

Publication status: Preprint has been published in a journal as an article
DOI of the published article: <https://doi.org/10.5281/zenodo.13223183>

Stigma against Mental Illness and Mental Health: the role of Social Media

Amelia Rizzo, Lorena Calandi, Monica Faranda, Maria Grazia Rosano, Viviana Carlotta, Enrica
Vinci

<https://doi.org/10.1590/SciELOPreprints.8985>

Submitted on: 2024-05-24

Posted on: 2024-06-24 (version 1)

(YYYY-MM-DD)

Perspective

Stigma against Mental Illness and Mental Health: the role of Social Media

Amelia RIZZO¹, Lorena CALANDI², Monica FARANDA³, Maria Grazia ROSANO⁴, Viviana CARLOTTA⁵, Enrica VINCI⁶

¹ *Department of Clinical and Experimental Medicine and Department of Cognitive Sciences, Pedagogical Psychological and Cultural Studies, University of Messina, Messina, Italy. Psychologist, Psychotherapist. Expert in bio-psycho-social evaluation, Medical-Legal Center of the National Institute of Social Welfare, Messina, Italy. E-mail: amrizzo@unime.it. ORCID: <https://orcid.org/0000-0002-6229-6463>*

² *Psychologist, Psychotherapist. Expert in bio-psycho-social evaluation, Medical-Legal Center of the National Institute of Social Welfare, Messina, Italy. E-mail: calandilorena@tiscali.it ORCID: <https://orcid.org/0009-0008-4683-5165>*

³ *Psychologist, Psychotherapist. Expert in bio-psycho-social evaluation, Medical-Legal Center of the National Institute of Social Welfare, Messina, Italy. E-mail: monifaranda@gmail.com ORCID: <https://orcid.org/0009-0001-6294-9989>*

⁴ *Psychologist, Psychotherapist. Expert in bio-psycho-social evaluation, Medical-Legal Center of the National Institute of Social Welfare, Messina, Italy. E-mail: mariagraziarosano@hotmail.it ORCID: <https://orcid.org/0009-0006-3493-7645>*

⁵ *Psychologist, Psychotherapist. Dermatology Clinic - Center for Dermatological and Sexually Transmitted Diseases Center, ASP-5 Messina, Italy. E-mail: viviana_carlotta@hotmail.com ORCID: <https://orcid.org/0009-0004-5994-8311>*

⁶ *Psychologist, Psychotherapist. Expert in bio-psycho-social evaluation, Medical-Legal Center of the National Institute of Social Welfare, Messina, Italy. E-mail: enicavinci@gmail.com ORCID: <https://orcid.org/0009-0002-1080-9973>*

Abstract

In social psychology, prejudice is a negative attitude toward a person belonging to a specific social group or a condition that is assumed negatively influences interpersonal relationships. In social psychiatry, the term stigma refers to a set of negative factors associated with individuals with a mental disorder. Stigma

related to mental health issues is prevalent in collective thinking, widespread, and difficult to modify. Common behaviours among people include fear of interacting with individuals with psychological issues due to their perceived unpredictability. Social media platforms play a powerful role in informing, raising awareness, and influencing public perceptions of mental disorders. On the one hand, they provide an unprecedented platform for sharing personal experiences, reducing stigma, and promoting mutual support among individuals facing similar challenges. On the other hand, there is a risk that these platforms can spread misleading information, harmful stereotypes, and sensationalistic or sanitized representations, negatively impacting both public perception and the well-being of affected individuals.

Keywords: Stigma, Mental Health; Mental illness; Social Media.

Introduction

In social psychology, prejudice is a negative attitude toward a person belonging to a specific social group or a condition that is assumed negatively influences interpersonal relationships [1]. Prejudice can take various forms: (a) Ethnic prejudice [2]; (b) Sexism [3]; (c) Sexual prejudice (homophobia) [4]; (d) Ageism [5]; (e) Prejudice against people with obesity [6]; (f) Prejudice against individuals with mental disorders [7]; (g) Prejudice against physically disabled people [8].

The causes of prejudices and stereotypes may be traced back to cultural factors (dominance of a conservative and authoritarian viewpoint), personal factors (lack of empathy and inability to engage), and past experiences (negative relationships with individuals with mental disorders) [9,10]. Prejudice arises a priori, even before knowing or directly interacting with a person. As an attitude, prejudice includes a cognitive component (stereotype), an affective component (emotions arising from a specific civil context), and a behavioral component (intentions of group members leading to discrimination) [11,12].

Referring to the Greek language, stigma can be defined as a sort of "*mark*" or "*sign*" that the ancient Greeks used to distinguish slaves from free men. The Greeks introduced the term "stigma" to highlight, through physical signs, a deplorable condition of the personality of those who bore them [13]. These marks were incised with a knife or burned into the skin to make it clear that the marked person has to be excluded, deprecated and not socially accepted.

In social psychiatry, the term stigma refers to a set of negative factors associated with individuals with a mental disorder. Specifically, according to the World Health Organization, stigma represents "*a mark of shame, disgrace, or*

disapproval that leads to rejection, discrimination, and exclusion from social contexts and situations." [14,15].

Stigma related to mental health issues is prevalent in collective thinking, widespread, and difficult to modify. Common behaviours among people include fear of interacting with individuals with psychological issues due to their perceived unpredictability and reluctance to assign important roles to them because they are considered unreliable [16]. These situations inevitably cause additional suffering to those affected, adding to an already acute state of distress. These individuals face a dual conflict: awareness of being "ill" and thus differently abled, and being targets of stigmatized stereotypes, exacerbating their distress and leading to greater exclusion and discrimination, resulting in an increasing vulnerability [17].

This results the "*internalized stigma*," where the individual convinces themselves that societal prejudices about them are true, resulting in self-perceptions like "*I have depression, because I am lazy.*" This attitude is linked to very low self-esteem and a lack of recognition of one's abilities, leading to thoughts like "*I am worthless,*" "*I am a failure,*" and "*no one will ever trust me with an important task.*" [18]. In this vicious cycle, the psychiatric patient is less likely to seek specialized care for fear of confirming the "crazy" and "hopelessness" label assigned by society [19].

Stigma in healthcare systems

An aspect not to be underestimated is "*diagnostic overshadowing*," the underestimation of physical ailments in people with mental disorders [20]. Often, psychiatric patients seeking medical help for any health issues, separate from their mental problems, are quickly dismissed by healthcare providers who attribute the physical condition to the mental disorder, rendering their complaints less credible. Discrimination occurs from the triage stage, where they receive little attention and wait a long time before being attended to.

In parallel, *overprotective behavior* develops. Healthcare providers, considering the patient incapable of understanding, make decisions for them, surpassing supportive attitudes and leading to patient passivity, making them feel like a child. Another significant aspect is "*protective benevolence*," where doctors' overly accommodating behavior, intended to maintain the patient's psychological balance, can be perceived as disrespectful and dishonest [21]. The patient feels deceived by promises of something in exchange for accepting therapy, only to find these promises unmet.

Regarding mental health issues, two aspects must be considered: psychological difficulty and psychiatric disability. In both cases, the individual faces inhibition in achieving their goals serenely and a discriminative situation due to ongoing external prejudices. Concepts like self-stigma and social prejudice prevent these individuals from living their lives without issues and represent enormous barriers to overcome [22].

Historically, these individuals' lives were heavily influenced by social prejudices, leading to increasingly acute discrimination [23]. To prevent individuals with mental disorders from facing continuous restrictions, it is essential to limit prejudice related to these specific issues. Understanding the causes of stigma, eliminating the idea that people with mental disorders pose a societal threat [24], and abolishing commonly used terminology to describe mental disorders are necessary.

Stigma and Social Media

The representation of mental disorders on social media is a topic of growing interest and debate, reflecting the evolution of our understanding and approach to mental health issues in modern society [25]. Social media platforms play a powerful role in informing, raising awareness, and influencing public perceptions of mental disorders.

On the one hand, they provide an unprecedented platform for sharing personal experiences, reducing stigma, and promoting mutual support among individuals facing similar challenges [26-29].

On the other hand, there is a risk that these platforms can spread misleading information, harmful stereotypes, and sensationalistic or sanitized representations, negatively impacting both public perception and the well-being of affected individuals [30].

Constant exposure to social media can have both positive and negative repercussions on individual mental health. Recent literature has shown that social media use can amplify feelings of social isolation and loneliness, especially when virtual connections replace face-to-face interactions, leaving individuals without the emotional support and warmth that real relationships can offer. This isolation can be exacerbated in those already suffering from mental disorders, making it more challenging for them to seek help or connect with others in meaningful ways [31].

Additionally, the often curated and idealized nature of life presented on social media can distort users' perception of reality, leading to negative social

comparisons, personal dissatisfaction, and increased feelings of inadequacy. These dynamics can exacerbate conditions of anxiety and depression, especially among young people and adolescents who are particularly sensitive to social pressures and self-image [32].

Pathological online behaviors, such as cyberbullying or the spread of harmful content, can also stem from unexpressed inner distress or sadistic tendencies. These acts not only harm the victims but also reflect and reinforce the disturbed mental state of the perpetrators, creating a vicious cycle of negativity and suffering [33]. Without appropriate intervention measures, such as content moderation and psychological support, social media can become an echo chamber for these behaviors, exacerbating problems instead of providing a way out [34].

The pressure to maintain a perfect public image can also induce stress and anxiety, leading individuals to hide their true struggles for fear of judgment or not meeting perceived standards. This masking of real difficulties hinders honest and open communication about mental well-being, hampering efforts to raise awareness and reduce the stigma associated with mental disorders [35-40].

Conclusion

The stigmatization of mental health issues remains pervasive despite advancements in understanding and awareness. Reducing stigma requires continuous efforts to educate and inform the public, challenge harmful stereotypes, and promote inclusive and supportive environments for those affected by mental disorders. Addressing the prejudices and misconceptions perpetuated by social media and other platforms is crucial in this endeavor, as is fostering a more compassionate and empathetic society that values mental health as much as physical health.

Funding Statement: This study didn't receive any grant.

Author Contributions: A.R. Conceptualization, L.C., M.F., V.C. resources, A.R. writing—original draft preparation, M.G.R. E.V. writing—review and editing. All authors have read and agreed to the published version of the manuscript.

Declarations of interest: The authors have no competing interests to report.

References

1. Duckitt JH. The social psychology of prejudice. New York: Praeger; 1992 Jun 16.
2. Zick A, Pettigrew TF, Wagner U. Ethnic prejudice and discrimination in Europe. *Journal of Social Issues*. 2008 Jun;64(2):233-51.
3. Ahmed S. Introduction: Sexism-A problem with a name. *new formations: a journal of culture/theory/politics*. 2015;86(1):5-13.
4. Herek GM. Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality research & social policy*. 2004 Apr;1:6-24.
5. Nelson TD. Ageism. In *Handbook of prejudice, stereotyping, and discrimination* 2015 Aug 20 (pp. 337-353). Psychology Press.
6. Puhl R, Brownell KD. Bias, discrimination and obesity. *Health and Human Rights in a Changing World*. 2013 Jul 4:581-606.
7. Rössler W. The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*. 2016 Sep;17(9):1250-3.
8. Dovidio JF, Pagotto L, Hebl MR. Implicit attitudes and discrimination against people with physical disabilities. *Disability and aging discrimination: Perspectives in law and psychology*. 2011:157-83.
9. Fiske ST. Stereotyping, prejudice, and discrimination at the seam between the centuries: Evolution, culture, mind, and brain. *European journal of social psychology*. 2000 May;30(3):299-322.
10. Ekehammar B, Akrami N, Gylje M, Zakrisson I. What matters most to prejudice: Big five personality, social dominance orientation, or right-wing authoritarianism?. *European journal of personality*. 2004 Sep;18(6):463-82.
11. Marx D, Ko SJ. Stereotypes and prejudice. In *Oxford Research Encyclopedia of Psychology* 2019 May 23.
12. Dovidio JF, Hewstone M, Glick P, Esses VM. Prejudice, stereotyping and discrimination: Theoretical and empirical overview. *Prejudice, stereotyping and discrimination*. 2010 Jul 12;12:3-28.
13. Tzouvara V, Papadopoulos C, Randhawa G. Systematic review of the prevalence of mental illness stigma within the Greek culture. *International Journal of Social Psychiatry*. 2016 May;62(3):292-305.

14. Mann CE, Himelein MJ. Factors associated with stigmatization of persons with mental illness. *Psychiatric Services*. 2004 Feb;55(2):185-7.
15. Hinshaw SP, Stier A. Stigma as related to mental disorders. *Annu. Rev. Clin. Psychol.* 2008 Apr 27;4:367-93.
16. Östman M, Kjellin L. Stigma by association: psychological factors in relatives of people with mental illness. *The British Journal of Psychiatry*. 2002 Dec;181(6):494-8.
17. Ben-Zeev D, Young MA, Corrigan PW. DSM-V and the stigma of mental illness. *Journal of mental health*. 2010 Aug 1;19(4):318-27.
18. Picco L, Pang S, Lau YW, Jeyagurunathan A, Satghare P, Abdin E, Vaingankar JA, Lim S, Poh CL, Chong SA, Subramaniam M. Internalized stigma among psychiatric outpatients: Associations with quality of life, functioning, hope and self-esteem. *Psychiatry research*. 2016 Dec 30;246:500-6.
19. Szcześniak D, Kobyłko A, Wojciechowska I, Kłapciński M, Rymaszewska J. Internalized stigma and its correlates among patients with severe mental illness. *Neuropsychiatric disease and treatment*. 2018 Oct 8;2599-608.
20. Hallyburton A. Diagnostic overshadowing: an evolutionary concept analysis on the misattribution of physical symptoms to pre-existing psychological illnesses. *International Journal of Mental Health Nursing*. 2022 Dec;31(6):1360-72.
21. Thornicroft G, Rose D, Kassam A. Discrimination in health care against people with mental illness. *International review of psychiatry*. 2007 Jan 1;19(2):113-22.
22. Corrigan P. How stigma interferes with mental health care. *American psychologist*. 2004 Oct;59(7):614.
23. Rüsçh N, Corrigan PW, Todd AR, Bodenhausen GV. Automatic stereotyping against people with schizophrenia, schizoaffective and affective disorders. *Psychiatry research*. 2011 Mar 30;186(1):34-9.
24. Rössler W. The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*. 2016 Sep;17(9):1250-3.
25. Aragon M, Monroy AP, Gonzalez L, Losada DE, Montes M. DisorBERT: A Double Domain Adaptation Model for Detecting Signs of Mental Disorders in Social Media. In *Proceedings of the 61st Annual Meeting of the Association for Computational Linguistics (Volume 1: Long Papers)* 2023 Jul (pp. 15305-15318).

26. Rizzo A, Alparone D. Surfing Alone: From Internet Addiction to the Era of Smartphone Dependence. *International Journal of Environmental Research and Public Health*. 2024 Apr 3;21(4):436.
27. Rizzo A, Batra K, Yıldırım M, Tordonato G, De Maio V, Khabbache H, Szarpak Ł, Bahramizadeh M, Namazi Yousefi R, Pruc M, Chirico F. Social Media: Stress Factors or Coping Strategies? A Pilot Study in a Sample of Italian Teachers. *Iranian Rehabilitation Journal*.:0-.
28. Akbağ M, Aydoğdu F, Rizzo A. A New Measure of the Parental Phubbing-Mother and Father Form for Turkish Adolescents: Evaluation of Validity and Reliability.
29. Manap A, Rizzo A, Yıldırım A, Dilekçi Ü, Yıldırım M. The mediating role of procrastination in the relationship between fear of missing out and internet addiction in university students. *International journal of environmental research and public health*. 2023 Dec 29;21(1):49.
30. Naslund JA, Deng D. Addressing mental health stigma in low-income and middle-income countries: a new frontier for digital mental health. *Ethics, Medicine and Public Health*. 2021 Dec 1;19:100719.
31. Çağış ZG, Öztekin GG, Aziz IA, Chirico F, Rizzo A, Yıldırım M. Meaning in Life and Loneliness as Mediators between COVID-19 Anxiety and Life Satisfaction in the Post-Pandemic among the General Population in Turkey: A Serial Mediation Model. *European Journal of Investigation in Health, Psychology and Education*. 2023 Oct 9;13(10):2214-25.
32. Orben A, Meier A, Dalgleish T, Blakemore SJ. Mechanisms linking social media use to adolescent mental health vulnerability. *Nature Reviews Psychology*. 2024 May 7:1-7.
33. Rizzo A, Princiotta E, Iuele G. Exploring the link between smartphone use, recorded violence, and social sharing in 80 case studies in Italy. *Psych*. 2023 Dec 14;5(4):1241-55.
34. Rizzo A, Della Villa L, Crisi A. Can the Problematic Internet Use evolve in a pre-psychotic state? A single case study with the Wartegg. *Computers in Human Behavior*. 2015 Oct 1;51:532-8.
35. Nicita E, Bruno F, Rizzo A. Oltre lo stigma verso la psicoterapia. Teorie, ricerche, soluzioni. Barnes & Noble Press, New York, 2023. ISBN: 9798855618440.
36. Rizzo A, Gatto E, Calandi L, Alfa R. Embodied Online Therapy. Nova Science Publishers, 2024. ISBN: 9798891135376.

37. Tarchi L, Castellini G, Ricca V. Zipf's law: Divergence from general content in online affected communities of peers by deficit/hyperactivity attention disorder (ADHD) and anorexia nervosa. *Adv Med Psychol Public Health*. 2024;1(2):82-91. Doi: 10.5281/zenodo.10637481.
38. Rizzo A, Alfa R, Piccolo MC, Giuffrida A, Spina GS, Currò V, Caracciolo ML. Binge eating and personality traits: A gender-specific analysis among patients affected by obesity. *Adv Med Psychol Public Health*. 2024;1(1):6-11. Doi: 10.5281/zenodo.10597085.
39. Finistrella M, Flores P, Frediani G. Animal-assisted therapy in patients affected by schizophrenia and schizophrenic-related disorders: A scoping review. *Adv Med Psychol Public Health*. 2024;1(2):53-61. Doi: 10.5281/zenodo.10632991.
40. Khabbache H, Ouazizi K, Ait Ali D, Cherqui A, Rizzo A, Tarchi L, Bulut S, Szarpak Ł, Makkaoui M, Ghouat HE, Jalilzadeh Afshari P. Cultural Placebos from the Wild in Patients With Mental Disorders: The Case of The Nour Association in Fez-Morocco. *Iranian Rehabilitation Journal*. 2024 Mar 10;22(1):129-38.

This preprint was submitted under the following conditions:

- The authors declare that they are aware that they are solely responsible for the content of the preprint and that the deposit in SciELO Preprints does not mean any commitment on the part of SciELO, except its preservation and dissemination.
- The authors declare that the necessary Terms of Free and Informed Consent of participants or patients in the research were obtained and are described in the manuscript, when applicable.
- The authors declare that the preparation of the manuscript followed the ethical norms of scientific communication.
- The authors declare that the data, applications, and other content underlying the manuscript are referenced.
- The deposited manuscript is in PDF format.
- The authors declare that the research that originated the manuscript followed good ethical practices and that the necessary approvals from research ethics committees, when applicable, are described in the manuscript.
- The authors declare that once a manuscript is posted on the SciELO Preprints server, it can only be taken down on request to the SciELO Preprints server Editorial Secretariat, who will post a retraction notice in its place.
- The authors agree that the approved manuscript will be made available under a [Creative Commons CC-BY](#) license.
- The submitting author declares that the contributions of all authors and conflict of interest statement are included explicitly and in specific sections of the manuscript.
- The authors declare that the manuscript was not deposited and/or previously made available on another preprint server or published by a journal.
- If the manuscript is being reviewed or being prepared for publishing but not yet published by a journal, the authors declare that they have received authorization from the journal to make this deposit.
- The submitting author declares that all authors of the manuscript agree with the submission to SciELO Preprints.