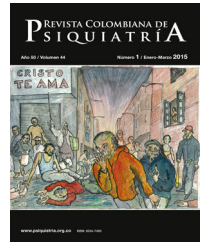




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Original article

Exploring Stigma Towards People with Schizophrenia in Mass Media and Their Private Discourses

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ABSTRACT

Introduction: It has been shown that public stigma towards people with schizophrenia hinders their psychosocial integration. Public stigma expresses itself through lexical labels used in the print media and social networks, heightening the internalization of stigma in this population, a phenomenon known as internalised stigma or self-stigma. This paper analyses the diffusion in the mass media of two dimensions of stigma: public stigma and self-stigma. **Methods:** For public stigma, we searched for the lexical labels “schizophrenia”, “schizophrenic”, “psychosis” and “psychotic” in Chilean newspapers from 2010 to 2020, and for self-stigma, we used semi-structured interviews with people with a diagnosis of schizophrenia who are users of mental health services in Santiago de Chile. The findings were organised into four categories per stigma dimension. Lexical frequencies and semantic relationships were then analysed using the UAM Corpus tool and AntConc software. **Results:** The results showed frequent use of stigmatising labels in the written press, with harmful semantic associations such as violence, delinquency, unpredictability and danger. **Conclusions:** Such labels tend to be accepted by those affected, evidence of their internalisation of the stigma towards the disease, and create a barrier to integration and inclusion.

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Explorando el Estigma Hacia las Personas con Esquizofrenia en los Medios de Comunicación y sus Discursos Privados

R E S U M E N

Palabras clave:

Estigma social
Trastornos psicóticos
Lingüística
Periódicos

Introducción: Se ha demostrado que el estigma público hacia las personas con esquizofrenia dificulta la integración psicosocial de estas personas. El estigma público se expresa a través de etiquetas léxicas registradas en medios de prensa y redes sociales, lo cual facilita la interiorización del estigma en esta población. Este fenómeno se ha denominado estigma internalizado o autoestigma. Este artículo analiza la difusión en los medios de comunicación de dos dimensiones del estigma: público (EP) y autoestigma (AE).

Métodos: Para el EP se buscaron las etiquetas léxicas: <esquizofrenia>, <esquizofrénico>, <psicosis> y <psicótico> en diarios chilenos entre 2010 y 2020, y para el AE se utilizaron entrevistas semiestructuradas a personas con diagnóstico de esquizofrenia que son usuarios de servicios de salud mental en Santiago de Chile. Los hallazgos se organizaron en 4 categorías por dimensión del estigma y después se analizaron las frecuencias léxicas y las relaciones semánticas mediante la herramienta Corpus de la UAM y el software AntConc.

Resultados: Los resultados mostraron un uso frecuente de etiquetas estigmatizantes en la prensa escrita, con asociaciones semánticas nocivas como violencia, delincuencia, imprevisibilidad y peligrosidad.

Conclusiones: Estas etiquetas suelen ser aceptadas por los afectados, lo cual evidencia la internalización del estigma hacia la enfermedad y constituye una barrera para la integración y la inclusión.

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Introduction

From the social perspective of schizophrenia, stigma has acquired particular relevance. This concept, coming from sociological research, gets its conceptual foundations in Goffman's work,¹ which describes the eminently socio-relational nature of the phenomenon. Goffman argues that the social and cultural environment establishes classifying categories to group behaviors, constituting the basis on which stigma is conceptually based.

Later, within the framework of social psychology, models were developed that seek to explain the phenomenon of stigma towards mental illness, considering two main categories. The first has been called the public stigma, which corresponds to the articulation of prejudices and discrimination directed towards specific social groups. The second category, called self-stigma or internalized stigma, has been described as the process through which people affected by some mental pathology internalize these public attitudes, assuming them as universal, plausible, and applicable to their situation.² Regarding the impact of stigma on people with mental illnesses, the evidence is robust about less access to health care with consequent inferior care for general medical problems.³

To a large extent, stigma is filtered through the conceptualization that the discriminatory labels make evident. The most visible formula of stigma is the lexicon to which it is consciously or unconsciously associated. Words such as crazy, alienated, retarded, deficient, schizophrenic, among others, are frequently used to designate an undesirable condition

seen from the outside. It is a lexical categorization that is justified and sustained based on deep-rooted social and cultural prejudices. The different areas of linguistics that study the lexicon have mapped complex aspects of meaning, which involve reasoning beyond the linguistic system. These studies have revealed, among much information, how associations of meaning function as the extension of our mental representations and how this processing influences our behavior.^{4,5}

This article aims to describe the dissemination, in lexical label format, of stigma towards people with a diagnosis of schizophrenia in the Chilean press and the use of lexical labels, by people with a diagnosis of schizophrenia, related to the experience of living with the diagnosis. Some questions that arise from these aims are: what are the most recurrent thematic associations in the media to treat people with schizophrenia? and, from the people themselves, what are the most recurrent thematic associations in the speeches of people living with schizophrenia regarding self-stigma (SS)?

Public stigma in the field of mental illness

The social conception about mental illness, especially schizophrenia, is based on the idea that affected people can only face their existence with multiple supports and restrictions. This conception that sustains public stigma manifests discriminatory treatment towards people who have a mental illness, fundamentally, in the denial of their rights, endorsed by beliefs and prejudices about the supposed weakness, unproductiveness, aggressiveness, and unpredictability of the behavior of these people.^{2,6}

Table 1 – Demographic-clinical characteristics of the participants.

Gender	Age (years)	Diagnosis	Antipsychotic scheme	Years of education
F	44	2015	ARIP/RISP	14
M	41	2016	ARIP/RISP	14
M	33	2018	ARIP/RISP	14,5
F	44	2004	OLZ/RISP	12
F	37	2003	HAL	8
M	48	2009	HAL	12
M	49	2005	RISP	8
F	46	2000	QTP/OLZ	8
F	72	1988	HAL/QTP	7
F	60	1995	Chlorpromazine	7

ARIP: aripiprazole; HAL: haloperidol; OLZ: olanzapine; QTP: quetiapine; RISP: risperidone.

On the informative treatment of schizophrenia in the media

The negative view of mental illness and schizophrenia is also encouraged and reinforced by the media and social networks, developing public opinion trends that permeate the general population's perception based on conceptual and lexical naming processes. By taking into account the extralinguistic variables and the socio-cultural belonging of the speakers, the mass media consolidate the hidden meanings in the opinion trends.

On the other hand, the visibility of socially complex issues determines the modification and replacement of discursive treatment formulas and stigmatizing lexical labels. Such is the case of the Me Too movement, the LGBTIQ+, HIV, or pro-abortion community, which in recent years have achieved excellent widespread adherence, making possible the redefinition of the circumstances determining discrimination towards different groups. This possibility strongly links with the lexical designation assumed by the social environment.

In the case of mental illnesses, the representations used in the media and social networks maintain crystallized labels that hide meanings unnoticed by the general population.^{6,7} In sum, at present, digital information provided by the media and social networks facilitates erroneous associations around mental illness. The enormous power of these digital tools can maintain valid concepts and lexical labels with harmful meanings.^{1,8,9}

Self-stigma

An even more regrettable consequence is the effect that society's attitudes have had on the self-perception of those affected by this disease. For example, Corrigan and Watson² propose a situational model based on collective representations from research on stigma in other minority groups. When analyzing the evidence, Corrigan and Watson² observe that some users with mental disorders when living stigmatizing experiences may be affected by SS. However, this situation will be determined by the ability to perceive legitimacy about what happened.

Relationship between self-stigma and public stigma

Classically, it has been considered that people who suffer from stigma towards their mental disorders will internalize these ideas and believe that they have less value than the rest of the

people without mental disorders.¹⁰ However, evidence suggests that, instead of feeling diminished by stigma, they could develop, with good arguments, feelings of anger at the prejudice they had experienced.¹¹ This type of response empowers people to complain about their needs to their respective treating physicians, seeking more significant participation in decision-making and improvements in the quality of the services provided.²

Corrigan and Watson² propose different possibilities of the relationship between the perception of social stigma and the development of SS. They propose that individual responses depend on collective representations and cognitive facilitation, determining that people who perceive legitimacy in social stigma probably will develop low self-esteem. On the contrary, people who do not evaluate this social behavior as legitimate will keep their self-esteem intact.

Methods

Participants

The participants in this study were 10 persons diagnosed with schizophrenia who are users of outpatient mental health centers in the southern area of Santiago de Chile. All participants in this study are undergoing clinical treatment and supervision by the mental health program offered by these centers. Table 1 summarizes the demographic-clinical characteristics.

Procedure

Public stigma analysis

To analyze public stigma manifestations, we prepared a corpus of 200 news items extracted from Chilean newspapers of great circulation between 2010 and 2020. Subsequently, we searched for lexical labels related to the diagnosis, such as: <schizophrenia>, <schizophrenic>, <psychosis>, and <psychotic>. We realized this procedure by using AntConc software,¹² whose function is the automatic identification of the labels. In a complementary way, we used UAM Corpus Tool software¹³ to annotate texts, allowing us to transform the corpus of files into layers of text. This transformation facilitates future automatic searches and categorical classifications.

We analyzed the different text segments that fulfilled our criteria through a concept matrix designed by our team,

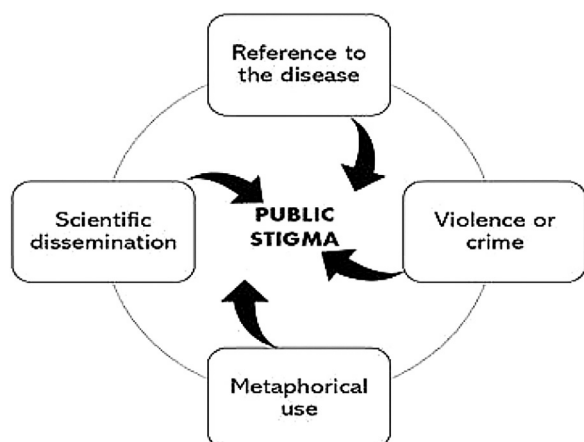


Figure 1 – Categories of analysis of public stigma in the press.

composed of 4 experts. They were 2 experienced psychiatrists with master's degree levels, 1 clinical psychologist, and 1 linguist with a doctoral degree. The concept matrix considered 4 main dimensions:

- Violence or crime. Lexical labels are associated with criminal acts and violent crimes that the media associate with schizophrenia.
- Scientific dissemination. It corresponds to scientific descriptions about the characteristics of the disease, such as discoveries and initiatives aimed at improving the lives of people who suffer from this disease.
- Metaphorical use. Text segments with metaphorical and damaging uses of the schizophrenia concept.
- Reference to the disease. Labels that made allusions to various dimensions of the disease, such as other comorbid mental health problems or economic or social consequences of living with the diagnosis of schizophrenia (figure 1).

Analysis of the experience of living with the diagnosis of schizophrenia

We conducted individual semi-structured interviews to analyze the experience of living with the diagnostic label of schizophrenia. Interviews were realized after people gave us their informed consent. We used a script of issues or questions, with freedom for the interviewers to specify some concepts or doubts.¹⁴ The script was prepared by the entire group of researchers based on a bibliography relevant to the topic. During the interviews, we deepen each dimension taking as a guide not only the thematic axes but also each participant's experience. Table 2 summarizes the thematic areas developed in the script.

The transcripts obtained from the interviews were analyzed and organized into 4 clusters taking into account the hierarchical dependencies by semantic fields. We processed the lexical labels using another concept matrix with the following categories:

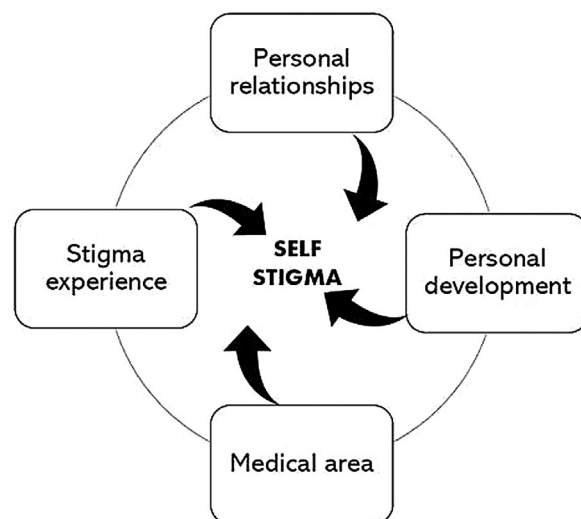


Figure 2 – Categories of analysis of self-stigma in interviews with people with a diagnosis of schizophrenia.

1. Interpersonal relationships: This corresponds to the description of the affective and social relationships that are part of the interviewee's life. This dimension was divided in: <family>, <neighborhood>, <friends>, <couple>, and <community>.
2. Personal development: In this area, topics related to personal achievements in terms of studies, professional training, work, and monetary resources are described. Financial independence entails making one's own decisions, which is undoubtedly one of the biggest problems faced by those affected. The labels of this dimension are: <work>, <money>, <studies>, and <personal space>.
3. Stigma experience: in this area those negative experiences associated with having a diagnosis of schizophrenia are described. They were divided in: <rejection>, <prejudice>, <resentment>, <misunderstanding>, <loneliness>, <madness>, <danger>, <instability>, <conflict/fights>, <self-esteem>, <sociocultural beliefs>, and <problem>.
4. Medical experience: corresponds to the description of the experience of receiving the treatment offered by mental health devices. It was classified in:
 - a. Diagnosis experience, including these labels: <diagnosis>, <schizophrenia>, <other diagnosis>, <symptoms>, <disease>, and <health teams>.
 - b. Outpatient treatment: <treatment>, <psychiatric drugs>, <therapy>, <doctor appointment>, <medical interviews>, <rehabilitation workshops>, <day hospital>, <community mental health centers>, and <rehabilitation>.
 - c. Inpatient treatment, that includes: <psychiatric intensive care unit>, <hospitalization>. Figure 2 summarizes the resulting categories.

Processing of the materials

Both the news texts and the interviews were processed using the AntConc software, whose function is the identification of collocations. In addition, we used UAM Corpus Tool software for text annotation, allowing the annotation of corpus files in text layers according to the user's requirements. This process

Table 2 – Script interviews.

Interview script	Topics	Content
Presentation	Welcome and thanks	Greetings, with the delivery of general information about the interview
Social perception	Introduction of general information Social perception about the disease	Exploration of personal experiences as a subject affected by schizophrenia in the society
Medical experience	Treatment experience	Invitation to speak about their experience as a patient
Interpersonal relationships	Disease experience Couple relationships	Exploration of interpersonal relationships during the span of their lives
Academic and work environment	Social relationships Academic and work relationships and experiences	Invitation to speak relevant aspects about their academic and work experiences
Script Interviews.		

permits us to carry out automatic searches and categorical classifications. Finally, the materials were analyzed, recording the previously identified tags.

Results

Public stigma in the media

The first dimension, public stigma, was organized taking into account the decreasing order of appearance of the categories of topics covered by the press.

Reference to the disease

In terms of frequency of appearance, it corresponds to 52.9% of the findings in the news corpus. In them, the reference treatment towards the concept of schizophrenia is approached as a distinctive feature of the persons mentioned, a label incredibly stigmatizing since no valuable personal information is added. In example (1), the reference is associated with an eccentric female character whose inspiration is a person diagnosed with schizophrenia and who was the wife of F. Scott Fitzgerald, American writer:

13-4-2013: Headline: Non-fiction graphic novels invade local bookstores. The tragic muse “Liberal and eccentric, Zelda Sayre, went down in history for inspiring most of the female characters of her husband, the writer F. Scott Fitzgerald. [...] madness found her young: at the age of 30, she was diagnosed with schizophrenia. The Italians Tiziana Lo Porto (script) and Daniele Marotta (drawings) now illustrate her eventful life in the bohemian 1920s, including the myths that circulated her and the episode of her tragic death at the age of 47, when the psychiatric hospital where she lived caught fire.”

Although this reference seems innocuous, the description surrounding the concept of schizophrenia functions as the central image to which are associated words that in this context have a negative meaning, such as tragic muse, liberal, eccentric, madness, agitated, myths, tragic death, etc. It does not describe a person but rather the suffering character of living with schizophrenia. Depersonalization is evident; the stigma, in this case, is presented as a fictional, literalized idealization of the mental state of a natural person. Goffman¹

points out that stigma is presented as undesirable and unique traits that stand out from the rest of the population.

Violence or crime

This category was found in 17.9% of the news texts analyzed. The lexical labels of this category are directly related to criminal and violent situations involving people with schizophrenia. In example (2), we see the description of an extraordinarily violent and fatal event from the headline. Even the mention of the young age of the perpetrator intends to provoke a more significant impact.

27-6-2017: Headline: Schizophrenic youth kills his mother, sister and leaves his father with injuries. “The event occurred in the commune of Quinta Normal this morning when the 15-year-old boy assaulted his family with a knife. This morning in a house in the commune of Quinta Normal, a 15-year-old boy who suffers from schizophrenia killed his mother and sister, while his father suffered head injuries.”

Latin America has high domestic violence and femicide rates, which are frequently reported in the media.^{15,16} Therefore, the informative treatment given to these news items should include an analysis of the complex social variables inherent to the disease. The omission of the psycho-social framework complements the absolute certainty about the diagnosis of schizophrenia even though this is an adolescent of only 15 years of age. The unfortunate idea of an irreversible and dangerous condition is promoted, even though the diagnosis involves a clinically supervised process. This example is interesting, considering the significance of social stigma. Currently, the greatest research efforts are deployed to detect serious mental illness in children and adolescents, so it is paradoxical that it is the press that indicates a definitive diagnosis in an adolescent.

Scientific dissemination

It is important to note that we also found informative findings highlighting scientific advances for dissemination among the general population. In the news corpus, this category reached 16.4% of the findings. We were able to verify that among the news items in this category, there was a propensity to describe technological innovations related to the diagnosis

and detection of the disease. We understand that an attractive focus for disseminating medical information is technology and its applications. Therefore, this type of news contributes to improving the perception of the disease. In addition, the formulation of the information is easily understood by users, as reflected in example (3).

29-10-2015 Headline: Chilean scientists detect schizophrenia and Alzheimer's through eye movements.

"Chilean scientists unveiled today, in Santiago, an innovative method that allows detecting psychiatric diseases, such as Alzheimer's and schizophrenia, in patients by studying their eye movements and neurological activity."

Metaphorical use

The use of schizophrenia as a negative metaphor, associated with chaos, disorder, unpredictability, or incongruity, implies a highly harmful representation. In example (4), we can see that it is used to insult and disqualify political opponents. In political discourse, the disqualification of opponents is part of constant rhetoric in which it is common to make these semantic associations. However, the use of the lexical label "schizophrenia" implies not only an insult to a political rival. It can be understood as a form of annulment of the rational capacities and governing competencies of an entire political coalition, it is undoubtedly a form of de-legitimization at its best.

8-9-2015 Headline: Monckeberg assures that "the New Majority is acting with schizophrenia".

"[...] The deputy further assured that the ruling pact is governing from 'schizophrenia'. 'The New Majority is acting with schizophrenia. One day they make a mea culpa, they recognize how badly they have done it, and the next day, when a former president with responsibility affirms the same, they respond with personal attacks', he pointed out".

Life experience with the diagnosis of schizophrenia

This dimension was organized taking into account the decreasing order in the appearance of the topics discussed by the people in the interviews.

Medical area

The lexical labels of this area included a great diversity of medical aspects that were made explicit throughout the interview. The medical area incorporates the description of the experience of coping with the diagnosis and treatment of schizophrenia within the Chilean public health system. It is the domain with the highest number of labels (39.14%), and the topic of medication and its effects are frequent, as can be seen in example (5).

Psychiatrist: After being diagnosed with schizophrenia, how have you continued with your activities?

Patient: Eh, now, yes, I have had a problem with the medication they have given me because I have become more forgetful. I do not know if there is another generation of medication, which is much better in that sense.

Experience of stigma

Concerning stigma experience, the analysis yielded lexical labels reaching 29.73%. The experience of stigma is the second area of interest in the participants' accounts. As we see in example (6):

Psychiatrist: Super, and, on the other hand, has this treatment brought any problems or discomfort to you?

Patient: not for me personally, because I do not wear a T-shirt that says schizophrenia, it should be... ah, it could be, no, no, it is not necessarily so, though, but I accept it, but yes, I have seen much discrimination from people, for example, from television, from [...] Is schizophrenic or a person with schizophrenia burned down a house and this, this news that is shown seasonally, that for example, a pedophile, for example, [...] is a pedophile everywhere, then it changes to schizophrenic, they give him a hard time, so I find that terrible in society, in reality, society does not have much to contribute to us.

Personal relationships

In this domain, the analysis yielded lexical labels reaching 22.65%. This area contains information on the development of personal relationships with friends, partners, or family, and the difficulties encountered in maintaining personal relationships or initiating new ones are the focus of the analysis.

Psychiatrist: OK, well, you told me that this has brought you difficulties, right?

Patient: Yes, difficulty, difficulty.

Psychiatrist: And what specific difficulty has the diagnosis of schizophrenia brought to you?

Patient: I want to have my family, I want to have my children, my family, to work, and I can't, no, I don't have that.

Psychiatrist: Why is you can't?

Patient: Because I am sick, you understand, I am sick, I am not, I am not like that, I am not healthy.

Personal development

It seems essential to us to highlight that the findings indicate only 8.48% of the labels in personal development. We hypothesize that this could be explained as a result of a constant disincentive to personal growth, as we can see in example (8):

Psychiatrist: OK, do you feel that having this disease has made it difficult for you to perform some of these activities, study, or work?

Patient: Yes, I started to think, concentration is critical, and it is hard for me to concentrate; it is hard for me to focus a lot, but (pause) not much, not much difficulty, there has been a difficulty. Honestly, there has been a difficulty, like the fear of going back to (pause) a schedule, where you must get up early to fulfill your obligations, and it has been hard for me to go back to it. It has been hard for me to go back to it.

Discussion

This study aimed to describe the diffusion of stigma towards people diagnosed with schizophrenia in the press media and the use of lexical labels by those affected related to the experience of living with the diagnosis. For this purpose, we analyzed news items about schizophrenia in the press media and, in a complementary way, semi-structured interviews with people affected with the diagnosis, searching for lexical labels in both cases. Concerning the most recurrent thematic associations in the media about schizophrenia, our results indicate that four thematic axes predominate in the media published in Chile.

The first of them is the topic related to the disease. This category contains lexical labels referring to the condition generically, without focusing on any technical, clinical, or scientific aspect. The absence of consensual definitions of the concept of schizophrenia is consistent with international findings.¹⁷ The second is the issue of violence or crime associated with people diagnosed with schizophrenia. Our research findings are conclusive in describing people with schizophrenia as perpetrators of violent acts and never as victims of violent acts. This situation is consistent with the international literature, where people with mental illness are presented as different and dangerous.¹⁷ This situation is the opposite of reality since the proportion of violence in society attributed to people with mental illness is relatively low, less than 10% for schizophrenia.¹⁸

The third topic is the scientific dissemination of the concept of schizophrenia. In this type of news, the information was directed towards technological innovations related to the disease. Taking into account that the most frequent publications related to schizophrenia are inaccurate and in other countries, such as the United States, positive news about treatment for mental illness are not predominant.^{17,18} It becomes relevant to consider this type of news as a positive element that favors adequate information to the rest of the population. Precisely, greater scientific dissemination of the disease could move away from the general population's conception of general and superficial concepts about madness.

The fourth theme in order of frequency is the metaphorical use of the concept. This theme refers to the application of various meanings, which constitute the representation of the concept of schizophrenia towards groups or individuals who do not present the disease itself, but whose behaviors are associated in some way with the condition. The behaviors are considered deviant from normality, associated with chaos, disorder, unpredictability, or incongruity. This becomes relevant if we compare it with the change that occurred in Japan in 2002, where the name of schizophrenia was changed, but the strategy had limited effect on the articles and contents published in mass media.¹⁹

For our team, it is the one that implies the greatest danger in the promotion and maintenance of stigma towards people with schizophrenia, since it sustains a crystallization of the stigma towards people with schizophrenia and uses, most of the time, derogatory of the concept toward people who are not part of the afflicted group.

Our second research question was related to the most recurrent thematic associations in the discourse of those

affected with schizophrenia. These results are also structured in 4 thematic axes. The first one in frequency is the theme related to the medical area of the disease. This category contains lexical labels that refer to the experience of having received the diagnosis and subsequently coping with it and the experience of treatment. Within the international literature focused on people's subjective experiences with schizophrenia, this topic has a scarce presence.²⁰

In our study, the subjects focus their comments on the difficulties related to the experience of the diagnosis. The label "diagnosis" is associated with problems in making life plans and choices, obtaining personal achievements, and establishing emotional relationships with others. In addition, concerning how people cope with their diagnosis, they report various difficulties. The most frequent are related to the symptoms of the disease and the discomfort caused by the adverse effects of the drugs. On the other hand, about the treatment of the disease, they refer mainly to outpatient treatment, such as recurrent consultations to control adherence and clinical status. Surprisingly, there are few lexical labels about hospitalization, physicians, or mental health professionals and, likewise, no reference to therapeutic or rehabilitation treatment, which leads us to suspect that their only remedy is pharmacological or, at least, that is how they see it. This situation could reflect the scarce preponderance of interventions focused on life projects and should be corroborated in future research involving family members and health professionals.²¹

The second category in frequency is the theme related to the experience of stigma, which encompasses the particular forms of internalization of central social aspects for people with schizophrenia, determining narratives focused on the poverty of their abilities. In our sample, people predominantly used negative valence labels (e.g., rejection, contempt, incomprehension, loneliness, madness, danger, instability), with few positive valence references. This situation is consistent with international literature. For instance, Ochoa et al.²² report 4 categories in which the stigma experienced by people with schizophrenia is manifested: dangerousness, self-blame for having the disease, loss of social roles (friendships, making family, intimate relationships, work), and fear of rejection.

Thirdly, the next most frequent theme is personal relationships, which covers the consequences of the diagnosis on social aspects. Subjects mainly refer to the family as the main space for social actions. Other dimensions, such as friends, partners, neighborhood, and community, are far behind and almost not mentioned. This situation differs from that described by Wood et al.²⁰ They systematically reviewed qualitative evidence regarding the stigma understanding from a service-user perspective. As for the stigma system, Wood et al. present 5 places of society relevant to service-users for stigma development: individuals, family, friends, community, and society.²⁰ These differences could be related to the type of interviews used in the different revised studies and the cultural differences of the sample.

Finally, the fourth most frequent theme is personal development, which includes labels related to personal achievements and the consequent possibility of financial autonomy. The impossibility of the latter is one of the most significant difficulties, exemplified in the permanent

concern of finding a stable job that can provide the necessary resources to establish their own private space. Returning to what was stated by Ochoa et al.,²² the lack of possibilities to get a stable job is contextualized as another lost social role. However, in our sample, it emerges as a relevant domain in itself, which could be reflecting the relevance given by our country's society to the work role and the success it entails as part of our lives.

The limitations of our study are a consequence of the descriptive and cross-sectional design of our research, with measurements restricted to a specific moment in time, with the risks of recall bias that this may entail. Also, the limited sample size does not allow us to generalize our research findings to the rest of the people with schizophrenia. However, the objectives of our study are exploratory, so our findings maintain their relevance.²³ In addition, the relevance of studying stigma through lexical labels has to do with the fact that speakers possess a lexical-discursive competence that is directly related to cognitive-cultural competence.⁴ Lexical meaning encompasses other cognitive components whose features have been socially acquired. The activation of intersubjective information gives way to mental representations of meaning.⁵ Therefore, its study reveals essential aspects of these representations that can hardly be studied through other methodologies.

As a projection of our research, we consider the possibility of studying other media that are platforms of expression of people diagnosed with schizophrenia (e.g., blogs). Also, it would be interesting to compare the labels used among other clinical populations (e.g., depression, HIV, borderline personality disorder). This type of research already has precedents at the international level, but mainly focused on how the rest of the population expresses different diagnoses.²⁴⁻²⁶ Our team proposes complementing this type of research with people's discourses in the mass media.

Finally, it seems relevant to consider comprehensively the problems and barriers faced by people with this diagnosis. Often, as researchers, we identify deficits without proposing ways to overcome these deficits that we document. In practice, the evidence of SS adds resistance to the social integration of those who have internalized pathologizing concepts. Therefore, the focus should be on recovering social and communicative skills and improving the tools to establish relationships with others.

As a recommendation for mental health teams, we suggest developing evidence-based strategies, such as interventions where individuals with lived experiences of mental illness are involved and are delivered over long periods. These strategies have the most robust evidence compared to transitory programs, which are characterized by little long-term effects.²⁷

Conclusions

Our results show a differential pattern in the distribution of lexical labels related to stigma in the media and the narratives of a sample of people diagnosed with schizophrenia. In the first case, the labels are preponderant about the disease diffusely and progressively decrease in themes related to violence-dangerousness, scientific dissemination,

and metaphorical use. In the second case, the most used lexical labels are related to the disease from a medical perspective and decrease progressively in topics associated with the subjective experience of stigma, personal relationships, and the development of an individual life project.

These findings provide a descriptive exploration of the phenomenon of stigma from the general population's perspective as expressed through the mass media and from the subjective perspective of people diagnosed with schizophrenia in the context of Chile. Lexical labels show a stigmatizing social and cultural appropriation about schizophrenia in both dimensions analyzed. A unidimensional representation of the affected person is projected when the diagnosis is discussed. The identity of the person blurs because only symptomatic aspects get involved.

On the other hand, from the subjective perspective of people diagnosed with schizophrenia, the experience of living with the disease focuses on aspects related to the responsibility of maintaining a treatment, focused on pharmacological interventions, which becomes a predominant identity dimension.²⁸⁻³⁰

Therefore, this research provides relevant elements to articulate a well-argued critique on the careless, uninformed, and unspecialized referential use of the diagnosis of schizophrenia in the mass media in Chile. Likewise, it is relevant to consider the pathological learnings promoted by editorial lines and opinion trends in the media. These should motivate us to develop informative campaigns, sensitizing public opinion, with the consequent categorical rejection of harmful lexical labels.

Ethical statement

The Scientific Ethics Committee (CEC) of the South Metropolitan Health Service (SSMS) of Santiago approved this study and its application protocol (DNI 155). Each patient read and signed a written informed consent authorized by the CEC-SSMS of Santiago.

Data availability

The datasets used in this study are not publicly available due to participant privacy and security concerns. Researchers may contact the corresponding author for access.

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Authors contribution

E.M., conceptualization and writing; A.F-B., conceptualization, writing and analysis of the data; C.M., writing; and E.D., conceptualization.

Conflicts of interests

No potential conflict of interest was reported by the authors.

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