



Review

Bipolar disorder and stigma: A systematic review of the literature



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ABSTRACT

Aim: The degree to which bipolar disorder is stigmatised by the public and the extent of internalised stigma for people with this disorder, their families, and carers has been a relatively neglected area of research. This review aimed to determine what is currently known about stigma and bipolar disorder.

Method: A systematic search of the literature was conducted to identify publications which investigated public attitudes and/or beliefs about bipolar disorder or explored internalised stigma in bipolar disorder. The electronic databases PsychINFO, Medline, Embase, and Web of Science were searched for articles published between 1992 and 2012.

Results: Twenty five articles met the reviews inclusion criteria. There are inconsistent findings regarding public stigma, although there is some evidence that bipolar disorder is viewed more positively than schizophrenia and less positively than depression. There is a moderate to high degree of internalised stigma in bipolar disorder, although the literature raises questions regarding its ubiquity in this population.

Limitations: Limiting the search by year of publication and excluding studies where stigma was not the main focus could mean stigma has wider implications than were identified.

Conclusions: This review is the first systematic synthesis of research relating to stigma and bipolar disorder. In comparison to research on other mental health problems, there is a dearth of literature exploring stigma in bipolar disorder. The literature is largely inconclusive. Future research is needed to replicate tentative findings and address methodological limitations before the field can move on to the development of anti-stigma interventions.

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Contents

1. Introduction	806
1.1. Types of stigma	806
1.1.1. Public stigma	806
1.1.2. Internalised stigma	806
1.2. Bipolar disorder	806
1.3. Objective	807
2. Method	807
2.1. Search strategy	807
2.2. Inclusion and exclusion criteria	807
2.3. Quality assessment	807
3. Results	807
3.1. Public and professional attitudes towards and beliefs about bipolar disorder	810
3.1.1. Public attitudes	810
3.1.2. Professional attitudes	815
3.2. Internalised stigma in people with bipolar disorder, their families and carers	815
3.2.1. Extent of internalised stigma in people with bipolar disorder	816
3.2.2. Extent of internalised stigma in carers and family members	816
3.2.3. Factors associated with internalised stigma in people with bipolar disorder	817
3.2.4. Factors associated with internalised stigma in carers and family members	817

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3.2.5. Factors associated with internalised stigma: studies of people with bipolar disorder and carers simultaneously	817
4. Discussion	817
4.1. Public stigma	817
4.2. Internalised stigma	818
4.3. Limitations	819
4.4. Summary and conclusions	819
Role of funding source	819
Conflict of interest	819
Acknowledgements	819
Appendix A. Supplementary material	819
References	819

1. Introduction

The adverse consequences of prejudice and discrimination towards people with mental health problems are well documented. Internalised stigma is associated with low self-esteem, poor treatment adherence, and increased symptom severity (Livingston and Boyd, 2010). Research has shown that prejudice towards mental illness leads to discrimination in housing, jobs, and allocation of resources to mental health services (e.g. Corrigan et al., 2004; Sayce, 1998).

1.1. Types of stigma

Stigma has been described as consisting of two elements: public stigma and internalised stigma (Corrigan and Watson, 2002a). Public stigma refers to the attitudes of the general population, including the attitudes of professional groups, towards mental illness. Internalised stigma refers to the negative self-perceptions that people with mental illness hold. Stereotypes, prejudice, and discrimination have been described as the three core components that underpin both public and internalised stigma (Corrigan and Watson, 2002a).

1.1.1. Public stigma

Stereotypes refer to negative beliefs about a group (for example, that people with mental illness are dangerous). This has also been referred to as problems of knowledge or 'mental health literacy' (Jorm et al., 1997a; Thornicroft et al., 2007), which includes facets such as recognition of disorders, and knowledge of causes (i.e., biomedical, psychosocial or fate), treatments (i.e. medication or psychotherapy), and prognosis (Furnham and Anthony, 2010). Prejudice refers to agreement with such negative belief and discrimination describes the behavioural response (for example, withholding help) (Corrigan and Watson, 2002b). Emotional reactions, such as fear, pity and anger, can accompany prejudice and discrimination (Thornicroft, 2006). Literature on public stigma in this review will therefore be organised around these different facets of stigma: knowledge (recognition, causal beliefs, beliefs about treatment, prognosis), stereotypes, emotional reactions, and behavioural intentions.

1.1.2. Internalised stigma

With respect to internalised or self-stigma, stereotypes refer to negative beliefs about the self, prejudice refers to agreement with such beliefs, and discrimination describes the behavioural response (for example, not pursuing a desired job). Emotional reactions, such as low self-esteem and low self-efficacy, often accompany prejudice (Corrigan and Watson, 2002a). Internalised

stigma can also refer to the internalisation of negative attitudes by the carers and family members of those diagnosed, known as affiliative stigma (Mak and Cheung, 2008).

Corrigan and Watson (2002b) outlined a situational model of self-stigma which attempts to explain the apparent paradox with regard to the consequences of internalising negative attitudes: specifically, while some people experience a deleterious effect on their self-esteem and self-efficacy, others are energised and experience righteous anger. They also described a third group who are seemingly entirely unaffected by stigma.

1.2. Bipolar disorder

Bipolar disorder is characterised by fluctuating periods of mania and depression, with severe episodes also containing delusions and hallucinations (Goodwin and Jamison, 2007). Reviews focusing on public stigma have consistently shown that attitudes towards and beliefs about mental illness are not uniform across disorders, with research primarily focusing on comparing schizophrenia and depression (e.g. Angermeyer and Dietrich, 2006). Not only does bipolar disorder have a chronic course and similar prevalence to schizophrenia (1–1.5% of the general population) (Cannon and Jones, 1996; Weissman et al., 1996), but media coverage of bipolar disorder has increased dramatically over the last decade. There have been TV programmes such as 'The Secret Life of the Manic Depressive' and 'True Life: I'm Bipolar', and a number of celebrity disclosures, such as Stephen Fry and Catherin Zeta Jones. Despite this, to date there have been no reviews on public attitudes and beliefs about bipolar disorder or on internalised stigma experienced by people with this diagnosis. Indeed, a review on stigma and mood disorders focused almost exclusively on depression, only including one study on self-stigma – and bipolar disorder (Kelly and Jorm, 2007). Further, two reviews of public attitudes towards mental illness commented on the scarcity of research into attitudes towards bipolar disorder (Angermeyer and Dietrich, 2006; Thornicroft, 2006).

While there have not been any reviews on internalised stigma in bipolar disorder, a review on social functioning in bipolar disorder identified stigma as an important problem for people with this diagnosis (Elgie and Morselli, 2007). In contrast, Chan and Sireling (2010) commented on a rise in 'self-diagnosed' bipolar disorder in their clinical practice and the more positive media coverage of bipolar disorder, and suggest that it may be less stigmatised and more acceptable to the public than other mental health problems. With no reviews in this area, however, it remains unclear to what extent people with bipolar disorder are stigmatised by the public or the degree to which any negative attitudes are internalised. A better understanding of this is crucial to guide anti-stigma interventions and public education campaigns.

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