

Stigma, His and Hers

March 02, 2011

The mentally ill don't get a fair shake in this country. Many employers don't want to hire them, and health insurers don't want to pay for their treatment. Even within their own communities and families, the mentally ill are often treated with contempt and disgust and outright anger.

All this has been known for a long time. There have been many efforts to combat the stigma of mental illness, but they inevitably fail. That's in part because the stereotypes are so powerful, and so easy to conjure up, even if we don't believe them: Mental patients are either violently dangerous or docile and incompetent. We fear the first and disdain the latter.

These are not equal opportunity stereotypes, however. The image of dangerous mental illness, including violent alcoholism, is much more often directed at men; we can always come up with exceptions, from the movies and real life, but they are exceptions. Similarly, women are much more likely to be caricatured as pathologically dependent and depressed.

Is it possible that these gender biases contribute to the harmful stigma of mental illness? James Wirth of Purdue and APS Fellow and Charter Member Galen Bodenhausen of Northwestern thought that they might. Specifically, they suspected that when the mentally ill act "out of character," violating the stereotype, they might arouse more of our sympathy and leniency; if it's more uncommon, it's probably more authentic. By contrast, we might be more apt to blame and stigmatize the mentally ill when they conform to stereotype. In other words, we don't like the broad caricatures and resent people when they act in caricatured ways.

The psychologists decided to explore this provocative idea with a national survey. They had a group of volunteers, mostly in their 40s, read a case history of a person with mental illness. Some read about Brian, who was a stereotypical alcoholic, while others read about Karen, who showed all the classical symptoms of major depression. Still others read switched-around versions of these cases, so that Karen was the one abusing alcohol and Brian was depressed. The idea was to see if the typicality of Brian's and Karen's symptoms (or lack of it) shaped the volunteers' reactions and judgments.

And it did, without question. As reported in the February issue of *Psychological Science*, the volunteers expressed more anger and disgust — and less sympathy — toward Brian the alcoholic than toward Karen the alcoholic, and vice versa for depression. They were also more willing to help Brian and Karen when they suffered from an atypical disorder. Most striking of all, the volunteers were much more likely to view Brian's depression (and Karen's alcoholism) as genuine biological disorders rather than character defects or matters of personal irresponsibility. What this suggests is that stigma-busting campaigns might profit by putting a different face on these mental disorders — and perhaps others as well.

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