

Mental Health Misconceptions and Stigma

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By

Kathryn Paruszkiewicz-Philson

Department of Psychology

Dr. Sara Garvey, Department of Psychology

Dr. Marti Amberg, Department of Psychology

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The Impact of Mental Illness Misconceptions on Stigma

Mental health advice is everywhere, from social media influencers promoting their latest health brands to mainstream media hyping up the latest results from a research study. While the internet is full of tips on maintaining well-being such as regular exercise and mindfulness, there is much less discussion about the realities of living with a diagnosed mental disorder. Despite increasing awareness, many myths about mental illnesses persist. Misunderstandings about mental illnesses fuel harmful stigmas, perpetuating stereotypes, discrimination, and systemic barriers that limit individuals' ability to achieve a high quality of life and negatively impact society. Normalizing conversations and fostering a greater understanding of mental illnesses can reduce stigma and increase the ability of those affected to receive the support they need.

Understanding Mental Illness

Before addressing misconceptions about mental illnesses and their consequences, it is important to distinguish between mental illness and mental health. Mental health is a state of well-being in which individuals can recognize their abilities, manage everyday stress effectively, maintain fulfilling work, and contribute to their communities (Gilmour, 2014). An individual can live with a mental disorder and maintain overall well-being while someone without a diagnosis may struggle with poor mental health. In the United States, only 32.7% of adults report having 'complete' mental health, while 23.1% live with a mental illness, leaving many in an intermediate state of moderate mental well-being without a formal diagnosis (Gilmour, 2014; National Institute of Mental Health [NIMH], 2024). This distinction is important to be able to understand that individuals with mental illnesses don't always have poor mental health, can lead productive and fulfilling lives, and are able to contribute to society. Positive mental health is a protective factor against mental illnesses for those who don't have a diagnosis and those who already do (Gilmour, 2014). Not only is the distinction

between mental health and mental illness often misunderstood, but mental illness itself also varies in definition, shaping how it is understood and addressed.

The way mental illness is defined varies greatly since it's shaped by personal perspectives, cultural norms, and ideas about what a disorder looks like. The DSM defines mental disorders as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (TSE & Haslam, 2023) The DSM's definition represents the most commonly used way to integrate multiple aspects of an individual's life to interpret the symptoms and causes of mental disorders. This interpretation is called the biopsychosocial model. Unlike many physical illnesses, the development of mental disorders is explained through the combination of biological, psychological and social factors. Biological factors include abnormalities in neurotransmitter functioning, genetic heritability, and alterations in the structure and functioning of the brain that can provide an organic risk to the onset of symptoms. However, these factors rarely work alone and are normally compounded by environmental and social risks such as low socioeconomic status, limited access to resources, and poor-quality education. The progression of a mental disorder also depends on how each individual responds to their environment based on things such as self-esteem, cognitive processing patterns, and levels of neuroticism and perfectionism. These individual experiences can either be a protective or risk factor for the emergence of a mental disorder. Given the many factors that shape how mental illnesses develop and manifest, interpretations of what qualifies as a mental disorder can vary depending on who is diagnosing. This subjectivity invites disagreement, criticism, and widespread misunderstanding." (Kinderman, 2005)

Although there is general agreement that mental disorders develop in complex and varied ways, ongoing debates remain about how they are defined and diagnosed. A major

criticism is based on the perception that the DSM sometimes pathologizes socially deviant or undesirable behaviors rather than identifying true mental illness. For instance, the category of paraphilic disorders could stem from societal discomfort with ‘atypical’ sexual expression rather than reflect true psychopathy. Additionally, critics argue that ordinary struggles are increasingly labeled as disorders, contributing to confusion about what truly constitutes mental illness. This confusion is reinforced by the casual misuse of clinical terms like “trauma” and “depression” to describe everyday emotions, blurring the line between genuine mental disorders and common distress (Becker, 2021). This leads to skepticism and dismissal about certain diagnoses, especially those that are based more on self-reported symptoms than scientific evidence, such as somatic symptom disorder, insomnia, and female orgasmic disorder (Tse & Haslam, 2023). Ultimately, these misconceptions perpetuate stigma, prejudice, and barriers to care for those living with mental illness (Tse & Haslam, 2023).

Misconceptions about Mental Illness

Misconceptions about mental illnesses are widespread in popular culture, largely due to a lack of public education and the prevalence of inaccurate portrayals in movies, TV shows, and misinformation online and in the news. While awareness of mental illnesses has increased, not all the information shared is accurate, and some of it only reinforces negative stereotypes rather than promoting destigmatizing attitudes. Research has shown that adults aged 40 and older tend to hold fewer stigmatizing views compared to younger individuals aged 16-18 (Bradbury, 2020). A proposed reason for this phenomenon is that older adults are more informed and have more sustained contact with individuals living with mental health diagnoses, whereas younger people tend to view mental illnesses as personal failures or weaknesses rather than legitimate disorders (Bradbury, 2020). This incorrect perception can be attributed to increased media use, where individuals with mental illnesses are frequently depicted as violent, dangerous, and responsible for their actions, as seen on the popular

television show *Criminal Minds* (Corrigan & Watson, 2002). Misunderstandings among professionals can be credited to the DSM itself, which represents unconscious bias and conformity to societal values. For example, the pathologization of homosexuality until the DSM III in 1987 reflects societal beliefs rather than scientific evidence (Yarber, et al., 2022). Regardless of the source, common misconceptions about mental illnesses persist, having lasting impacts on both individuals and society.

Some myths about mental illnesses are particularly widespread and are especially harmful, shaping both public perception and the treatment of those affected. Common misconceptions found in English and American citizens include the belief that people with severe mental illnesses are dangerous, should be feared and separated from society, are irresponsible yet fully in control of their condition, and incapable of making their own decisions (Corrigan & Watson, 2002). Certain disorders, such as borderline personality disorder (BPD), schizophrenia, substance use disorders, and paraphilic disorders, face even greater stigma. For instance, over half of individuals with BPD in an Australian study felt shunned by healthcare providers, compared to only 29% of those with other mental illnesses (Sheehan et al., 2016). Such misconceptions have harmful impacts on self-perception and how the public responds to people with mental illnesses, contributing to widespread stigma, discrimination, and barriers to accessing effective treatment.

Impact of Misconceptions

Individuals with mental illnesses not only face the challenges of their condition but also must endure stigma, prejudice, and discrimination imposed by the public and fueled by misconceptions. Research has shown that the public is significantly more disapproving of psychiatric disabilities than physical ones, often perceiving mental illnesses as self-inflicted and within an individual's control. As a result, people with mental illnesses receive less sympathy and are more likely to be met with anger and denied help (Corrigan & Watson,

2002). This stigma manifests in two ways: self-stigma, where individuals internalize negative beliefs, and public stigma, where societal attitudes reinforce discrimination. Both forms of stigma limit opportunities for employment, independent living, quality healthcare, and social support, ultimately reducing overall quality of life. (Corrigan, 2005)

There is a lot of research about the impact of public stigma on individuals with mental illnesses, however, there is less emphasis on how misconceptions can impact a person's perception of themselves. Self-stigma is a significant source of harm for individuals with mental illnesses. Thought patterns in these individuals can lead to feelings of guilt, shame, and self-blame. Misunderstandings in the media and public sphere can shape how individuals perceive their own diagnosis such as by reinforcing negative self-views and worsening symptoms of depression, anxiety, and their specific condition. This internalized stigma can result in social withdrawal, lower self-esteem, and avoidance of life opportunities, often creating a self-fulfilling prophecy and the 'why try' effect (Corrigan, 2005). Social isolation removes key protective factors necessary for well-being and decreases the likelihood that these individuals will reach out for support. Additionally, self-stigma contributes to reluctance to seek treatment due to denial, shame, fear of judgment, or disbelief in the legitimacy of their disorder. This leads to untreated or worsening symptoms, further reducing the quality of life. Higher levels of public stigma correlate with increased self-stigma, highlighting the deep connection between societal attitudes and an individual's willingness to seek help. (Bradbury, 2020)

Public stigma refers to society's reaction to individuals with mental illnesses. Corrigan (2005) described how stereotypes believed by the public often result in social exclusion, segregation, and avoidance leading to many people being unwilling to socialize, work alongside, or have a family member marry someone with a mental illness. Misconceptions that those with mental disorders are childlike, irresponsible, or incapable of

making decisions can lead to coercive treatment or institutionalization (Corrigan, 2005). This stigma has far-reaching consequences, contributing to discrimination in employment, housing, the justice system, policymaking, insurance claims, and even within professional settings, creating significant barriers to accessing treatment.

Individuals with mental illnesses often face significant discrimination when seeking employment, contributing to alarmingly high unemployment rates. Less than 15% of those with serious and persistent mental illness are employed, with nearly a quarter living below the poverty line. Unemployment rates for individuals with psychiatric disorders are three to five times higher than for those without (Corrigan, 2005). While low employment rates among individuals with mental illness can be partly attributed to the effects of their symptoms, they may also result from discrimination and limited access to the support or resources needed to obtain and maintain employment. This lack of job opportunities worsens mental health, as employment is linked to personal satisfaction, well-being, and stability (Sheehan, 2016). Discrimination also extends to housing, with many of the two million chronically mentally ill Americans living in inadequate conditions, lacking necessary resources, or experiencing homelessness (Sheehan, 2016). In the justice system, misconceptions that individuals with mental illnesses are fully responsible for their actions contribute to higher incarceration rates, as they are often stigmatized as being dangerous or evil (Sheehan, 2016). This perception leads to limited rehabilitative efforts and restricted access to treatment within prisons. Misconceptions further shape misguided policies, such as insurance companies restricting coverage for certain mental disorders, particularly personality disorders, reducing access to necessary care and support.

Misconceptions about mental illnesses create significant barriers to accessing effective treatment. These misunderstandings extend beyond the public to healthcare professionals, including therapists, doctors, nurses, and psychiatrists. Stereotypes contribute

to both conscious and unconscious bias, affecting the quality of care provided. Many individuals with mental disorders report feeling dismissed or shunned by healthcare professionals (Gilbert, 2020). These experiences are compounded by other barriers such as limited access and availability for certain populations results in only 50.6% of the 59.3 million adults with a mental illness receiving treatment in the past year (Terlizzi et al., 2020). Additionally, highly stigmatized disorders receive less research funding, limiting the development of effective treatment options (Gilbert, 2020). These barriers further perpetuate stigma and prevent many from receiving the care they need to live a satisfying and meaningful life.

Strategies to Combat Stigma

While individuals with mental disorders face stigma and misconceptions, society can take steps to combat these biases and reduce their impact. One of the most effective strategies is public education, which increases awareness and understanding, helping community members as well as current and future professionals move away from biases (Corrigan, 2005). For those already in the workforce, professional training such as cultural competency, mental health, and bias training can weaken pre-existing stereotypes. These training courses are especially important for healthcare workers who interact with individuals with mental illnesses. Additionally, expanding research into underrepresented and highly stigmatized disorders can help challenge misconceptions by providing scientific evidence as rebuttals. Many disorders labeled as "not real" or "dangerous" receive little research, perpetuating misunderstandings and limiting effective treatment options. It is essential to address these gaps so that individuals who suffer from mental illnesses can have better access to mental health care.

Another effective way to combat the stigma of mental illnesses is to encourage open dialogue. While mental health can be a sensitive topic, normalizing conversations can reduce

shame and guilt while increasing understanding for those who feel they must hide their disorders. Normalizing conversations also encourages interactions with individuals who have highly stigmatized disorders. These conversations increase mutual understanding and decrease the likelihood of believing harmful stereotypes. Research shows that when people interact with individuals with mental illnesses who have jobs or contribute positively to their community, stigmatizing attitudes decrease (Bradbury, 2020). Social media can play a role in this effort, surviving as a potential source of harm but also a powerful tool for education. Platforms like Snapchat, TikTok, Instagram, and Facebook can help dispel myths, share personal stories, and normalize discussions about mental illness. My podcast series, for example, aims to address misconceptions and spark meaningful conversations. When discussing mental illnesses, it is important to use inclusive, person-first language and avoid rhetoric that blames, shames, or guilt those affected. There are small ways that everyday people can fight against stigma and help to create an inclusive environment for everyone.

Change starts with just one person speaking up and challenging stigma in everyday life. There are simple yet powerful ways to help reduce stigma and increase awareness. First, educating oneself through reliable sources is crucial. Social media can be powerful in sharing personal stories however it is also a main source of misinformation. Verifying information seen online or listening to firsthand experiences from individuals with mental illnesses reduces misconceptions and cultivates understanding. Additionally, avoiding and challenging negative stereotypes in conversations helps to spread awareness about harmful language to community members. This includes using person-first language such as “They are a person with schizophrenia” that emphasizes that a person is not defined by their disorder and steering away from harmful phrases such as ‘psychotic’ or ‘insane’ that reinforce negative stereotypes. Finally, community involvement, such as joining advocacy groups like Colorado

State University's *Active Minds*, can help fight discrimination and promote mental health rights.

Conclusion

This discussion has explored the concepts of mental illness and mental health, common misconceptions, their impact on individuals and society, and strategies for combating stigma. While systemic change is necessary, individuals can make a meaningful difference within their communities. The overarching goal of addressing mental health misconceptions is to shift societal narratives and create a more informed and supportive world. By increasing public understanding, access to effective and affordable treatment can be improved, discrimination in employment, housing, and the justice system can be reduced, and fairer policies can be advocated for. With millions worldwide affected by mental illness, fostering a more accepting society can improve the quality of life and provide hope to those who feel isolated in their struggles.

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