to people's fears, they're manipulating their emotions.

Joseph Rogers noted that talk shows are relentless in exploiting the latent emotion in any situation.

He recalled appearing on "Donahue" with psychiatrist E. Fuller Torrey as well as a family member and two other people with psychiatric histories.

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Advocates fight stigma in the media

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“Although we were discussing a relatively dry and academic book by Dr. Torrey, the producers wanted to get emotional responses from people,” Rogers said. “When a family member who was talking about her homeless relative began to cry, I jumped in on purpose with some statistics to defuse the situation. The producer was furious because I had interrupted what she saw as the highlight of the show.”

Stigma's impact

Rogers believes that the stigma of mental illness causes discrimination which in turn causes stigma. “It’s a vicious cycle: Discrimination creates the idea in people’s minds that there is a reason for that discrimination; and to rationalize the discrimination, the culture creates negative images.”

The public finds these images persuasive. A 1991 Harris Poll surveying attitudes toward people with disabilities noted that “mental illness causes the greatest unease” of any disability. (These results were reported by the National Organization on Disability, which commissioned the study.)

Stigma also has a demoralizing effect on those who are labeled and this is difficult to fight, experts say.

According to an article titled “The Effectiveness of Stigma Coping Orientations: Can Negative Consequences of Mental Illness Labeling Be Avoided?” the short answer was No. The article, in the September 1991 issue of *The Journal of Health and Social Behavior*, found that common coping mechanisms — ranging

from secrecy to openness — produced more harm than good, potentially further isolating the labeled person. “Based on these results,” the authors wrote, “we argue that stigma is powerfully reinforced by culture and that its effects are not easily overcome by the coping actions of individuals.”

Asked if he, as someone with a psychiatric history, had felt the impact of stigma, Rogers responded, “Of course.”

Besides its effect on the self-esteem of the labeled individual, stigma also has a direct impact on public policy, Rogers continued.

“In both Pennsylvania and New Jersey, where the state governments have made concrete efforts to . . . create community-based programs, the media has taken the approach that closing the institutions will result in dangerous mental patients wandering the streets,” Rogers said.

This hampers advocates’ efforts, he said. “We’re always in a reactive mode; we have to defend the fact that we as mental patients have a right to live in the community, instead of concentrating our energies on developing the kind of community care that we need.”

Stigma also has been a barrier to people with “Swiss-cheese” resumes. Dr. Paul Fink, a past president of the American Psychiatric Society, is on record as suggesting that people with psychiatric histories lie when they seek work. He told *The Philadelphia Inquirer*, “The stigma is there, and to deny it and sacrifice yourself by telling the truth makes no sense.”

Stigma also may prevent people from seeking treatment for mental

illness, professionals say. Distorted depictions of people with mental illness “discourage people from seeking psychiatric treatment who really need it,” said Herbert Gant, executive editor of *Psychiatric News*, a tabloid published by the American Psychiatric Association.

A response to boredom?

Are the media only trying to give the public what it wants? These, after all, are the same folks whose ancestors brought picnic lunches to public hangings and cheered as gladiators fought to the death.

“Yes, that may be a part of some human natures,” Otto Wahl said. “But a lot of that is culturally nurtured.”

“I think we have created in our media far more [numerous] exciting and graphic depictions of violence than have some other cultures and societies.” He offered French movies as a case in point. “Nothing ever happens in them; people sit around and talk to each other,” he said. “In the U.S., images change every 30 seconds — even on ‘Sesame Street’ — so people don’t get bored.” As a result, “you’re creating a culture with a thirst for that.”

Dr. George Gerbner blames the proliferation of damaging stereotypes on “marketing censorship.”

“Marketing stereotypes exploit existing prejudices and fears because that’s the cheapest and easiest thing to do,” Gerbner said.

Some believe that it’s simply a matter of thoughtlessness.

“The biggest problem is that people in the media don’t realize the pattern until it’s brought to their at-

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Advocates fight stigma in the media

(STEREOTYPES from Page 10)

tention," Wahl said. Once that happens, "a number of media people have been pretty responsive."

Advocates fight back

The growing self-help and advocacy movement of labeled people — who call themselves by a laundry list of terms, including mental health consumers or recipients, psychiatric survivors and ex-mental patients — has had an increasing impact.

By battling discrimination and fighting for the rights enjoyed by all other citizens, the movement has helped fight prejudice, Joseph Rogers said. "Support the Americans with Disabilities Act and you strike a blow against stigma."

Rogers has often been a guest on talk shows, has been interviewed by the print and broadcast news media, and has published op-eds to educate the public. "We in the self-help/advocacy movement organize around the principle that true advocacy must involve the consumer voice," he said.

Other consumer advocates around Pennsylvania and the nation are also speaking out. Nora Weinerth of the NSC said, "Consumers speak with an authority and a passion that we [non-consumers] can't match. No one can argue with experience."

The NSC steers the media to consumer spokespeople and other reliable sources, compiles reports of media stereotyping from consumers and family members nationwide and supplies the media with "accurate, balanced information," she said.

The group has seen results from a number of its initiatives. Weinerth described how a letter-writing and



Nora Weinerth, flanked by a sign-language interpreter (left) and a video technician (right), addressed a crowd outside the 1992 Democratic National Convention in New York City. "The purpose of the demonstration was to put mental illness on the national agenda," Weinerth said.

phone campaign to The New York Post's key advertiser, The Wiz, resulted in a decrease in the Post's negative stereotyping of people with psychiatric disabilities. "Though [the advertisers] say, 'We cannot influence editorial policy,' there was an observable decrease in these stereotypes," she said. (She also compliments the media on good coverage.)

The NSC has also joined a coalition of organizations sponsoring the Cultural Environment Movement, founded by Dr. George Gerbner. Four years ago, Gerbner issued a call to action, urging anyone seeking a change in the status quo to join a movement for "freedom, fairness, diversity and democracy on the cultural front."

"We've had a tremendous response," he said. Besides the NSC, sponsoring groups include the Center for Media Education, the Minority Media and Telecommunications Council and Physicians for Social Responsibility. The coalition will hold its founding convention in St.

Louis on March 15-17, 1996.

Efforts such as these are having an effect, many believe.

Said Otto Wahl, "I think that some of what has been going on now, like the work of the National Stigma Clearinghouse, has had some impact. The strategies that are used are the same as those that have been used by other groups — women, Alcoholics Anonymous and so forth. They involve identifying media portrayals that are problematic and contacting people in the media to educate them about the concerns and about the fact that the people who have such concerns are willing to act on them."

The National Stigma Clearinghouse can be contacted at 275 Seventh Ave., 16th Fl., New York, NY 10001, phone: 212-633-4349. The address of the Cultural Environment Movement is PO Box 31847, Philadelphia, PA 19104. The address of the National Mental Health Consumers' Self-Help Clearinghouse is 1211 Chestnut St., 11th Floor, Philadelphia, PA 19107, 1-800-553-4539.

Professionals say they experience stigma, too

(DOCTORS from Page 7)

Many professionals agree that, aside from the loss of social status, stigma often results in economic discrimination.

Dr. Margaret Baker, chair of the professional affairs committee of the Philadelphia Society for Psychoanalytic Psychology, tried to expand her disability coverage; but her request was denied because she revealed in her application that she had earlier sought psychotherapy.

Baker believes that managed care companies are contributing to the stigma against mental health professionals by second-guessing their treatment plans. "Managed care workers behind a computer terminal now control [whether] payment

will be made for mental health treatment," she said. "In many cases, clients are being referred to undertrained, unlicensed counselors who do not have nearly the same education as professionals."

"These managed care companies don't recognize mental illness as a real disease that must be treated by professionals," concurred Dr. Scott Fleischer, immediate past president of the Philadelphia Psychiatric Society. "Referring patients to less costly care, such as [that provided by relatively] untrained social workers, diminishes a psychiatrist's ability to treat and, down the line, may destroy the profession altogether."

Baker believes that all mental health professionals are affected by

stigma but that psychologists have fared better than psychiatrists. "Psychologists have been out in the community — working in schools and industry, or doing developmental testing — where people have more exposure to them. Psychiatrists typically work in a hospital, away from the general public. When people don't understand what you do, you're considered different."

Some professionals have joined in the battle against stigma. For example, Paul Fink has written a book on the subject, gives interviews, and trains insurance companies, employers and mental health professionals about stigma in the mental health clinical arena.

Other professionals are more cautious. One psychiatrist, who requested anonymity, said, "People begin to make assumptions about the people who are speaking up."

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