

Stigma

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Outline

- Understanding stigma
- Experiencing stigma
- Surviving stigma
- Combating stigma

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Much of this chapter is based on a study of family members in self-help / mutual aid groups (O'Grady, 2004). In this study, family members expressed how deeply stigma had affected them on personal, interpersonal, social and political levels. Some family members had learned to cope very effectively with the pain caused by stigma and discrimination, while others had never experienced stigma. However, most of the family members were not only struggling with the fear of others finding out about their loved one's illness, but were surprised and dismayed to find that they were sometimes blamed for the mental health and/or substance use problems experienced by their loved ones. The quotes included in this chapter come directly from interviews with these family members. Their stories reveal the degree of pain experienced by so many families as a direct result of prejudice, stigma and discrimination.

Families usually experience stigma in four stages:

- **Understanding stigma** refers to the ways in which family members understand and explain stigma to themselves and others.
- **Experiencing stigma** refers to the ways that families experience the consequences of stigma.
- **Surviving stigma** refers to the strategies family members use to cope with stigma.
- **Combating stigma** refers to the decision by some families to fight stigma on a social and political level.

This chapter will help you understand why stigma occurs and how families address these challenges.

UNDERSTANDING STIGMA

When I suspected I had cancer, I went for medical help right away. Then, for the first time in my life, I went through a real depression. It took three months before I would go to a psychiatrist's office—and I knew I was depressed. I mean, I was responsible for the care of a very mentally ill person, my husband. I was afraid of being someone who had to go for psychiatric help themselves. It meant that I was weak. I think the fact that we associate mental illness with some kind of weakness—it's going to take a long time to get away from that. I mean, I was asking myself, "Why am I depressed? I should be coping better than this."

Many societies look down on people with mental health or substance use disorders. They—and their families—face negative attitudes, behaviours and comments. This is known as stigma. Stigma does more than make it more difficult to live with concurrent disorders. Stigma can:

- shame, isolate and punish the people who need help
- reduce the chances that a person will get appropriate help
- reduce social support
- lead to lower self-confidence
- make people feel that they will never be accepted in society.

Fear

Many people are frightened of mental health and substance use problems. One of our deepest fears involves the loss of our abilities to think and communicate, to make our own decisions and to set the course of our own lives. Many people believe that people with mental health and substance use problems and their families may be strange, unpredictable, violent or dangerous.

I think a common belief is that people with mental illness are violent—you know how the media sometimes portrays people. And then you think, are my relatives concerned that my daughter will be violent? And let's face it, she is often inappropriate and really angry when she's not well, but she never gets violent with people . . . but a lot of people associate mental illness with criminal behaviour in general.

In fact, most people who are violent do not have mental illnesses. People who have mental illnesses are more likely to be the victims of violence—about 2.5 times more likely—than other members of society. This violence often occurs among those people who are also experiencing other factors such as poverty, homelessness and substance use. Unfortunately, recent research suggests that the public's perception that people with mental illness are violent and dangerous is actually rising (Canadian Mental Health Association, 2003).

Family members worry about acknowledging their loved ones' concurrent disorders to friends and acquaintances, and fear rejection by those who know. A main concern is that knowledge of the illness will reduce opportunities for their loved one.

What comes to mind when I think of stigma? My immediate thought is fear of exposure. You know, fear of people's reactions. I mean, you're very fearful of a change in people's attitudes toward you or toward your family member who's ill—and whatever affects the consumer, affects the family.

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Many people believe there is no hope for recovery or a future for someone with concurrent disorders. Family members often compare concurrent disorders to cancer. In the past, cancer was associated with stigma and avoidance, reactions that typically stemmed from fear. While cancer still arouses anxiety and fear, most people recognize that today many types are curable and others are treatable. Although concurrent disorders are similar to cancer in that a life of meaningful recovery is possible, they are often not seen that way.

The media

The media often misrepresent the link between mental health problems and violence, and present sensationalized, inaccurate and unflattering stereotypes of people with substance use and mental health problems, as well as of their family members.

Studies suggest that some types of discrimination have actually increased in the past 10 years, partly because of media coverage linking mental health disorders with violent murders (Canadian Mental Health Association, 2003). Media portrayals of mental illness emphasize its chronic nature, violence and criminal behaviour, while portrayals of substance use disorders emphasize poor self-control and hopelessness. Such misleading portrayals increase rejection, ostracism, harassment and victimization of people with mental illness, substance use disorders and concurrent disorders. Inappropriate or careless use of stigmatizing language is also common in the media.

I think the media is smartening up a little bit, but you still hear stuff all the time. I just heard someone on the news the other day say, "Oh, you'd have to be schizo to do that." Language is tricky, it can really hurt The media . . . have to be responsible. And we have to make them accountable. I think it's really important to make people be responsible for what they say and for the messages they put out about other human beings.

The average North American household watches almost five hours of television per day (Nielsen Media Research, 2007). Many viewers don't question the negative images and information that they see.

On a more positive note, the number of documentaries and movies with realistic and sensitive messages is increasing.

At least there's more and more accurate information on television about mental illness, about schizophrenia and substance abuse, that at least portrays these people as people, shows their humanity, and the tragedy of their loss.

Blame

Several years ago, the prevailing explanation for concurrent disorders blamed families for causing and prolonging these disorders. Many parents in the study recalled hearing this from both health care professionals and society in general.

I compare mental illness and addiction to Alzheimer's disease because my mother-in-law felt comfortable calling up all her relatives and letting us know that her husband had Alzheimer's. No doctor blamed her. The community offered all kinds of support and I think that's because they had known him to be a valid member of society, as a hard-working, neighbourly person for 75 years. And as people get older, we expect some mental degeneration, right? Whereas with mental illness . . . my mother was partially blamed for my sister's schizophrenia so she started hiding it from people.

Usually a person with a physical illness is not expected to take on normal responsibilities or to get well purely by an act of will. When the problem is seen as resulting from personal choice, social expectations are often harsher.

For the longest time, I understood intellectually what the disease [schizophrenia and problem substance use] was—but deep down I thought it was my sister's fault, and if she really tried, she could have more self-control and could act better. But there comes a point when that way of thinking disappears, and you realize that people with mental illness didn't ask for this. This has to be the most horrible thing—to lose control of your own thoughts.

EXPERIENCING STIGMA

Stigma by association

Some say that stigma is worse than the disease itself.

—Torrey (1994)

We have seen that a combination of biochemical changes in the brain and a wide range of environmental factors can trigger substance use and mental health problems. Yet many people still believe these problems are caused by the behaviours of family members.

Families may be blamed, feared or shunned because of their connection with their relative. Although many parents are reassured when they discover that there are biomedical components to mental health disorders, they continue to feel blamed by

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society for their relative's problems. Whether families actually experience discrimination or negative attitudes, or fear that they might, the experience can be stressful. Because of the fear of stigma, people tend to hide the diagnosis. They may start avoiding others and live in fear that the illness will be discovered.

Family members experience the effects of stigma in many ways:

- Their social support network may shrink and they may face negative attitudes if they reveal the disorder.
- They may be disappointed by reactions from mental health care professionals and feel alienated from the treatment process.
- They often have to endure the effects of labelling and the visibility of the disorders.
- They may delay getting treatment due to fears of stigma.

As kids, we knew there was something wrong with my mother, but there was never any validation from anyone else about that. We couldn't really tell anybody or go to anybody for help. People that weren't really connected to the family couldn't see what was going on, and so it was just this constant sort of day-in and day-out bizarre inner world that we lived in, that nobody else could really see—and we were alone with it.

Multiple sources of stigma

Multiple sources of stigma increase the risk of mental, emotional and physical health problems. The more visible a person's differences—for example, physical disability, noticeable developmental delay, non-white skin colour, unconventional dress, low English-language proficiency and accents—the less comfortable they are about accessing mental health care.

Isolation

Many people try to protect themselves from stigma by avoiding certain people or situations. However, limiting social interactions can increase loneliness and psychological distress and lead to social isolation. As a result, people may start to think that they are incompetent, strange or otherwise flawed. **A reduced social support network may actually lower family members' self-confidence and self-esteem, and they may experience depression.** In such cases, people are less likely to seek help.

I guess this has something to do with stigma—that you close out people that you could have counted on—people that you really need. And you end up closing them out only because of the stigma—not because you don't trust them or anything, it's just the stigma. And the risk is huge, so you're closing all the doors. You close the doors to any support link.

Lack of acknowledgment

Families say that health care professionals rarely recognize family members' strengths, value their opinions or acknowledge their efforts to support their loved ones. Family needs are often not considered a priority, and integrated care for mental illness and substance use disorders is not widely available. Family members recount being ignored, patronized and blamed for their loved one's illness. They may feel that they are not being consulted about their relative's treatment.

I have felt resentful for all the years I put in before the illness was diagnosed. How much time and how much agony, and how much worry—because this was a child who was not developing normally, and nobody listened to me! I was so angry over that—and I'm still angry.

CULTURALLY SENSITIVE TREATMENT

Treatment programs based on western philosophical values and assumptions may not be helpful for everyone. Family members comment on the lack of culturally sensitive mental health care services and the lack of families from various minority groups in support groups.

People have an opportunity to learn ways of handling problems like stigma, but only if you can actually get people to go to support groups—because that's the other thing—my parents aren't the kind of people to go to these groups. . . . And most of the people in these organizations tend to be Anglo-Saxon, female and mothers of mentally ill people. They're more educated, the kind of people who are likely to do volunteer work, join committees and organizations, and to help counsel others, whereas the average person from some cultures seems to prefer to keep it within the family—to hide the mental illness and the drug problem. They not only have to deal with mental illness—they belong to other ethnic backgrounds, and they may be stigmatized because of that.

Labelling

Some families are reluctant to accept a formal diagnosis because of the potentially devastating effects of labelling. “Schizophrenic” and “drug abuser” are among the most powerful labels. Other diagnoses such as “depression and tranquilizer abuse” and “anxiety disorder with codeine abuse” can be interpreted as meaning that the person is not able to handle everyday stress. Health professionals may not take the symptoms of these disorders seriously and sometimes see these clients and families as “personality disordered” or “attention-seeking.”

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A formal diagnosis can be far more difficult to ignore or hide than informal labels. **A family member talked about having difficulty in accepting her brother's diagnosis of schizophrenia, preferring instead to believe that his bizarre and unpredictable behaviour was caused only by drug abuse.** Others may struggle to accept the reality of the diagnosis.

It really wasn't until he had a full-fledged psychotic episode that we knew it was more than just the drugs. It was different when the diagnosis became one of drug abuse and mental illness. It was really difficult. It was difficult to accept that schizophrenia was a real diagnosis also—it was difficult just to, sort of, rid myself of the feeling that, no, it can't be mental illness. It can't be schizophrenia. I mean, it was that word—just the word, the label itself—that, well, I thought, "That can't be right. It's got to be just, you know, hits of acid," or whatever. It sounds terrible, but that's what I thought then. So yeah, it was hard to accept, for sure.

When the symptoms are more obvious (e.g., excessive substance use, angry outbursts, talking to oneself), the stigma is usually greater.

There is more stigma, I think, when mental illness is more obvious. People can see it. My daughter told me that she smashed a bottle on the ground two weeks ago. She was walking along, she had a juice bottle, and she just got angry—she was very unstable at that time . . . people do get frightened.

Delayed treatment

When a person receives prompt treatment for concurrent disorders, the course of the illnesses may be changed for the better with greater hopes for recovery. But fear of stigma can discourage families from seeking care for their loved one as well as care and support for themselves.

Stigma can make parents hesitate to go for more help. But who can blame them? It only takes one really bad experience in the health care system and you don't want to go through anything like that again. When my husband and I took our son to a child psychiatrist, he blamed the behaviour on our parenting. Now, that sort of thing, being blamed, being told you have bad parenting skills, prevents many people from seeking needed treatment later. People think, well, there's no use going to those guys for help, they're only going to tell us it's our fault! We went away and never came back. We all just lived with it.

A family member describes the distress she has endured for a number of months over her son's concurrent disorders and his refusal to seek help due to fears of people's negative attitudes.

You know, if you have cancer surgery and you have to take a month off school for that, do you think it would jeopardize somebody's chances of completing their degree? And as his mother, I can't help him—I can't go to bat for him . . . I can't violate my son's privacy and confidentiality. So he's delayed going for help because of what might happen to his job! So, I mean, tell me who would explain it to his supervisor? Give me one person that would do that for him! One person who would say, "Okay, let's really help this guy. Let's go to bat for this kid."

SURVIVING STIGMA

Family members have found many ways to cope with stigma and discrimination. Strategies change, depending on the situation, their relative's stage of illness or recovery, and their own stage of self-discovery and healing. Strategies to survive stigma are unique to each family and its members:

- turning to other families in similar situations for support
- keeping the problems private — as a family matter
- sharing their stories with the public
- challenging negative attitudes
- looking at the situation from a different perspective.

Building support networks

Many families turn to community-based services such as the Mood Disorders Association of Ontario, the Schizophrenia Society and Al-Anon for emotional support, information and acceptance. Social support can help families deal with problems and cope with stress, and can even prevent or reduce various health problems.

How many people even know that family support is an avenue to help them cope with things like stigma? I mean, people just don't know. But it's very important for family members to get help. Let me put it this way—if I didn't have the help along the way, my husband and I wouldn't be married, because I wouldn't have been able to cope with his mental illness and alcoholism. Where would society be without help available?

Family support groups also provide the opportunity to develop friendships and social networks that can help build self-esteem and feelings of efficacy. **When family members are in touch with others with the same problems, feelings and experiences, they are less likely to blame themselves for their relative's problems.**

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Family support groups can be a very big help to people who can actually talk about it. There's a list of possible topics like medication, noncompliance, housing and stigma—topics that in a typical social gathering, they're a real downer—I mean, to start talking about psychiatric medications, non-profit housing, what drugs do to people with mental illness, and all the rest of it! So it's a relief just to be in a group of people that you know understand, and you don't have to explain your situation to them. You don't have to hide it. Everybody's pretty much tackling the same thing.

Families also say that providing support and information to others promotes a sense of success and self-esteem.

I've advocated for a buddy system. I think each new family should be linked with a more experienced family, to help them through the maze of all this. Many new families come to the support groups because they feel so alone. It's good for the more experienced family, too. They feel good because they're helping someone. It makes them feel like they can do something, make a difference.

Maintaining privacy

Many family members are uncertain whether or not to tell others about the mental illness and substance abuse. A related issue is the decision about when, how and whom to tell.

When you have severe mental illness and drug problems in the family, every time you meet a new person you have to wonder, "Should I tell them? Should I not tell them? What will happen? What will they think if I do tell them? How will they deal with it?" The onus is on you to worry about it—you have to expend the energy.

If their relative agrees, some families choose to tell their personal story in a public forum. In this environment, family members are often able to be more objective about their experiences. Because the purpose is to educate others, family members say that they have greater control over the emotional aspects and others' reactions.

However, to avoid stigma, some people try to keep the problems a secret or avoid others.

There are some days when I drive to my parents' house, and if one of the neighbours comes out of their house, I just keep driving around the block until I know they're gone, because I just can't deal with it—the looks and the questions, that whole reaction you get—so I stay away from it if I can. And I can't force myself to say "hello" just like a normal person because I'm wondering what happened the day before—what did my sister do this time in front of the neighbours? Depending on the situation and how I feel, I handle it in different ways.

Hiding the problems works only as long as the condition remains invisible or the family member with concurrent disorders is able or willing to help cover things up. If the condition becomes more obvious, it may be necessary to try new strategies. For instance, one woman's husband had major depression and a serious drinking problem, which had led to hospitalizations, many treatments and job loss. After a long period of stability, he experienced a relapse of depression and spent days watching television or lying in bed. His wife told friends that he had worked so hard he needed to slow down. People were sympathetic and didn't question his absences from social events or work.

Some families try to maintain separate public and private identities. Only close, understanding friends or family are trusted with the truth and are allowed to see all aspects of what some family members called their "real" identities.

I would never tell any of my co-workers. Never. Because it would hurt me professionally—that's a fact. It's a spillover stigma. So at work, I have a separate circle of friends—and it's like a haven. It's the one place I can go that hasn't been touched by schizophrenia and depression and drugs and alcohol. If I were to tell [co-workers], then mental illness would take over that world as well. So, it's better to just have that barrier there between the two worlds, and then there's a threshold I can step over—to get over to this normal world. It's a refuge and a place of rest.

Although many family members say that they avoid potential stigma by not disclosing the problems, research has shown that some of these strategies have negative consequences. The question is whether it is actually possible to reduce the effects of stigma by keeping information secret. **One study showed that elaborate coping mechanisms involving secrecy did not reduce the negative consequences associated with stigma, prejudice and discrimination.** Such strategies also did not prevent psychological distress and demoralization. In fact, the tactics that led to avoidance and withdrawal produced more harm than good (Link, Mirotnik, Cullen, 1991).

Challenging negative attitudes

Strategies such as dismissing, downplaying or challenging negative attitudes and beliefs can help to enhance self-esteem and resilience. **For many family members, accepting the idea that they can't control other people's attitudes, beliefs and behaviour is liberating.**

You can't let negative people get to you. You just have to put on a suit of armour and face it. Stigma is everywhere—running away won't make it any better, for you or for your family. You have to be tough with things like this.

. . . I don't experience stigma at all. I refuse to. If people have bad attitudes toward my husband's depression, I try to educate them. If they won't hear what I have to say, forget them. I don't waste time on people like that.

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The section below entitled “Combating Stigma” has more information on challenging negative attitudes.

Changing the perspective

Another coping strategy involves thinking positively about difficult circumstances. It may involve seeing caregiving in terms of hope and personal growth, as a journey that has transformed them in a positive way.

Any really bad experience in life has the potential for learning, and I think that as a human being, that's what you have to try to do. I mean, you can't approach it intentionally like that, but now I can think to myself, "Yes, this really was a learning experience."

A related strategy is to try to loosen the hold that stigma may have on you.

I think stigma is how a person perceives it and I think if you refuse to let stigma be there, it loses its hold over you. You can't be ashamed. Because there is no shame in this. You start to wonder about yourself—and that's what stigma can do, make you wonder about yourself.

COMBATING STIGMA

When some families discover that a big part of stigma and rejection is social, not personal, it stimulates them to try and make changes.

For years now, I've fought for the rights of those with concurrent mental illness and substance abuse problems, to really legitimize the whole thing. We have to start coming out of the closet. I think we'll have a much stronger position when everybody can finally relate to the reality of concurrent disorders.

Family members may become involved in social and political action to change conditions and attitudes, to decrease discrimination and increase control over resources. Family support groups are at the heart of this action. Such groups give people a sense of collective power to solve their common problems and improve their lives.

Advocating for change

Stigma has powerful effects that people can't easily overcome on their own. Stigma can prevent legislators from setting aside enough money for mental health care and financial support for caregivers; it can keep insurance companies from providing enough coverage.

For many family members, educating the public about the myths, stereotypes and realities of concurrent disorders helps reduce stigma. Families have worked hard to decrease irrational fears while attempting to humanize and promote acceptance of both the people with these disorders and their families. Family members have recognized that health care workers, educators and the media need to be educated as well.

Things will improve, and we're doing our bit out there with education about mental illness and substance abuse. Things really couldn't be much worse than they were 20 years ago. There's a lot of education and good research coming out now. I still feel that education is the best way to combat stigma, but I think it can take a couple of generations to get rid of things like that—so we're only halfway there, if that.

Family groups are one of the best catalysts for change across the mental health and addiction services system. Members of family self-help support groups can:

- argue for better treatment, planning and accountability
- sponsor conferences
- speak at professional meetings
- lobby legislators and appointed officials.

The family movement, particularly in the United States, has significantly influenced research and treatment for people with concurrent disorders. Family members have developed effective relationships with researchers, mental health professionals, legislators and administrators, without compromising their own independence as advocates.

Stigma is nothing like it used to be, say, 18 years ago. It's really gone down, and the reason, I think, is that people are better informed. I like to think that the strongest advocates for concurrent disorders are primarily family members. We were the ones that started talking about it, not hushing up the "S" [schizophrenia] word . . . and I think that has demystified mental illness and substance abuse a lot. It helped with my friends. Quite early on, the friends that I had were not terribly sympathetic. I set about educating them, frankly.

Advocacy activities can pose a moral dilemma for some families. They need to be sensitive to their relative's desire for privacy or disillusionment with the mental health system. Some may wish to forget or deny their condition and expect their families and others to co-operate. Many families encourage caution in moving forward with lobbying or other public advocacy activities.

ADVOCACY TIPS

1. Be well informed.

As a family member or friend of a person living with substance use and mental health problems, you already know the effects of this illness. Your experience and knowledge is one of the greatest tools you can bring to your advocacy efforts.

2. Identify your issues.

You may have many areas of concern (i.e., access to comprehensive mental health and substance use screening and assessment, access to integrated treatment), but it is best to keep your communication targeted. Focus on one or two issues at a time.

3. Communicate effectively with government officials.

Connect with officials, either in person or by phone, to expand relationships and present your key messages. You can call your local member of Parliament (MP) and review your key issues. If you are able to speak directly with your MP, be specific, persuasive and factual. Keep your conversation short. Ensure you thank the official for his or her time. Finally, follow up with a brief letter reinforcing your key messages. If you cannot speak directly with your MP, leave a message with his or her assistant. Be sure you know what you want to say, say it politely and don't forget to leave your name, address and phone number.

Send a letter to a federal government ministry such as Health Canada or Justice Canada. Letters, either through Canada Post or e-mail, are powerful ways to get key messages to MPs. When writing a letter, remember to use the correct address, use your own words and personal experiences, identify the issues and key messages and don't forget to say thank you. Letters are a great way for politicians to get to know the real faces of people affected by mental health and substance use problems. You are critical to making this happen.

Here are some suggestions for preparing to communicate with government officials:

- If you want to contact provincial or territorial government officials, visit http://canada.gc.ca/othergov/prov_e.html for more information on contacting your member of provincial or territorial parliament.
- Find your federal MP by entering your postal code at: www.parl.gc.ca/information/about/people/house/PostalCode.asp?lang=E&source=sm.
- You can find out about the federal ministries and the ministers responsible for each ministry at www.parl.gc.ca/information/about/related/Federal/Agency.asp?Language=E&Agency=M. Further contact information is available at www.parl.gc.ca/information/about/people/key/Ministry.asp?lang=E.
- For more information on how to communicate with your MP, visit www.vsr-trsb.net/publications/roundeng.pdf.

4. Communicate effectively with the media.

Your local newspaper, television or radio station may be willing to write an article about your experiences and key issues. Be clear and concise when speaking to the media. Be prepared when you speak to a journalist and remember to stick to your key messages. You may also want to contact local, provincial, territorial or national organizations for more information before speaking with the media.

Tip list adapted with permission from Advocacy Tips (Schizophrenia Society of Canada)

The impact of anti-stigma campaigns

Some studies have shown that educational campaigns result in a moderate increase in general knowledge about mental illness and substance abuse, but they actually have little impact on negative attitudes. For example, educating people about the biochemical nature of concurrent disorders hasn't improved attitudes toward people with mental health and substance use problems (Read & Harre, 2001).

However, attitudes did improve when people had personal contact with people who have concurrent disorders. This suggests that educational and anti-stigma campaigns should have a personal element, perhaps with client and family testimonials about their struggles and triumphs.

I think the strongest advocates against stigma are family members and the people with the illness themselves. We are now getting people that are willing to stand up and say, yes, I have schizophrenia and, yes, I have used drugs and alcohol. I know three or four people that will actually come with me to high schools and get up and talk about their illness in front of high school students. And I took one young man with me to speak to the first-year medical students last month. That's the kind of thing that people will listen to—the real stories coming from the people themselves.

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Take a look at the following list of well-known public figures who have personally dealt with a mental health problem, a substance use problem or both.

Were you aware that these famous individuals (and this list provides only a few examples!) have struggled or continue to struggle with such problems?

Do any of these names come as a surprise to you? If so, why do you think you are so surprised?

- **Paula Abdul** (singer/dancer) had an eating disorder (bulimia nervosa).
- **Patty Duke Astin** (actress) wrote about her bipolar disorder in a book entitled *A Brilliant Madness: Living with Manic-Depressive Illness*.
- **Drew Barrymore** (actress) has tackled clinical depression and substance use problems from a very young age.
- **Ludwig van Beethoven** (German composer) had bipolar disorder.
- **Jim Carrey** (comedian/actor) has experienced clinical depression.
- **Winston Churchill** (former British prime minister) had bipolar disorder.
- **Francis Ford Coppola** (director, *The Godfather* and *Apocalypse Now*) had bipolar disorder.
- **Patricia Cornwell** (mystery/thriller writer) had bipolar disorder and eating disorders (anorexia and bulimia nervosa).
- **Charles Darwin** (naturalist, author of “The Origin of Species” theory of evolution) had severe panic disorder.
- **Carrie Fisher** (actress—Princess Leia in *Star Wars*) had bipolar disorder and substance use problems.
- **F. Scott Fitzgerald** (writer, *The Great Gatsby*) experienced clinical depression.
- **Judy Garland** (actress, singer, “Dorothy” in the *Wizard of Oz*) had clinical depression and substance use problems.
- **Linda Hamilton** (actress, *Terminator*, *Terminator II*) has bipolar disorder.
- **Sir Anthony Hopkins** (British actor, *Nixon* and *The Silence of the Lambs*) had clinical depression.
- **Margot Kidder** (actress, “Lois Lane” in *Superman*) had bipolar disorder.
- **Marilyn Monroe** (actress) had clinical depression and substance use problems.
- **Alanis Morissette** (singer, musician) has experienced clinical depression.
- **Dolly Parton** (country singer, actress) had clinical depression.
- **George S. Patton** (US general, WWII military leader) experienced clinical depression.
- **Cole Porter** (American lyricist, composer of Broadway scores [“Anything Goes,” “Can-Can,” “Night and Day”]) experienced clinical depression, alcoholism, paranoid delusions and obsessive-compulsive disorder.
- **James Taylor** (musician, singer) had bipolar disorder.
- **Leo Tolstoy** (writer, *War and Peace*) experienced clinical depression and alcoholism.

- **Barbra Streisand** (singer, actress) has social phobia.
- **Margaret Trudeau Kemper** (wife of former Canadian prime minister, Pierre Trudeau) has bipolar disorder.
- **Robin Williams** (actor) has bipolar disorder.

Burnout

When years of advocacy fail to produce desired results, family members may feel disempowered and burned out.

You know, there's a "Cure for Cancer" run—everybody goes to bat for people stricken with cancer. And . . . there are people who go door to door raising money for cancer research and cancer support . . . but compare this to schizophrenia—people will watch the "Walk for Schizophrenia," but they're not exactly supportive. They're not rooting or cheering them on or anything. But then again, with mental illness and substance abuse, it's going to be so much harder. Relatively few people with concurrent disorders or their families have come out in the open, if you consider the percentage of people with these illnesses. We just don't see enough role models and heroes. What we do see are the dedicated family members who have really made a push forward in this area.

Issues such as lack of housing for relatives with concurrent disorders, lack of acknowledgment of the burden on the family and failure to provide services and respite care for families are consistently raised and ignored. In spite of these barriers, however, family members continue to strive for equality, fairness and justice. Families may need to take a break from advocacy work from time to time to give themselves a chance for rest and renewal.

Despite their negative experiences, family members have found ways to survive and cope with stigma. Many have reflected on their own growth and development as they faced stigmatization and have come to see their experience as a process in which they learned to rise above the effects of prejudice and discrimination.

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