

**STIGMA DIALOGUE SESSION
ALTERNATIVES 2001
AUGUST 23-24, 2001**

F a c i l i t a t o r : D a v i d G o n z a l e z

R e p o r t e r : S u s a n R o g e r s

S e s s i o n 1 , A u g u s t 2 3 , 2 0 0 1

David Gonzalez, the facilitator, has an anti-stigma Web site:

<http://www.seecinemia.com>

Following are the suggestions developed by participants in the Stigma Dialogue Session. They are not consensus statements; they are suggestions made by individuals:

- Include the consumer voice before decisions are made.
- Promote sensitivity.
- Get rid of the word “consumer.” “Consumer” has run its course.
- The Crisis Intervention Team model developed by the Memphis, Tennessee, Police Department is an excellent stigma-busting model.
- Promote “positive visibility.”
- Fight false information, such as put out by the Treatment Advocacy Center.
- Come out of the closet as having mental health issues.
- Promote the Americans with Disabilities Act.
- Have courage.
- Use boycotting as a tactic.
- Write letters in response to stigmatizing shows.
- Fight internalized “mentalism.”

A vote was taken on which of the 10 action steps formulated at the National Summit of Mental Health Consumers and Survivors in Portland, Oregon, in 1999 should be focused on. The vote was as follows:

1. Encourage honest and open self-disclosure: 13
2. Develop alliances with other disability/disenfranchised groups who deal with stigma: 3
3. Educate the public by using the media in ways that others can relate to: 12
4. Develop task forces at all levels — regional, state, national — to address stigma: 5
5. Conduct outreach and education to other target groups*: 1
6. Develop strategies to counter the violence myth: 13
7. Hold forums to re-conceptualize potentially stigmatizing terminology/language, such as “mental illness”: 2
8. Identify, duplicate and share information on successful programs that fight stigma: 9
9. Create national editorial board to seek exposure and respond to stigmatizing issues and incidents: 7
10. Educate the criminal justice system*: 13

* To be effective, any educational initiative must focus on demonstrating that people who are diagnosed with mental illness are people first, with talents, skills and abilities; it should not focus on the biochemical/medical nature of the illness.

As a result of the vote, the group decided to focus on the following three goals:

1. Encourage honest and open self-disclosure: 13
6. Develop strategies to counter the violence myth: 13
10. Educate the criminal justice system*: 13

Since it was agreed that the three goals overlapped a great deal, the group decided to consider the three together. The following suggestions were made:

1. Advocate and write letters to politicians.
2. Encourage the media to present more accurate portrayals of people with mental health issues.
3. Present “positive visibility”: positive portrayals of people in the community who have mental illnesses.
4. Develop a unified approach.
5. Present positive images in the arts.
6. Create a non-profit “commercial” about mental illness that fights stigma.
7. Use the “Truth” anti-tobacco campaign as a model.
8. Work on getting money from pharmaceutical companies to fight stigma.
9. Form speakers’ bureaus and speak to churches, schools, etc.
10. Advocate for mobile crisis teams.
11. Go to the media about police abuse and discrimination.
12. Present accurate information.
13. Assistance for people in jail who have mental health issues.
14. Public access TV
15. Fight “biological reductionism.”
16. Fight pharmaceutical company propaganda/psychiatrists who use poor judgment.
17. Run for political office.
18. Vote!
19. Support political candidates who have good positions on mental health issues.
20. Collaborate organizationally to have a stronger voice.
21. Educate the media.
22. Support the Americans with Disabilities Act.
23. Fight prejudice.
24. Engage in dialogues with politicians.
25. Eliminate stigma in yourself.

S e s s i o n 2 , A u g u s t 2 4 , 2 0 0 1

The second stigma dialogue session began with a discussion of the controversy in the consumer/survivor movement between the words “stigma” and “discrimination and prejudice.”

Comments included:

- Since we are trying to engage people, stigma is a better word because it is less inflammatory.

- The words are not interchangeable syntactically. It is grammatically better to say something like the sentence “The stigma of mental illness causes discrimination and prejudice” or the phrase “the stigma of mental illness” rather than “the discrimination and prejudice of mental illness.” The phrase “the discrimination and prejudice of mental illness” does not make sense syntactically. Instead, you would have to say “the discrimination and prejudice caused by the stigma of mental illness.”
- The word we use should depend on our audience.
- We should use an entirely different word or phrase, such as “social phobia.” If we do, people will ask what it means, and then we will have the opportunity to educate them.
- A vote was taken as to what word or phrase people preferred. The results were:
 - Stigma: 11
 - Discrimination and prejudice: 3
 - Alternative or combination: 12

Following this discussion, David Gonzalez showed a 20-minute video he had produced, called “Maniac.” It included many examples of movies (from 1913 through the present) that were extremely stigmatizing. These clips were followed by a “48 Hours” segment on the police and people with mental illness that was also very stigmatizing.

Following the video, the participants resumed the discussion of possible alternatives to the word “stigma.” Among suggestions were:

- Social phobia
- Social taboo
- Oppression
- Ignorance
- Social bias

Among other points raised during the session:

2. People should use “people first” language.
3. We need to educate children; it may be too late to educate many adults.
4. We need to educate mental health professionals.
5. It’s important to have our facts straight in order to educate people. It’s also important to show our best face to the world.
6. There are people with mental illnesses who are living productive lives in the community, but there are also people who are not in a state of recovery, and we should present the full picture.
7. The statement “Sticks and stones can break my bones but words will never hurt you” is untrue; words do hurt.

The first Dialogue Session was more focused on continuing the work of the Summit than the second Dialogue Session was.

