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**STIGMA**

Stigma is a widespread social phenomenon, based on the discrimination of an individual or subgroup of individuals by a dominant or majority group. Usually discussed in the specific context of psychiatry, this phenomenon also exists in other areas of medicine. It affects not only the patients but also their relatives, their children, and sometimes the caregivers who take care of it. Also, it impedes the implementation of prevention strategies, induces depressive reactions, a loss of self-esteem and a deterioration of the quality of life in patients. Finally, it hinders the interest of scientists and restricts the funds that are allocated to research in the areas that are the subject. It is therefore essential to understand the mechanisms to better combat it (Link and Phelan, 200, pp.363-385).

Etymologically, stigma is the act of "permanently marking someone's body to give it a distinctive scar". In its contemporary use, this term describes the setting aside of a person for his differences that are considered contrary to the norms of society. Stigma is thus not limited to the fields of medicine alone. Ervin and Goffman identify three areas of stigma: the first is for people with physical manifestation or visible external deformities (scars, physical disabilities, obesity); the second, people with differences in their behaviors (mental disorders, substance abuse, alcoholism, criminal history); the third, people of nationality, ethnicity, religion or political belonging considered to be outside local social norms. Also, stigma is a profoundly disqualifying attribute, which makes the subject of a complete and normal person to a deteriorated and diminished person, and which finally reduces it to this label (a drug addict, a schizophrenic, an obese, etc.). Not only stigma, based on a characteristic considered as a difference of the norm, leads society to reject the stigmatised individual but he tends to consider himself discredited and undesirable, through the phenomenon of auto stigmatisation.

**RECOVERY**

The recovery experience is unique to each person. It is a process where the person walks towards a satisfying and fulfilling life for themselves, despite the mental illness and the possible presence of symptoms (Davidson and Roe, 2007, pp.459-470).

People with mental illness can recover. Several factors contribute to recovery:

* Know your limits; regain control over your life by developing new abilities and new skills.
* Become aware of your strengths and build on them.
* Make decisions and find solutions that are adapted to one's state of health.
* Continue to hope that the situation will improve.
* Lead an active life; to feel appreciated, respected and heard.
* Contribute to life in society and the community.
* Develop a positive vision of oneself.
* Learn to live with your mental illness despite its symptoms.
* Remember that difficult situations are also an opportunity for change.

A person's recovery does not necessarily progress in a straight line. While on the road to recovery, the person may experience success, but may also experience difficulty and even periods of decline.

**INFLUENCE OF STIGMA ON RECOVERY**

Being mentally ill is fraught with negative prejudices in our society. The stigma "mental illness" becomes the all-determining characteristic behind which the individual disappears (Wahl, 2012, pp.9-10). Mental illness is a taboo subject that is often talked about behind the scenes. As a result of the negative prejudices, mentally ill people suffer more than any other minority from stigmatisation and discrimination. They are thus exposed to a double load. First, they must learn to live with their symptoms and integrate them into their self-image. Second, they must learn to deal with the stigma and discrimination in everyday life and psychiatry. In addition, many have themselves grown up with the prejudices against the mentally ill. Stigmatisation refers to the exclusion of a social group of people who are judged to be different from the majority "norm". It stems from a lack of knowledge and prejudices about stigmatised individuals, to whom are attributed certain characteristics that sociologist Erving Goffman calls stigmata (Goffman, 2009).

The most common social representations associated with people with mental disorders are; Irresponsibility, these people would not be able to be responsible for their actions or their condition. Incurability, healing or recovery of mental illnesses would not be possible. Dangerousness, people with severe mental disorders, including schizophrenia, are suspected of being dangerous and more likely to commit violent acts.

These representations are far from reality since the majority of people suffering from even severe psychological disorders are aware of their condition and their actions and are more often victims of violence than they commit. Many accounts of people who have recovered from severe mental disorders, including illnesses such as schizophrenia or bipolar disorder, now attest to the reality of a possibility of recovery in these diseases. These data are confirmed by scientific research.

The media frequently raise prejudices about mental illness, which reinforces the social representations cited, especially during news items involving people with mental disorders or by the frequent metaphorical use of the term "schizophrenia" to talk about double personality for example, which does not correspond to the reality of the disease.

Stigma is a source of significant suffering for those affected. It is the cause of discrimination behaviour and significant exclusion. A stigmatised individual may also internalise an experience of stigmatisation, which may reinforce his isolation by avoiding certain social situations; this is called self-stigma. Stigma and self-stigma can be major obstacles to the recovery process. They can aggravate people's isolation, impede work integration or access to housing. Self-stigmatization has a direct impact on self-esteem, self-determination and the power to act (Corrigan and Bink, 2005, pp. 11-44).

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