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Perspective

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

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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.

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