The Impact of Language on Attitudes Toward Mental Illness: A Critical Examination Introduction

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Abstract: Language has an influence on all three of these domains: communication, perception, and conduct. People's understanding of what they mean when they speak about mental illness has the potential to have an impact on public policy, treatment, and the quality of life for individuals who manage to live with the disease. This thesis aims to explore how language shapes people's perceptions of mental illness, with a particular emphasis on drug use disorders and schizophrenia. By investigating the role that language plays in the perpetuation of prejudice and stigma, the purpose of this article is to investigate the impact that prejudice and stigma have on patients as well as on society as a whole. Last but not least, it comes to a close with some suggestions for reducing the amount of language that is stigmatizing. The hypothesis of this article is that different expressions of mental illness have an impact on both patients' and health professionals' attitudes towards the illness.

Keywords: Mental, Language, psychology

1. Introduction

It's likely that the language used to characterize the conditions of those who experience mental illness will have a big influence on how these individuals are seen and handled after receiving a diagnosis. It is noteworthy that he highlights the distinctions between labels such as "schizophrenic" and "schizophrenic person." [1] According to Sass, the idea of referring to a person as a "person with schizophrenia" is an attempt to normalize the condition and separate it from the individual. On the other hand, use the term "schizophrenic" to describe a person has the effect of reducing them to their illness. Furthermore, Sass delves into this "person-first" approach and cautions that it has the potential to oversimplify the complex relationship that occurs between illness and identity. Even if the sickness is something that is external to the individual since it affects a person, he maintains that schizophrenia is a disorder that has several facets, and that the internal influence of the patient cannot be disregarded.

2. The role of language in stigma and discrimination

Language affects people's views, attitudes, and healthcare behaviors. People who are recovering from drug use disorders are nonetheless stigmatized, often more so than those who have physical or mental health impairments. Some words have the potential to convey the idea that people who suffer from drug use disorders are morally responsible for their illness. Patients may be called "junkies" or subjected to other derogatory labels that only highlight their addiction or suggest deeper character

flaws. These lexical selections are significant. Even among experts and health care professionals, language around drug use disorders affects opinions and impressions [2].

Stigmatizing language in medical records reinforces healthcare professional bias [3]. The study found that medical personnel were more likely to develop negative views and provide less compassionate care after reading stigmatizing remarks. It can be inferred that the way doctors talk about things creates stigma, and that stigma can then lead to problems for the patient and to their health.

Researchers found that positive terms that are neutral, e.g. "person with a substance use disorder" are more likely to reduce prejudice than negative ones e.g. "substance abuser" [4]. They create an online test that features a comparison between two people who are labeled as "substance abusers (SA)" and those who are classified as "having substance use disorders" (SUD) based on the study. The end result shows that the SA was perceived to be more intentional wrongdoing, a bigger societal danger, and more deserving of punishment than the SUD person. In the "causal attribution" sub-scales, the greatest impact sizes were observed for "blame" (d = 2.14) and "exoneration" (d = -1.83). Participants were more likely to associate the SUD with genetic or neuropsychological factors, which are considered to have a more unpredictable biological basis, while the SA persons were more likely to be attributed to "his own choices" and "a reckless lifestyle." For instance, participants rated the SA individuals as more likely caused by reckless lifestyle (M = .85) and personal choices (M = .84), while the SUD was more likely attributed to a "genetic origin" (M = .77) and a "neuropsychological problem" (M = .84). Moreover, the SUD label brought out more sympathy (M = .78) than the SA label (M = .22). Participants were significantly more inclined to believe that a person with a substance use disorder (SUD) needed more intense treatment than a person with a substance abuse disorder (SA). Nevertheless, it was held that the SA person was more deserving of severe penalties, including jail time and fines.

Linguistic frames alter mental disease perception, says Thomas F. [5]. Victim Language (VL), Disorder-First Language (DFL), Patient-First Language (PFL), and Recovery Language are his categories. Linguistic framework meanings affect perceptions. In contrast to DFL (like "schizophrenic"), PFL (like "person with schizophrenia") emphasizes the individual. Instead of "victim of schizophrenia," "person in recovery from schizophrenia" emphasizes empowerment and rehabilitation.

Thomas F. claims that recovery language and PFL reduce stigma and promote mental illness compassion. However, word choice is situational and not universal. The most essential thing to remember is that mental illness phrases carry serious consequences, therefore we should use them carefully.

3. The effects of stigma and discrimination on patients and the public

When language that is disparaging is employed, it leads to the establishment and maintenance of prejudice and stigma, which result in substantial implications for patients as well as for society as a whole. Patients may suffer emotions of humiliation, loneliness, and low self-esteem when they are exposed to stigma. Additionally, stigma may cause patients to feel isolated. Their illness may become more severe as a result of these feelings, which will also make it more difficult for them to recover.

Patients' sense of empowerment has decreased, health care workers' empathy and involvement levels have decreased, and results have suffered as a result of unfavorable views toward persons with SUDs [2]. Research that was carried out by Corrigan [6] found that those who internalize stigma have a statistically reduced likelihood of seeking assistance, maintaining treatment, and participating in social activities. This was shown to be the case. Individuals are likely to remain involved in the cycle of self-stigmatization because they are concerned about how other people will see them. This is a component that is likely to keep them engaged.

Stereotypes are crucial to the stigmatization process, and there is evidence that how the media portrays mental health may influence readers' unfavorable opinions. The British media has a long history of portraying people with mental health issues and those who are diagnosed with them negatively. Specifically, as will be covered in more detail below, the media is often accused of exaggerating the connection between mental health issues and violent crime [7]. Studies have shown that when one reads news reports about violent crimes committed by someone who has been diagnosed with a mental illness, it leads to a rise in unfavorable perceptions towards all others who have this diagnosis [8]. Furthermore, it's a frequent belief that people with mental health issues are helpless and in need of a lot of assistance from those who are more experienced [7]. The image of a mental health service user is often one of sadness and pitiful desperation, needing help to get out of their terrible situation, rather than one of violence and terror [9]. Those who get a diagnosis may also internalize stigma. This is known as self-stigma and is linked to decreased levels of self-efficacy and self-esteem [10]. It is reasonable to assume that individuals with psychiatric disabilities, living in a culture that often supports stigmatizing notions, would absorb these notions and feel that their mental illness makes them less valuable. Both confidence in one's future and self-esteem decline (7,58,59).

Mental health patients may be reluctant to seek treatment, even from specialists. One of the worst effects of stigma is this. Stigma may cause many more negative outcomes. This might prolong diagnosis and poor treatment, worsening the public health issue. Stigma may influence governmental choices, which may lead to insufficient financing for mental health care and academic research and education to eliminate stigma.

4. Understanding language's impact through attribution theory

Attribution theory, developed by John F. Kelly [11], may help explain how language affects mental disease views. The Attribution hypothesis states that how people explain their actions affects their future attitudes and sentiments. When society views mental illness as the result of immoral conduct or lack of self-control, mental illness sufferers are judged harshly. This is because terms like "substance abuser" seem to imply that these people lack self-control or morality. However, "person with a substance use disorder" implies that the ailment is external and uncontrollable. The person is more likely to get empathy and help.

Research shows that medical students and residents who hear terms like "schizophrenic" or "substance abuser" are more likely to blame the patient for their problems than environmental or genetic factors. This implies that they'll blame the person's flaws for their situation.

Perceived control over one's illness and blame for developing it are the two key elements that influence the stigma attached to a certain sickness or ailment. Usually, we don't stigmatize a disease or a person when we think the latter had little influence over the former or had come about through no fault of their own. Take difficult-to-treat tumors, for instance. On the other hand, a lot of people erroneously think that mental health issues, such as drug abuse disorders, are both within a person's control and largely their responsibility. They usually associate them with greater stigmas because of these reasons. When someone uses an illicit drug, there is an added chance of stigma since it is seen as criminal activity [7].

5. Strategies to reduce stigma

Reducing stigma surrounding mental illness is crucial because it directly affects individuals' willingness to seek help, engage in treatment, and participate fully in society. We can foster empathy and understanding, provide a supportive atmosphere for people with mental health disorders, and ultimately enhance their quality of life by putting policies in place to fight stigma.

Examining current materials for any potentially stigmatizing language, then substituting more inclusive wording. For instance, instead of typing "addict," type "person with a substance use disorder," or instead of typing "abuse," type "use" or "misuse." Promoting PFL is an effective way to reduce stigma. These activities should transform people's views about mental illness and demonstrate that those with it are still human and deserving of respect.

Besides, other measures like advocacy, social contact can also help to reduce the stigma. Programs such as StigmaWatch of SANE Australia have successfully influenced the negative media representations [12], while WHO advocacy programs help to raise awareness of mental health and prioritize it in policy decisions [13]. These initiatives should emphasize empathy and personhood in communication, and thus help to change the mindset of people towards mental illness. Government mental health research and education may be a way to move society to more understanding, empathy, and tolerance. Mental disease sufferers will face no more stigma and prejudice.

6. Conclusion

The passage examines the profound influence that the language has over society's perceptions of mental illness, particularly schizophrenia and substance use disorders. It reveals how the use of different linguistic expressions, like "person with schizophrenia" and the more stigmatizing "schizophrenic," can have a direct ripple effect on the attitude, discrimination, and treatment of people that suffer from mental disorders. The examination shows that the use of negative terms in language keeps the problem of prejudice, which causing the damage to the self-esteem of patients, their treatment-seeking behavior, and the overall society attitudes, alive. The text draws on attribution theory to explain how views of control over mental illness and personal responsibility promote stigma. The passage recommends the person-first language and recovery-oriented terminology be used in conjunction with public education efforts to help counteract these problems. Future studies to be conducted should be directed at investigating the efficacy of the specific language interventions in decreasing stigma and improving the quality of healthcare as well as the media representation's role in the public attitude's formation concerning mental health.

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