

NICE LITERATURE REVIEW PAPER SAMPLE

People who belong to the category of the mentally ill face several challenges. One of these challenges is the stigma they have to face. Stigmatization refers to social rejection. Individuals who are often stigmatized are ignored and rejected by other people because of the certain 'label' that they carry. It may also be that their behaviors indicate clearly that they belong to a specifically labeled group. Most particularly, stigmatization of those who are mentally ill is often caused by the belief of the public in different myths, such as those involving the dangers of those who are mentally ill. Uncovering those myths is effective in reducing stigmatization.

Regarding those who are mentally ill, it usually appears that most people react to the mentally ill with rejection and fear. Matthews, Peterson, & Tach (2002) examined the impact of descriptions on the behavior and causal attributions of the target about the actual source of the behavior, the perceived dangerousness, labeling, as well as the sociodemographic characteristics of the participants. About 20 percent of the participants have labeled a specific target which is described with symptoms of depression as having a form of mental illness. As a result, a common responses to the mentally ill are fear and rejection of violence.

On the other hand, research shows that a common response to a person who is mentally ill is fearing violence, with individuals who are diagnosed with mental patients committing violence at a similar rate as those who have not been diagnosed (Matthews, 2002). The perceptions of the public may not necessarily match what is reality because of the lack of contact of the public with the person who has a mental illness.

Alfarez and Lingh (2005) examined the contact with a mentally ill individual along with the stigma revolving mental illness, social distance and perceptions of dangerousness through a telephone survey. They have discovered that, as the own life contact of a participant with mental illness increased, the participants involved were less likely to have



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a perception of being physically dangerous, thus being less likely to crave for social distance from the target individual. This relationship has stayed after controlling confound and demographic variables, including ethnicity, gender, income, education and political conservatism. They have also discovered that any type of contact, with a spouse, a friend, work contact, family member, or a contact in public places with these mentally ill individuals have decreased perceptions involving the risks and dangers involving the target. As such, according to Alfarez and Lingham (2005), any contact with the person who is mentally ill is often linked with reduced rejection and fear. However, since the study was naturally observational, we do not have any idea of contact indeed reduces fear, or having a lower degree of fear increases contact.

Corry, Rowen, Red, Kubak (2004) conducted two different studies further examining the causal processes involved in fear, contact and rejection. Corry et al. positioned two models to take into account for different stigmatization reactions. In the first model, referred to as personal responsibility, different beliefs regarding personality responsibility has influenced both the level of anger and pity displayed towards the different mental patients. On top of that, the variables involving anger and pity influence assisting behavior. The second model is referred to as dangerousness, which involves perceived dangerousness which influences fear of the mental patients, which results to the avoidance of those who are mentally ill.

Stigmatization towards the mentally ill is often caused by the belief of the public in different myths surrounding the dangerousness of those who are mentally ill, while exposing those myths, further reducing stigmatization. About one-third of the people who were sampled in a particular study mentioned that they would both socially reject and fear violence out of someone who displays these behaviors that are linked with various mental illnesses. Another research has also discovered that this form of rejection is often linked



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with lack of contact with the person who is mentally ill, and if there is an increase in contact, fear is decreased. The direction of this connection between rejection and fear seems to be that fear results to rejection. When considered as a whole, it also appears that exposure to the myths as they increase also increases the acceptance of the mentally ill. Staged contact with a person who is mentally ill also creates a more powerful impact. While the second study of Corry et al (2004) involved staged presentations, it was performed in a college setting involving college students as sample. Further research will replicate the findings in a more natural setting along with different sample populations.

References

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