Stereotypes, Stigma, and Mental Illness: Learning From Fieldwork Experiences

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Objectives. A phenomenological study explored occupational therapy students' experiences in psychiatric fieldwork. Of particular interest were students' experiences with and perceptions of persons using psychiatric services.

Method. Data were gathered from 16 informants, via in-depth interviews and participant observation, on multiple occasions throughout the students' fieldwork affiliations in hospital and community psychiatric service settings. Triangulation of data gathering methods and member checking were used to strengthen the interpretive validity of the study.

Results. Informants manifested stereotyped preconceptions and associated anxiety regarding persons labeled as mentally ill, though the strength of such beliefs and feelings was found to diminish as fieldwork progressed. Sensationalized popular images of mental illness (e.g., that it is linked with malevolence) and some aspects of academic and clinical education (e.g., a deficit focus) seemed to adversely affect students' perceptions.

Conclusions. Assisting students to acquire a sound appreciation of the humanness of persons with psychiatric disorders is an educational imperative. There is a need to critically appraise academic and fieldwork practices in psychiatric occupational therapy.

During their fieldwork in psychiatry, occupational therapy students come face-to-face—in many cases for the first time—with persons identified as having a psychiatric disorder. Dormant or unconscious beliefs and feelings about such persons are likely to manifest themselves at this time (Lyons, 1991).

In a study of occupational therapy students' perceptions of persons with disabilities, Lyons and Hayes (1993) expressed concern about the students' diminished regard for persons with psychiatric disorders, relative to those with other disabling conditions. Furthermore, the finding that freshman and senior students did not differ in their attitudes raised questions about the professional education of occupational therapists. What sorts of beliefs and feelings about persons with disabilities, particularly those with psychiatric disorders, are being fostered during occupational therapy students' professional education? This article presents some findings of a phenomenological study of occupational therapy students' experiences of persons with psychiatric disorders during fieldwork.

Stigma and Mental Illness

A substantial body of research over the last three decades has unequivocally supported claims about a mantle of negative attitudes that envelops persons with disabilities (e.g., Chubon, 1982; Gordon, Minnes, & Holdren, 1990; Shears & Jensema, 1969; Yuker & Block, 1986). What is more, persons with mental illness have consistently been identified as among the most devalued of all persons with disabilities. The stigma of mental illness is such, it seems, that other members of society wish to distance themselves socially from persons so identified (Bowman, 1987; Socal & Holtgraves, 1992; Steinwachs et al., 1992).

Research has shown that the term mental illness suggests images of persons who are unpredictable, unreliable, likable, incompetent, and bizarre (Bhugra, 1989; Mansouri & Dowell, 1989; Socal & Holtgraves, 1992). Most pervasive and damaging of all, perhaps, is the image of persons with psychiatric disorders as being violent and dangerous (Dowbiggin, 1988; Link, 1987; Steinwachs et al., 1992). These images persist despite evidence that they are highly inaccurate; such is the nature of stereotypes (Retzinger, 1990; Townsend, 1990).

Postulates about the stigmatizing effects of the label mentally ill on the etiology of psychiatric disorders are known collectively as labeling theory (Link, Cullen, Frank, & Wozniak, 1990). The extent to which the label itself is the genesis of negative societal reactions, rather than any deviant behaviors the labeled person might exhibit, has been a contentious issue (Gove, 1990; Link, Miroznik, & Cullen, 1991; Weinstein, 1983). Regardless of a person's behavior, however, it seems that a mental illness label has its own effect in evoking negative societal reactions (Link et al., 1990; Socal & Holtgraves, 1992).
Professional Views of Mental Illness

Health professionals, like the general population, may be quite susceptible to stereotypes about persons with psychiatric disorders (Townsend, 1990). Indeed, the use of medical diagnoses has itself been conceptualized as a form of stereotyping, in the sense that diagnoses provide “conceptual packages” (Townsend, p. 417) for identification and ordering of patients, which define the essential characteristics of the case and help shape the treatment process (Griffiths & Hughes, 1993).

The use of diagnoses per se is not problematic; rather, it is their misuse. This is apparent in the interpretation of diagnostic categories as evidence of homogeneity. For example, Steinwachs et al. (1992) noted how many research studies, based on this assumption, have failed to take account of differences in service needs of persons with psychiatric disorders on the basis not only of diagnosis and functional level but also of other factors such as gender, ethnic background, and age. Diagnostic labeling has also been found to contribute to a mindset where almost any behavior of psychiatric patients may be perceived by hospital staff members as a symptom of psychiatric disorder. That is, once persons have been labeled mentally ill, perceptions of their actions may be distorted to adhere to the label or to fulfill the prophecy (Mansouri & Dowell, 1989).

With regard to occupational therapists in particular, Elliott, Hanzlik, and Gliner (1992) studied the attitudes of occupational therapists and occupational therapy assistants toward colleagues with disabilities in the workplace. They found that occupational therapy personnel generally expressed positive attitudes toward working with peers with disabilities, with the exception of persons with drug dependency problems and psychiatric disorders.

Students’ Attitudes

Students in human service professions such as occupational therapy do not differ substantially from their counterparts outside the human services (e.g., business students) in their general attitudes toward persons with disabilities (Lyons, 1991; Tringo, 1970). From their study of students in six health professions including occupational therapy, Westbrook, Adamson, and Westbrook (1988) expressed concern about the narrow and pessimistic beliefs regarding persons with disabilities in evidence among their cohort of student health professionals. They speculated that this situation might be attributable to the unrepresentative samples of persons with disabilities with whom students come into contact on clinical placements. For example, students tend to encounter persons who are currently experiencing problems rather than those who are functioning well.

Where research has attempted to differentiate among categories of disability, there is evidence that students in occupational therapy and related professions regard persons with psychiatric disabilities as among the least favorable of all, in the company of persons such as those who have a criminal record (Lyons & Hayes, 1993; Tringo, 1970). In this sense, students appear to reflect patterns of prevailing community attitudes.

In summary, psychiatric illness carries considerable stigma and persons with psychiatric disorders are generally perceived in extremely negative terms. Health professionals and students may be susceptible to prevailing stereotypes, with implications for their judgments about persons labeled as mentally ill. The views of health professionals and students warrant further examination in light of their ramifications for service delivery. This article explores the fieldwork experiences of a cohort of occupational therapy students and addresses two questions: (a) How did informants experience those persons accessing psychiatric services, whom they encountered in fieldwork settings? (b) How did these experiences find expression in students’ perceptions of persons labeled as mentally ill?

Method

Informants

This study employed a qualitative methodology to investigate these questions with 16 occupational therapy undergraduates, all of whom were women and were either juniors or seniors. Twelve of the 16 were undertaking fieldwork in hospital settings. These figures reflect a situation where the majority of psychiatric fieldwork places currently available to students are within hospitals (i.e., where supervising therapists work).

Informants were selected by “stratified purposeful sampling” (Patton, 1990, p. 174). The purpose of this strategy is to capture and describe the central themes that cut across several major strata of informant or program variation. Students were stratified on the basis of the type of setting in which they were undertaking their fieldwork. Setting types identified included public versus private hospital, hospital versus community clinic, and short-stay versus medium- to long-stay psychiatric unit.

These facilities differed somewhat in their stated goals and anticipated outcomes for service users and, hence, differed in terms of their processes of intervention. We reasoned that they might constitute substantially different learning environments for occupational therapy students. By including in the sample informants who we considered might have quite different fieldwork experiences, we hoped to understand variations in experiences while at the same time identifying major shared elements of their experiences.

Data Collection

The primary technique used for collecting data on informants’ experiences was unstructured (and later semi-
structured) interviewing (Bogdan & Biklen, 1992). The aim of the interviewing was to have informants talk about issues of most relevance to them in a manner that allowed them to use their own concepts and terms (Stainback & Stainback, 1989).

Typically, informants were interviewed on four or five occasions, each lasting approximately 1 hr. With permission, almost all interviews were audiorecorded to provide for increased accuracy in capturing informants’ words; the essence of what Maxwell (1992) has termed the descriptive validity of their accounts. To maximize the trustworthiness of data gathering, the interviewer regularly engaged in member checking (Krefting, 1991). That is, questions were raised with informants about the interviewer’s interpretations of their fieldwork experiences discussed in prior interviews. Before the final interview with each informant, all prior transcripts were reviewed in search of any gaps in understanding of that informant’s perspectives. These gaps were then addressed in the final interview.

In an effort to strengthen what Maxwell (1992) has termed interpretive validity (or the accuracy of interpretation of informants’ perceptions), this research drew on participant observation as an additional means of data gathering. Used in conjunction with interviewing, observation assisted in discerning more of the meaning of what informants were saying in interviews, as well as the congruence between what they were saying and what they were doing in given situations (Tebes & Kraemer, 1991).

Most of the participant observations were conducted around groups of persons with whom the informants were interacting on a regular basis during their fieldwork affiliations. They were typically groups of persons using the services of the psychiatric fieldwork sites. For example, observations occurred in a social group at a neighborhood center, in discussion groups on topics as diverse as self-esteem and leisure options, in exercise and relaxation groups, and in cooking groups where persons prepared, ate, and cleaned up after a meal. Typically, one participant observation session was undertaken with each informant. These lasted from 30 min to 3 hr, depending on the nature and duration of the activity being observed. Detailed field notes about the event observed were then prepared within 24 hr of leaving the setting.

**Data Analysis**

The narrative data from interviews and observations were analyzed inductively. "Inductive analysis means that the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis" (Patton, 1990, p. 390). Analysis began while data collection was still underway. As data were gathered through interviews and observations, they were subjected to preliminary inspection and comparative analysis for the emergence of themes (Henwood & Pidgeon, 1992). After data collection had been completed, a full thematic analysis was undertaken with the assistance of a computer package, The Ethnograph (Seidel, Kjolseth, & Seymour, 1988).

**Results and Discussion**

The results under discussion here are part of a theme concerned with the students’ expectations and typological understandings of persons with psychiatric disorders. Several aspects of this theme are outlined: anxieties regarding persons labeled as mentally ill; changes in conceptions as fieldwork progressed; and sources of perceptions of persons with psychiatric disorders, particularly sensationalized images and educational influences. Pseudonyms are used for informants throughout.

**Anxiety**

Almost all informants registered considerable anticipatory anxiety at the beginning of their fieldwork, as they contemplated contact with persons with psychiatric disorders. For example, informants expressed fear of the unexpected as they anticipated persons who would be unpredictable in their behavior:

I think [psychiatric patients] are the biggest unknown group of reactions and they can come out with the absolutely unexpected - break down and cry. All that sort of thing is a lot more frightening than just treating someone with a physical problem who’s going to talk to you anyway. So their actions are a lot more unexpected and more difficult to cope with (Karen).

It is a common human experience to approach new situations with a certain amount of anxiety—even more so in the case of students who must prove their competence to assessors who will judge their fitness to become practitioners. For these students, however, the label of psychiatric disorder prompted further anxiety because of the connotations of erratic and difficult behavior—a point raised in the literature (e.g., Bhugra, 1989; Socall & Holigraves, 1992). A host of preconceptions about someone whose condition is diagnosed as mental illness will be activated merely by use of the label (Mansouri & Dowell, 1989).

Informants commonly evaluated persons with psychiatric disorders unfavorably against those who have disorders of a physical nature. As suggested previously, there is a great deal more stigma attached to persons with psychiatric disorders than to persons whose disorders have physical origins (Bowman, 1987; Lyons & Hayes, 1993). One student recounted a personal experience of this phenomenon:

I was shocked to see someone I knew in a group: the mother of a girl that went to school with me ... and then I thought later "If I'd seen her in a [general hospital] ward, it probably wouldn't have shocked me so much". Probably because of mental illness, I meant in a ward where it was a physical condition (Silla).
Hackett (1991), writing as a person who has encountered discrimination as a result of her psychiatric disorder, questioned why society cannot view a person hospitalized for treatment of a psychiatric illness with tolerance and understanding, as it does when someone receives treatment for a physical illness. She speculated that someone who had recently had a heart attack, for example, would be treated with concern and gentleness in the period following discharge from hospital. On the other hand, "people tend to have a fear or an anger or an impatience" (Hackett, 1991, p. 19) with a person hospitalized for a psychiatric condition.

Fieldwork can bring students face-to-face with a mix of fears about persons with psychiatric disorders. For example, one informant commented:

You are a bit worried about whether you'll know what to do with them or what you'll do if they suddenly attack you or ask you some strange questions or something like that (Sophie).

One feature of the public face of mental illness that is often projected in the popular press is the association of mental illness with criminal and violent acts (Gartner & Joe, 1987; Steinwachs et al., 1992). It is hardly surprising to find that, for some informants, coupled with their fear of the unexpected was at least a hint of fear for their personal safety. However, whatever difficulties students experienced in their dealings with persons with psychiatric disorders during their fieldwork, these were typically not of the magnitude expected.

Changing Conceptions

Many of the informants' fears diminished with continuing contact with persons during fieldwork. One informant expressed that it took her 4 to 5 weeks to "get used to the patients." With their worst fears about persons with psychiatric disorders not realized as they progressed through their fieldwork placement, most students relaxed somewhat.

Analogous with the findings of Westbrook and Adamson (1989), many of the informants expressed surprise at the relative ordinariness of the persons with whom they were dealing—something that they began to appreciate with their ongoing association during the placement. In some cases, informants began to attribute to these persons not only a semblance of normalcy but even positive attributes such as pleasantness—in stark contrast with the negative connotations of their psychiatric label. This changed view might be prompted, for example, by a word of encouragement or other forms of positive feedback given to a student by a persons using the service.

You just get little bits of feedback from them that what you've said has counted and that they've listened to you and that maybe you've helped them in one way or another (Nancy).

In stark contrast with their negative expectations, several informants identified their dealings with persons with psychiatric disorders as having been one of the most positive aspects of the placement experience. Feedback from service users, in the form of supportive words or gestures, was rewarding for students. Yet some students found this awkward to deal with, as the notion of receiving support from service users did not sit comfortably with these students' image of being a competent professional (e.g., being self assured and emotionally insulated from service users).

For those informants who sensed the normalcy of persons with psychiatric disorders, it is notable that this view was confined not only to situations where pleasantness were being exchanged. On occasions, even while these persons were exhibiting what were regarded as undesirable symptoms of a disorder, students still identified positive human qualities within them:

These people are so different when they're ill; and it's not their real person, it's just the illness, and when the illness is controlled, you can see a different side of them. Basically they're fairly normal people, apart from their illness. I think that's something that you realize when you're on practice; you: that these people are human (Sophie).

It has been noted that medicalization of various forms of deviant behavior as mental illness has been helpful in shifting blame from persons with this condition when they exhibit deviant behavior (McLean, 1990). Their behavior is regarded as a symptom of illness and, therefore, as something beyond the person's own control and responsibility. For Sophie, this separation was used to reconcile her observations of substantial (and possibly alarming) variations in persons' behavior with her acceptance of this as part of the human condition. Schwartz and Struch (1989) have postulated that a sense of shared humanity with members of a stigmatized group is fundamental to their being treated with dignity and respect by other, more powerful persons.

It is apparent that, among the expectancies with which students approached the psychiatric fieldwork placement, there were many negative preconceptions of persons with psychiatric disorders. It is also apparent that some of these negative expectations were altered over the course of the fieldwork. Other preconceptions might have persisted, in some form, throughout the placement and beyond. At this juncture, therefore, we will consider some of the sources of informants' preconceptions.

Sensationalized Images of Mental Illness

The origins of informants' preconceptions are understandably varied. First, it would seem reasonable to expect that students are susceptible to the negative images of persons with psychiatric disorders that pervade our society. For example, one student said:

I haven't seen [the film] One Flew Over the Cuckoo's Nest and I've been told I shouldn't if I'm going to work in psych. There's things
Like that. I've seen parts of it and it's pretty horrendous; and things keep popping up like the Townsville 10B thing, a hospital psychiatric unit about which there was a public outcry and, eventually, an official inquiry in Australia, that really makes such an impression on the public. It reinforces stereotypes so much. I guess you can't help it but relate it back to something like that (Rosie).

The media and entertainment industries often sensationalize psychiatric disability (e.g., linking it with malevolence). Some journalists, like film scriptwriters, have been accused of not letting truth get in the way of a good story. Even where concern for the well-being of the subjects of the story is present, the reader may be misinformed due to the writer's ignorance, so that negative impressions persist. Students, already uneasy about an upcoming psychiatric placement, were perhaps even more susceptible to the negative undercurrent within such stories.

Furthermore, students themselves may contribute to their fellow students' fears through their own stories of experiences on psychiatric fieldwork. For example, one student stated:

I've heard stories from other people doing their psych placements, who talk about all these really psychotic people, really in very ill sort of stages. The people here are surprisingly normal (Rosie).

It is hardly surprising that students would share stories of their placement experiences with each other. Because students typically have some choice about where they undertake fieldwork, it would be in their best interests to sound out their fellow students before making decisions. Students undoubtedly put this informal information network to good use.

Psychiatry has that additional ingredient, however, of the powerful stereotype surrounding the person with a psychiatric disorder. The quest for information, therefore, may be mixed with a morbid fascination for astonishing stories of persons' behavior. Existing stereotypes may help to fuel listener interest, making an otherwise ordinary story a more memorable one for the storyteller to relate. Add to this a certain thrill for the storyteller in titillating others:

I've always liked the idea of working in an area where other people are scared to work in. I like to be able to say "I work in psychiatry" and have people say "Oh do you really?". Yeah, a bit of shock value and then it's an education thing too because I like being able to say "It's not as bad as it sounds" (Chia).

The menacing aura surrounding mental illness plays out its influence on students in various ways including, as already mentioned, their choices of fieldwork placements:

I think community unawareness still affects you. Some [students] don't want psych because they haven't got over psych having a bad reputation in the community (Jane).

In synchrony with societal fear and ignorance, students may vote with their feet in choosing among fieldwork options. They may make a conscious decision to avoid fieldwork involving persons with psychiatric disorders.

**Academic and Clinical Influences**

Another source of students' negative preconceptions may lie with the style of their education. Teaching about reasoning processes in occupational therapy is often structured around problems linked with diagnoses, reflective of the clinical perspective of persons with disabilities (Cocks, 1989):

Well, I suppose it comes from the lectures: "You're going to come across patients who have this problem. They're going to be poor to motivate. They're going to withdraw and prefer to be by themselves." ... I mean the whole list of negative symptoms which, to me, I'd expect to find in a really acute setting (Chia).

One likely consequence of the preoccupation with deficits is the tendency for students to acquire a pessimistic view of persons with psychiatric disorders, as Chia has indicated. What is more, the primacy of diagnostic labels as the means of identifying persons and as the basis for discussion about them does nothing to dispel ignorance and fear:

You tend to be a bit scared of them when you're at University because you label them as schizophrenic and that type of thing. But when you get to meet them, they're very normal. I mean, apart from their illness, they're just people (Sophie).

University teaching, in other words, may inadvertently support students' adherence to negative stereotypes rather than fostering greater appreciation of persons' normalcy. Additionally, because occupational therapy services are mostly located within hospitalized settings, students have little or no opportunity to meet and come to know persons with psychiatric disorders in more normal surroundings associated with community life (e.g., homes, acquaintances, neighborhoods, daily routines), to the detriment of their understanding of the normalcy of persons (Westbrook & Adamson, 1989). As has been proposed, students are also most likely to encounter persons only during those times when, as patients, they are experiencing substantial problems in their lives; this situation contributes further to a jaundiced view of persons with psychiatric disorders.

By way of contrast, several students on fieldwork in a community clinic commented on how contact with persons outside the clinical setting had influenced their perceptions markedly. For example, two students attended a week-long camp where they lived alongside some persons with psychiatric diagnoses. From this experience and hearing these persons' stories of their lives, the students reported a growing sense of respect for them as survivors against a backdrop of considerable trauma and hardship.

What can be inferred from informants' comments, then, is that they gleaned a mixed bag of perceptions of persons with psychiatric disorders from their fieldwork experiences. Although negative overtones pervaded students' expectations before and at the commencement of fieldwork in psychiatry, these tendencies were challenged and modified substantially in some students with field-
work experience. Yet positive attitudinal shifts were not apparent among all informants. What is more, the existence of such overtones of devaluation of persons with psychiatric disorders, among students entering and leaving fieldwork, is surely cause for concern as an educational issue in a profession that professes social justice for, and activism in the interests of, disadvantaged persons (Joyce, 1993; Townsend, 1993).

Conclusion: Toward Appreciating Human Value

An issue of concern arising from this research is the propensity of informants to diminish the personhood of those labeled as mentally ill, somewhat akin to that described by Peloquin (1993). This raises the question of whether a sound appreciation of the humanness and individuality of persons with psychiatric disorders is being propagated within occupational therapy students.

The informants of this study live in a society that cloaks mental illness in malevolence and devalues persons so labeled. There is every reason to believe that occupational therapy students do not escape the insidious influence of these societal perceptions—insidious in the sense that they are pervasive, lifelong, but largely unconscious (Mitchell, 1990). Although some students may become aware of their stereotyped preconceptions, this is apparently not so for all.

This tendency toward depersonalization gives rise to an educational issue of how information about persons with psychiatric disorders is conveyed to students. Are students being schooled in psychiatry in a way that places too much emphasis on medical diagnoses (e.g., etiology, symptomatology) as the essence of understanding the experience of mental illness, the needs of persons, and the formulation of a professional response?

The formulation and use of psychiatric diagnoses are matters of substantial controversy (Landrine, 1987; Szasz, 1993). These are issues that a proactive education of analytical practitioners should incorporate (i.e., a critical understanding of the limitations and possible misuse of diagnoses). Whatever the opinion of the diagnostic system in psychiatry, however, it is unlikely that any mental health professional would suggest that diagnoses define persons. Yet findings from this study indicate that the principal means by which students are given to understand the meaning and consequences of mental disturbance for persons is via teaching to diagnoses.

If this is so, educators need to rethink the information being presented to students, in favor of a more balanced view. Unintentionally, we may be offering a one-sided view of all that can be “wrong” with persons who have a specified diagnosis, without conveying a sense that there is much that can be “right” and “whole,” or anything of the uniqueness of experience of mental disturbance to different persons. The starting (and finishing) points in students’ learning must be the person rather than the diagnosis. Diagnostic information must be understood as, at best, telling only one part of each person’s story rather than being presented as the core or central plot around which everything is arranged and understood.

As much as we educators might see this in our mind’s eye as desirable educational practice, we should recognize the importance of the way in which we frame and present information to students. Whatever means we use in our teaching must attempt to present students with a well-rounded view of persons with psychiatric disorders at all times, just as we would want to convey a complete sense of the qualities of any client, to be true to our holistic heritage. With all persons who have disabilities, we may be insufficiently attuned to recognize their giftedness in the face of deficiencies—not by intent but by the largely unconscious influence of a reductionist clinical gaze. Some informants in this study began to recognize this tendency on their fieldwork. All students should be well aware of it by virtue of a sound professional education. There are consumer groups keen to help us and our students address this issue. We should draw on them more as educational consultants and teachers.

It is our belief that most occupational therapy students (as therapists themselves) are persons with a positive commitment to the well-being of their fellow humans. Our experience of students is that most are keen to put their considerable talents to work for the benefit of persons who will use their professional services. The collective we in the occupational therapy profession have a responsibility as educators and mentors to help these students channel their capabilities, enthusiasm, and idealism into high-quality professional practice in the service of persons who are disadvantaged. Doing so requires that we foster the development of not only their skills and knowledge (to enable them to act proficiently in practice) but also their attitudes and values (to enable them to act justly and humanely in their dealings with service recipients). ▲

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