

Correspondence

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Resolving mental illness stigma: should we seek recovery and equity instead of normalcy or solidarity?

I am grateful that the editorial by Professor Corrigan¹ has raised highly important issues regarding discrimination against people with experience of mental illness like myself. I hope that I will be able to enhance this by adding a slightly different perspective on the problem, based on my own experience of stigma. In short, I would like to suggest that the concepts of 'solidarity' and 'normalcy' are not the most effective and appropriate ways to address the problem of discrimination.

From my point of view, the concept of 'normalcy' in approaching mental illness is very vague and does not reflect the real state of affairs. First, since there is a broad continuum between mental health and mental illness, the heuristic boundaries between normality and abnormality are very unclear and difficult to address with anti-stigma interventions. Second, seeing mental illness as like any other illnesses was described as one of the 'lost paradigms' of anti-stigma interventions.² Indeed, the public is deeply aware that mental illnesses are not like any other and is not prepared to see them as a part of 'normal' experience, and therefore will hardly be able to accept us as the same.

The concept of 'solidarity' in tackling stigma is also controversial. Self-identification with mental illness (and with a group of people with mental illnesses) is a difficult endeavour, requiring a long journey through the personal narrative of illness³ which may easily lead to depression in some circumstances.⁴ The positive effect of identification with a group presented in the editorial by Corrigan is hardly applicable to mental health-related stigma: African-Americans and women are African-Americans and women throughout their whole lives. On the contrary, mental illness is not a lifelong disability, as 'normal' people often see it.⁵ Mental illness often occurs only at a certain point in a person's life, and it can be coped with through recovery. Efforts can be directed towards obtaining quality of life equal to that of the rest of society, including a happy family life instead of isolation, properly paid work instead of social benefits, and enjoying comfortable accommodation instead of sheltered housing. Besides identifying with mental illness and searching for solidarity, it is crucial for people with mental illnesses to be able to identify themselves with mainstream society and to feel eligible for the same life opportunities.

Based on the aforementioned considerations, instead of searching for a better category (of 'normalcy' or 'solidarity') in approaching people with mental illnesses, I would rather welcome those initiatives focused on acceptance and equity that were

absolutely necessary to me in breaking down my self-stigma and coming back to society. Fighting structural discrimination and searching for better access to life chances and equal opportunities, provision of appropriate patient-centred care and focus on full recovery would probably be more beneficial in terms of demonstrating the equity of people with mental illnesses and promoting their acceptance by other members of society.

- 1 Corrigan PW. Resolving mental illness stigma: should we seek normalcy or solidarity? *Br J Psychiatry* 2016; **208**: 314–5.
- 2 Stuart H, Arboleda-Florez J, Sartorius N. *Paradigms Lost: Fighting Stigma and the Lessons Learned*. Oxford University Press, 2012.
- 3 Lysaker PH, Clements CA, Plascak-Hallberg CD, Knipscheer SJ, Wright DE. Insight and personal narratives of illness in schizophrenia. *Psychiatry* 2002; **65**: 197–206.
- 4 Krupchanka D, Katliar M. The role of insight in moderating the association between depressive symptoms in people with schizophrenia and stigma among their nearest relatives: a pilot study. *Schizophr Bull* 2016; **42**: 600–7.
- 5 Schulze B, Angermeyer MC. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Soc Sci Med* 2003; **56**: 299–312.

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Author's reply: Thanks to Dr Chrtkova for an insightful letter about my editorial contrasting normalcy versus solidarity messages in order to change stigma.¹ In my editorial, I recommended replacing messages meant to erase the public stigma of mental illness based on normalcy ('People with mental illness are just like me') with messages of solidarity ('I stand with you where you are at'). Chrtkova and I disagreed with the notion of identity as it applied to this distinction. She said that group identity does not fit well with mental illness, at least not compared to lifelong conditions such as being female or African-American. I believe that identities come from significant life experiences as well as genetic endowment. I viewed myself as a dad when my son was born, and as a psychologist when I earned a doctorate. Some may argue that a person need not identify as 'mentally ill' throughout life, because recovery is a reality in which mental illness might be left behind. I agree; this is a reality for some. But for others, the experience of mental illness – its symptoms and challenges – and/or the experience of mental health treatments, marks them. This mark is not always negative; people marvel at their journey, recovery and achievements, often embracing their mental health identity with pride.²

Consider an analogy with the gay community I have made elsewhere.^{3,4} Stigma and discrimination against lesbian, gay, bisexual and transgender (LGBT) people has greatly decreased over the past 50 years in the Western world. Not so long ago, a gay man trying to escape stigma might have said, 'I am just like straight people': a variation of normalcy. At its most extreme, this might mean the person passing for straight, thinking he escapes homophobia as others do not know he is gay. Nowadays, this is likely to be viewed as a problematic message. 'Passing' implies ideas of keeping one's sexual orientation hidden. Instead, gay pride celebrates a message of who one is. In this celebration, members of the LGBT community expect others to join with them in solidarity.

Dr Chrtkova has lived experience of mental illness and talks about 'breaking down my self-stigma'. I thank her for the courage of her message; we share a fundamental perspective for understanding stigma. I have come to identify as a person with mental illness after 40 years of diagnoses, medications,