



Original Article

Opaque image: The lived experiences of patients with psychiatric disorders of media stigma

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Abstract

Introduction: Individuals diagnosed with psychiatric disorders are recognized as a minority group that is socially discriminated against, stigmatized, and rejected. Multiple sources of stigma for patients with psychiatric disorders, including newspapers, films, TV, websites, and books, promote negative stereotypes. Since the influence of the media on people's views and thinking toward these patients is very important, the purpose of this study is to understand the lived experiences of the patients with psychiatric disorders of media stigma.

Materials and Methods: This hermeneutic phenomenological study is part of a Ph.D. dissertation in nursing. The main study was performed on 12 psychiatric patients in Ibn-e-Sina Hospital in Mashhad-Iran, in 2017. They were selected based on a purposive sampling method. Unstructured in-depth interviews for data collection were used. Data analyses were done with the interpretative phenomenological analysis method.

Results: Media misrepresentation is one of the main themes of the phenomenon understudy in the original project. It consists of two subs themes; media exaggeration and disturbing public opinion. Several shared meanings support each of these.

Conclusion: The results of this study are suitable for combating stigma in patients with psychiatric disorders in Iran. Also, the findings of this study can shape the interventions and policies to prevent the spread of stigma through media about people with psychiatric disorders.

Keywords: Hermeneutics, Media, Mental disorders, Social stigma

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Introduction

In today's world, being a "mental patient" is the most shameful living condition a person can have (1). Those who suffer from psychological discrepancies experience all there is to the process of stigma and consequent shyness (2).

It means that they have been labeled and flagged by others and are attributed unpleasant personal traits, so they are subject to widespread stigma (3). It should be noted that psychiatric disorders do not affect discrimination on their own.

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However, the stigma attached to these diseases makes the patients isolated or banished from society (4). Aid seekers who have mental illness face stigma from newspapers, motion pictures, TV channels, websites, and books (whether a novel or not), and these outlets are some of the bodies that promote stigma or negative clichés (5). The expansion, extension, and variety of media and its outlets have become very important (6).

Various fields, such as mental health and health in general, are subject to the role cyberspace, the Internet, media, satellite channels, specialty journals, publications, and theatres play (7). The impact media makes on people's perception and understanding of their surrounding environment is significant since the way man thinks and interprets leads nowhere but to actions and words (8).

It is believed that through presenting people with mental health conditions and the way they are (according to them), media outlets play a consequential role in introducing and/or officializing mental diseases (9). It has been proved that most people's reactions to mental issues come from their stereotypic foreknowledge rather than the reality that surrounds them. In truth, the mental picture man has changed his perspective on mental problems, not real-world realities (10). The way mental pictures form stems in media since the media presents to the masses what it knows and thinks of psychological problems, thus shaping the masses' mental pictures or stereotypes (11).

Continuing the exact string of thought, Wahl took a scientific approach to published studies from 1950 to 1991 and examined the prevalence, accuracy, and influence of major public media concerning mental diseases. Wahl reported an almost identical consistent image of mental illness in media outlets, and that, specifically, they, the media, tended to present people with a mental health condition as inappropriate, unjustifiable, dangerous people who lack any social identity (12).

As the media depicts people with mental health conditions as desperate and volatile, it becomes less likely for them to find a job outside of their houses and more likely to fail in being recruited. It looks like images of violent, dangerous behavior blend in with the presentation of people with mental health conditions (13). Wahl concluded that the kind of image media depicts of a person with a mental health condition also changes the public

knowledge and take on psychological diseases (14). This conclusion shows that major public media outlets are a weighty source of information on mental illness issues and have a generally negative view of those who suffer from this kind of condition (15).

Since media plays an essential role in Iranians' lives, this research has been carried out to demonstrate and clarify the experiences of aid seekers diagnosed with mental illness when facing media-generated stigma. The results of this research aim to change the current stereotypical perspective and play a part in taking on a practical, scientific, realistic, and fair approach to educating the masses and reducing or removing stigma, discrimination, bans, and social isolation to improve the patient's mental health.

Materials and Methods

This research has been designed on a qualitative naturalistic hermeneutic phenomenological basis. It is part of a more significant study for a Ph.D. dissertation in nursing that aims to understand the lived experiences of aid-seekers diagnosed with medical illness in Ibn-e-Sina Psychiatric Hospital in Mashhad-Iran in 2017. Not only does hermeneutic phenomenology provide a proper methodology for qualitative human studies, but it also, interestingly enough, analyzes human experience in the context of their daily lives. Hermeneutics sees man as being in the world, meaning man is influenced by language and values, and what the researcher interprets and understands of participants' experiences is significant only in context and the historical background of the experience. Reactions to health and illness differ from one person to another person since human artifacts and cultures differ. Considering nursing theories' deep dependency on human study fields, we can find proper nursing care methods by studying the results of numerous studies. Most situations need the nurse to understand and interpret rather than meddle (16). Nurses need to learn to become humane and use that knowledge to improve their caring capabilities in helping those seeking medical help (17). We must hear and analyze the stories shared by those patients who have suffered and use them as a ground to understand and study how media stigma has been ruining the lives of people with mental health conditions so that we can use these findings and experiences to

eliminate stigma. During the working process of this study, psychiatrists introduced aid seekers, then we explained how the study would progress; and after getting their consent, we found that those patients whose physicians had verified as able to share their experience were, in fact, unable or unwilling to share what they have experienced of stigma. For instance, to follow the rule of variety in test subjects, two doctors were introduced who, at first, expressed their willingness and consent; however, during the interview, it was clear that they were ashamed of their current status (medical license of one nulled, the other forfeiting the physician's practice) there did not want to talk about issues related to stigma. This unwillingness or ability was also seen in aid seekers with higher educations, who were usually able to share experiences, so much so that they went through more shame and suffering to talk about stigma compared to others.

There were some other participants who, at first, pointed out some issues regarding stigma but, after being asked some questions, expressed their unwillingness to talk about this issue and left the room. There were other cases where, instead of sharing their stigma experiences, they asked the researcher to help them with their problems; for example, they had asked the researcher to talk with their spouse or family members so that they could get a car or live independently, etc.

In the end, aid seekers were selected on an evaluation-purposeful basis because usually, in a qualitative research study, to get as deep, rich data as possible; research areas are chosen according to what the researcher sees as target and needs to carry out research. Inclusion criteria included the clients who received a diagnosis of psychiatric disorder, aged 18-65 years, experienced the studied phenomenon, willingness to express their experiences of stigma. Exclusion criteria included requests for abandonment and unwillingness to participate.

Therefore, they comprised 12 people: 7 females, 5 males, 6 singles, 1 married, and 5 divorced. The age range among them was 21-54. (It should be noted that after the 10th interview session, no new data could be acquired from them) (Table 1).

In this study, before doing anything else, we explained and clarified the study for each participant in an introductory session and got their consent to do and record interviews.

During these introductory sessions, we explained, necessarily enough, about the voluntary nature of participation in the study, about keeping the acquired information classified, and assuring them that they could forfeit whenever they decided to do so no matter how far into the study they had progressed, after getting their consent and, in some cases, legalizing that consent, the place and time of interviews were selected, prioritizing the participant's choice and sometimes the researcher's suggestion accompanied by the participant's consent.

This study used a deep, unstructured interview technique to collect data. After having met the participants and before beginning the study, a researcher demonstrated the goal for them and began the interview by asking, "Can you tell how you felt the first time you were diagnosed with your illness?" The researcher tried not to guide the flow of the interview but, out of necessity, asked questions like, "What do you mean by that? Alternatively, "Can you explain more?" each interview varied in length between 30 to 110 minutes and took place in a typical psychiatrist's room or any place of the participant's choosing. All interviews were then transcribed, and data collection continued until saturation.

Analysis and collection of data happened simultaneously. It began by listening and rereading the interview and examining every threat of data extensively. The analysis method was the interpretive method by Dickelman, Alan, and Tanner (1989) (18), which is discussed below.

First, all the interview transcriptions were read, and an interpretive gist was written for each transcript. The research team spent the first session discussing the data obtained from some participants. The guide for the first interpretation yielded investigation lines that helped set later interviews and samples in a better-understood and data-rich way. Some parts that were lost or vague were pointed out, and to be understood better and extracted, richer, deeper data were debated in later interviews. Next, the researcher extracted clear denotative concepts or core senses to back the creation of level designs, which were subsequently approved by the research team. In this stage, the research team recognized participants' significant core senses or concepts. Data interpretation was a process that used interviews, observations, and group sessions,

progressing through writing and rewriting. Inductive to deductive and deductive to inductive progressions in transcripts were recognized where texts/transcripts were studied line-by-line and extracted of all codes, then registered. The whole paragraph was then reread, and its essence was summarized.

At the next stage, researchers returned to original transcripts, and by group analysis, which allowed them to compare levels, discovered and made out similarities and differences among the core implications acquired from all the transcripts. As the main issues became apparent, the researcher and the group grasped mutual core meanings.

Moreover, according to points and relations acquired at this stage, future interviews and observations were organized, and mutual core senses among participants were distinguished and made out. In the end, the assimilated text was reviewed by researchers, connected interpretive writings were debated, and the group's interpretive reports were refined.

Before beginning the interview process, each participant was given written consent, saying they had no objection to their interviews being voice-recorded and studied. Also, we made it clear that they could abandon their participation in the study any time they wanted. Computer files were stored secretly.

Table 1. Demographical variables of the participants

Participant	Gender	Disorder	Marital status	Age	Profession	Education
Participant 1	Female	Schizoid-affective	Divorced	38	Housewife	High school graduate
Participant 2	Female	Obsessive-compulsive disorder	Single	22	Housewife	Primary school
Participant 3	Female	Depression	Divorced	45	Housewife	Middle school
Participant 4	Female	Bipolar disorder	Single	21	College student	Law
Participant 5	Female	Bipolar disorder	Married	31	Book seller	High school
Participant 6	Female	Borderline personality disorder	Divorced	33	Housewife	Middle school
Participant 7	Male	Schizophrenia	Single	43	Unemployed	Dropout student
Participant 8	Male	Bipolar disorder	Divorced	48	Teacher	Master of arts
Participant 9	Female	Bipolar disorder	Single	36	Unemployed	Mechanics engineer
Participant 10	Male	Bipolar disorder	Divorced	54	Baker assistant	Primary school
Participant 11	Male	Bipolar disorder	Single	45	Teacher (Currently unemployed)	BA of educational sciences
Participant 12	Male	Bipolar disorder	Single	26	Unemployed	Senior student of physics

Results

In this study, 12 aid seekers diagnosed with psychiatric problems (such as obsessive-compulsive disorder, bipolar disorder, depression, schizophrenia, and borderline personality disorder) were taken apart with an age range of 21 to 45 years of age. Their education ranged from elementary school to master. Six of them were single, five were divorced, and one was married. At the time of the study, three were employed while others were not.

The results of this study implied that aid seekers in this study experienced much media-induced stigma and that this stigma hurts even

more than the illness itself. How media transfer this stigma is presented below, along with participants' quotations, in the framework of a significant core sense, "Impotent Media", and two minor core senses, "media exaggeration", and "disruption of public opinion" (Table 2).

Impotent media was the significant core implication said by the participants in this study, and this fact stated that people with a mental health condition are usually depicted in media as violent, dangerous, different, and hilarious. Moreover, this depiction has negatively affected public opinion toward aid seekers. Based on what participants in this study experienced, media are in an un-

detachable close relationship with stigma propagation, which shapes public opinion undeniably. This central core implication consists of two other minor implications: "media exaggeration" and "disruption of public opinion".

What participants experienced of "media exaggeration" was that media outlets such as the Internet, TV, newspapers, and movies are mostly the primary sources of information the public turns to when they want to know about psychiatric problems and that patients are depicted as clumsy, stressed, and moody. Participants believed that the media are responsible for creating an improper, distorted image of people with mental health conditions. They said the stigma that is prevalent in media toward a psychiatrically diagnosed aid seeker, which is always negative, is contrastive to reality. Such images and publications can develop public opinion in a way that spreads stigma and its hurtful implications.

Female, 45, Middle school graduate, "*in TV whenever they want to make a joke or funny statement, like when someone wants to drop himself off, they call him crazy. You know, in a way, they are making fun of sick people.*"

The minor core implication of "disruption of public opinion" is concerned with how media define psychiatrically diagnosed aid seekers. It

defines them as dangerous and violent, as if a person with a mental health condition is a murderer by nature. Aid seekers felt terrified by this kind of depiction of media clichés used to present psychiatric problems.

Female, 22, Elementary school graduate, "*in newspapers, they write about a mentally ill girl who has killed her mom, which terrifies people and makes them wary of people with a mental health condition. While they should be teaching people what a mental disease is and how it can be dealt with. It's the media that ruins people's view of the sick.*"

Further, the media exaggerates the opposing sides of the disease, which means describing the worst trait that can exist. By making up stories about patients with psychiatric disorders, the media depict them as violent and dangerous. While news and multimedia productions have a significant role in the public's lives, this sort of media depiction influences people, and consequences fall only on patients with psychiatric disorders.

Male, 26, Student, "*When I see stuff like this on TV, I get upset and ask myself why they ruin public mentality. The media does not say what is real, which makes things harder for me and likes me since people believe what they see, and when we overcome our illness or get better, no one believes us.*"

Table 2. Sub themes and constructive meaningful units

Theme	Sub themes	Common meaning
Impotent media	Media exaggeration	Negative depiction Stigma propagation
	Disturbing public opinion	Spreading of terrorizing news
		Influence of news on mentality

Discussion

The findings of this study showed us that psychiatric problems are represented in a distorted, exaggerated way in the media, which can have a negative, destructive influence on public opinion toward patients with psychiatric disorders. Public media outlets such as cinema, TV, novels, newspapers, magazines, and the Internet have significantly shaped public opinion toward psychiatric problems (19).

The cliché of violent murderers or clumsy, unqualified stooges whose actions only cause laughter and ridicule are some examples of the stereotypic cliché depictions that cinema and TV present of patients with psychiatric disorders (20). The minor core implication of media exaggeration spoke of the fact that public media

usually exaggerates in its illustration in movies of how people with mental health conditions act and react by overstating and distancing the narrative from reality. Also, crimes committed by mentally ill patients are broadcast too many times in the media (21).

There is the highest frequency of such negative stigma propagation in children's cartoons, two-thirds of which are somehow related to violence. Roughly half of all the cases (46%) consist of several references to psychiatric problems, especially in cartoons (22); a study in New Zealand found the vocabulary used in such cartoons to be hostile and insulting. Some features of such stigma denote behaviors such as losing control and baseless, irrational, persistent performances. These were all presented in the

most cliché, negatively noisy way and were subject to entertainment, ridicule, or terrorizing of others (23). A study on children's programs in the United States showed that nearly all represented absurd, insulting images. Another study in Canada focused solely on Disney cartoons. It came to know that 85% of them had references to psychiatric problems and that reference was used in cartoons primarily as a means of separating or antagonizing some characters (24). The minor core implication of "disruption of public opinion" was evident in the fact that this negative media depiction contributes to society's development of a hostile attitude toward those who have been diagnosed with psychiatric disorders. This fact makes those aid seekers' lives even more difficult (25). Reports indicate that a significant factor that contributes to stigma is how the media illustrates patients with psychiatric disorders as violent, unclean, lunatic, and dangerous, which in turn strengthens the already stereotypic bad feelings the public has toward those aid seekers (26). Wahl's research showed that this form of the antagonistic depiction of the mentally ill interferes with efforts to educate people in this respect. There have been numerous studies that indicate that the public relies heavily on public media outlets to know more about psychiatric problems (27). In one research, 90% of responders stated that what they knew of psychiatric disorders stemmed from what they had learned from the media. In media productions, there is usually a basic ridiculing theme of humor and oddness accompanying the depiction of people with a mental health condition, presenting them as ignorant, unclean, unlikable, unpredictable personalities, a depiction even more tragic than reality (13).

A considerable amount of data related to psychiatric disorders in prominent Canadian newspapers went under investigation for six years. A retrospective analysis of Canadian newspaper coverage from 2005 to 2010 was also made. 40% of articles had the direct themes of dangerous, violent behavior and crime. Treatment methods were discussed in only 19% of articles, and in 18%, rehabilitation and improvement were meaningful themes. 83% of all articles had no quotations of a psychiatrically disordered person (28).

Stigma is a societal problem that exists in media advertisements of mental health and mental illness (25). Pillow found that 66% of British television program items that were about

psychiatric problems were focused on violence and volatile behavior.

Patients with psychiatric disorders are rendered even more depressed and without hope by this antagonistic, hostile media depiction. Half of the participants in the research stated that this hostile propagation had adverse effects on their mental health (29). Wahl and Thornton revealed that people who had read articles about the violence committed by the mentally ill had developed a more hostile attitude toward the control group (30).

An international study of media images about psychiatric disorders laid out the fact that these disorders are negatively drawn in the media and that there is always a lasting connection between violence and psychiatric disorders. This media representation contributes to developing antagonistic perspectives and clichés (13). As evident in the articles mentioned above, the media worldwide mirrors open issues in society, and they can have a significant role in shaping and directing how the public feels and thinks. Media outlets such as cinema, TV, novels, newspapers, publications, and the Internet contribute to the lifespan of societal interpretations of mental illness, a fact that is evident in a systematically flawed chain of stigma propagation.

The current study helps create a bed to understand patients' experiences of media stigma better. This issue is vital for persons in charge at the Ministry of Culture and Islamic Guidance Culture since they supervise content broadcast on media. Using the results of this study should also help empower patients, thus enabling them to find ways to adapt. Further, treatment options to increase resistance to stigma and its influence can help. This study was the first phenomenological research conducted on psychiatric patients in Iran. If understanding and proper interpretation of the experiences of patients are present, appropriate interventions will be provided. Therefore, the interpretive phenomenological approach was suitable to attain a deep understanding of the patients' experience. We should be able to break the silence of this hurt class of people and convey their words to persons in charge of the Ministry of Culture and Islamic Guidance Culture, caretakers, the public, their families, and other Patients with psychiatric disorders.

Qualitative research has some inherent limitations. For instance, results cannot be generalized beyond those whose experiences

were present. The study had a small sample in research terms, and therefore, the findings may not represent the views of others. It is important to recognize that the main themes identified in this study are only one interpretation of the data; another researcher with different interests, personal characteristics, and theoretical beliefs could have interpreted the transcripts differently.

Conclusion

This study revealed that media stigma could leave bad marks on different layers of a patient's life.

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It is hoped that understanding psychiatric disorders aids seekers' lived experiences of media stigma.

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