

Video #6 – Language & Stigma Script

Stigma, by definition, is a set of negative associations pertaining to a group or individuals. It is based on falsehoods and misconceptions. And yet stigma has a very real and profound impact on those affected.

I'm John Leclair and this is "Keys to Our Past." Please join me on this voyage of discovery as we explore the history of mental health care in Canada through the language and the effects of stigma.

Hello, and welcome to my study. People suffering from addictions and mental health issues experience a profound social stigma. Having a mental illness can impact your ability to enter or stay in the job market, get good housing, receive quality health care, or keep the support of family and friends. Society views people with mental illness as less capable, more unpredictable, and more prone to criminal behaviour and violence. These beliefs make people less likely to disclose their illness to those around them or to seek help. For people who do seek help, stigma is a significant barrier to community reintegration. The result is longer stays in hospital, greater risk of being readmitted, social isolation, and generally poorer social, professional, and health outcomes.

Stigma is not new. Since the emergence of the first asylums in the nineteenth century – and arguably, before – people who have faced struggles with their mental health have been stigmatized. In history, this was seen in the cruel nicknames people would assign to the institutions in their communities. "Bedlam" was a nickname given to the Bethlem Hospital in England; today the term is defined in the dictionary as "a scene of uproar and confusion." Some would go so far as to abandon their family members once they were admitted. Many institutions have their own cemeteries to accommodate those who died in hospital but were unable to be buried at home, either because it was too expensive or because their family was no longer in touch with them.

There have been many attempts to lessen the assumptions people hold about mental illness. Early asylums tried to align their reputations with those of general hospitals – they adopted the same nursing uniforms, changed their name from "asylum" to "hospital," and wrote about the negative effects that stigma had on their patients.

The Centre for Addiction and Mental Health in Toronto provides a perfect example. The institution opened in 1850 as the Provincial Lunatic Asylum; twenty-one years later it substituted the word "lunatic" and its early associations with the moon for the medically-preferred term, "insane." In 1905, another name change saw the replacement of the word "Asylum" for "Hospital." "Insane" was dropped from the title another 14 years later. For most of its history, the institution was known as the Ontario Hospital, Toronto – that title was not replaced until 1966 when it became the Queen Street Mental Health Centre. The final title change came in 1998 when the Queen Street Mental Health Centre was merged with three other institutions, becoming the Centre for Addiction and Mental Health, or CAMH.

Throughout all of these name changes, the facility has remained at the same physical location on Queen Street West in Toronto – but even that has been a source of stigma. The institution was originally located at 999 Queen Street West – but the address became a part of the mockery and stigma with people referring to the location negatively as “999.” To distance themselves from the nickname, the Hospital relocated its mailing address to 1001 Queen Street West in 1979 – even though the main entrance never physically moved.

From their perspective, many of those who have experienced stigma first-hand have sought different ways of speaking out– whether it be through written works, poetry, art projects, or theatre performances. The Patient Rights Movement of the 1960s and 1970s successfully advocated for the recognition of more rights on behalf of those seeking mental health services – including the right to consent to treatment, the right to be paid for their labours, and so on.

We can keep changing the language – modernizing it, updating it, medicalizing it. But the new words will eventually come to mean the same as the old words if we don’t change our attitudes and beliefs. Language has the power to shape our world, but words themselves don’t hold meaning – we give them meaning.

So how do we stop stigmatizing mental illness and addictions? Obviously, knowing the facts can help. Another way is to become aware and question our own beliefs and attitudes – both positive and negative – seeing people as more than a label by not judging a book by its cover! We can also lessen the impact of stigma through language itself. Instead of identifying someone by a label, like saying that they are “schizophrenic”, we can speak about them as an individual with a diagnosis, as “a person with schizophrenia”.

We can also become more conscious of how we use mental health terminology in our day-to-day speech. Using diagnostic terms, like saying to a roommate who likes to keep a clean house: “oh my god, you are so OCD” makes it harder to understand the experiences of someone who legitimately has a diagnosis of Obsessive Compulsive Disorder and takes away from the struggles they are experiencing. Finally, we can replace words like “crazy”, “insane”, or “nuts” with words that are less stigmatizing, like “ridiculous” or “absurd”. Remember, 1 in 5 people will personally experience a mental illness each year – and many more are connected to those individuals, trying to support them. We may not realize the harm we are causing to those around us when we use these words.

To sum up our discussion in the study, I’d love for you to take away these three key points: number one, people suffering from mental illness also suffer from a profound social stigma; number two, attempts have and continue to be made by both patients and mental health professionals to reduce stigma; and number three, no amount of wordsmithing can remove the stigma surrounding mental health, instead we must change our attitudes towards those with mental illness. Thanks for visiting my study, join me next time on “Keys to Our Past” as we continue our discussion of the history of mental health care in Canada.