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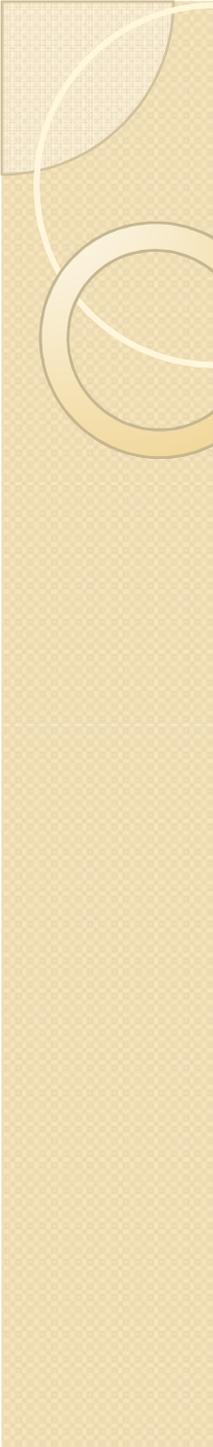
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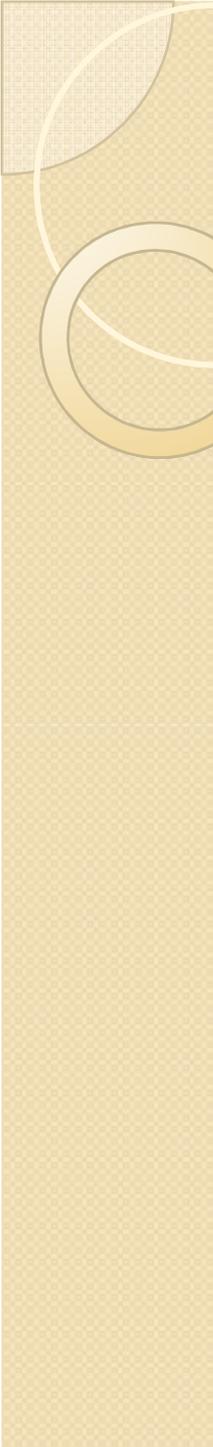
**Managing shame in relation to both
diagnostic & psychosocial
conceptualisations of psychological
problems**

Dawn Leeming, Mary Boyle & James Macdonald



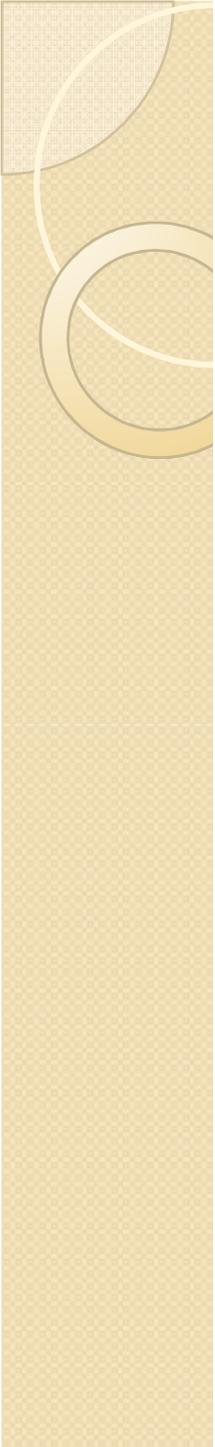
Overview:

- Data taken from project on managing potential for shame in accessing mental health services
- Highlights the persistent demand on service users to account for themselves and the difficulties of doing so
 - being able to account for and explain difficulties is often central to resisting and managing shame



Background

- Research documents the stigma & discrimination service users can face (*Reviews: Corrigan et al., 2005; Rusch et al., 2005*)
- Less research on the possible emotional consequences of this
 - For some service users this may include feelings of shame
- Discussions of managing mental health ‘stigma’ have paid limited attention to how we make sense of mental health problems
 - and implications of this for identity



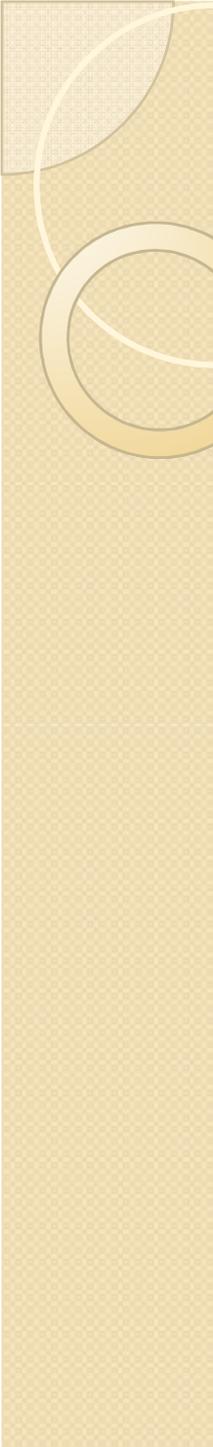
One of aims of research:

To explore how service users made sense of their selves and their difficulties and the implications of these understandings for being positioned in shaming and non-shaming ways



Methods

- Individual semi-structured interviews with service users
- 22 participants, 15-89 yrs:
7 from CAMH, 9 from CMHTs for older adults, 6 from user group
- Thematic analysis of meaning making



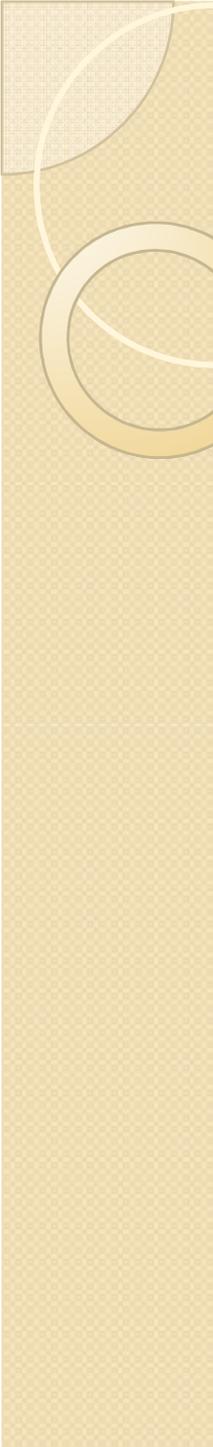
Theme: Searching for a positive identity

An active process of struggling for meaning:

- Had breached norms / expectations
- Concerned they could be viewed as ‘malingering’, ‘wilfully difficult’, ‘aggressive’, ‘weak’, ‘non-communicative’, ‘drama-queen’...

“Well they just made me feel like I was...a freak...that there must be something really quite wrong with me because...this girl who was always happy and smiling and laughing was now sullen and expressionless most of the time” (Emily, YP)

- Needed to account for selves



Searching for a positive identity I: Diagnosis as salvation and damnation

Often relief at use of diagnostic terms:

“I always thought God I’m such a freak, what’s wrong with me, why can’t I just be happy...? But now I’m kind of like well Ok well yeah maybe it is an illness.” (Chloe, YP)

“...what a lot of people don’t know about depression is that it’s as though somebody’s borrowed your brain... a little thing like vacuuming is a big chore.” (Clive, OP)

“I was very big on blaming myself for having bi-polar, because I thought I’d given it myself by drinking. I didn’t think of that [drinking] as being a symptom” (Victoria, UG)

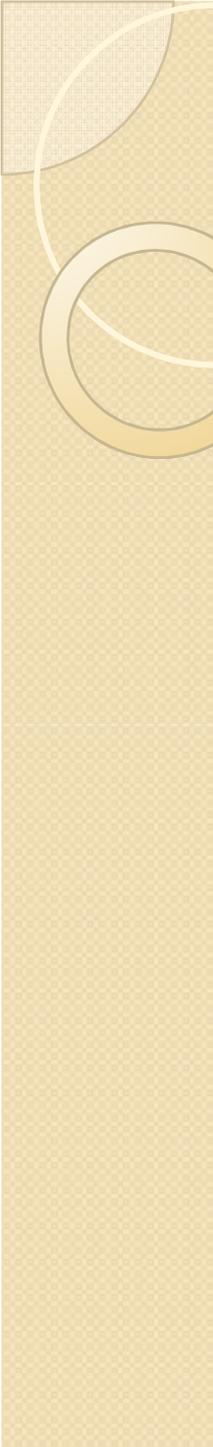


Searching for a positive identity I: Diagnosis as salvation and damnation

However, concern that diagnosis could position them very negatively:

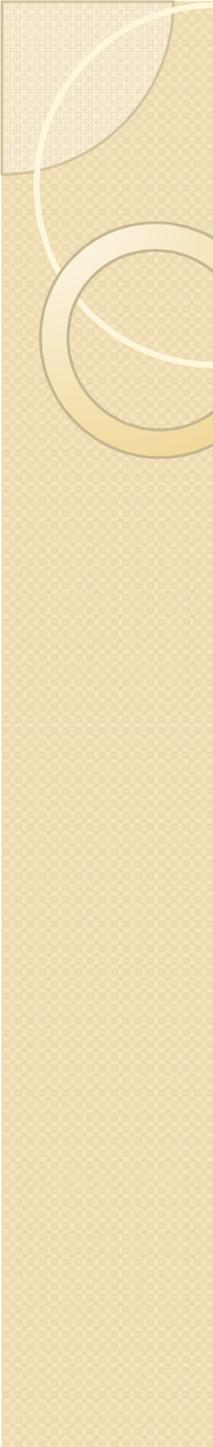
I “...when the GP said ‘you’re depressed’ that to you signified=”

C “=failure... ‘Oh no not me’... You don’t want to become under that umbrella of mental health. It’s a slur on you...it’s like saying you won’t be able to run your life like you have been doing”(Clive, OP)



“I like feel bad enough about myself anyway, why do I need to feel bad about being anorexic now?”

“Everyone’s got like...their own like fire,...but when you’re given...the label [anorexia], it’s like...this big like water splodge on it with ‘anorexia’ on it,...and it takes away some of my spark of my personality, because I’m constantly thinking ‘Oh great, I’m anorexic’.” (Chloe, YP)



Searching for a positive identity I:

Diagnosis as salvation and damnation

Participants associated many negative attributes with their diagnoses:

e.g. dangerousness, aggression, incapability, instability, unreliability, unsociability, deceitfulness, irrationality, vanity, intellectual disability...

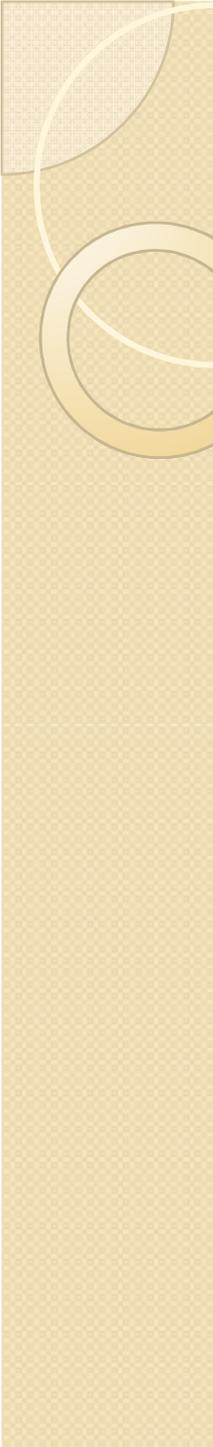
NB Many of same negative associations as general public have been found to hold (Crisp et al., 2000)



Searching for a positive identity II: Uncertainty about psychosocial influences

Psychosocial explanations used less frequently and less confidently:

“I was only 4 when my mother died...I stayed with my grandparents...I [then] lost my grandparents, yes, I think it may all have something to do with my later life. I don’t really know...I’ve seen horrible things in my life...dead people lying all around me when we had to flee from the Russians...and it may have left something in me, I don’t know...” (Heidi, OP)

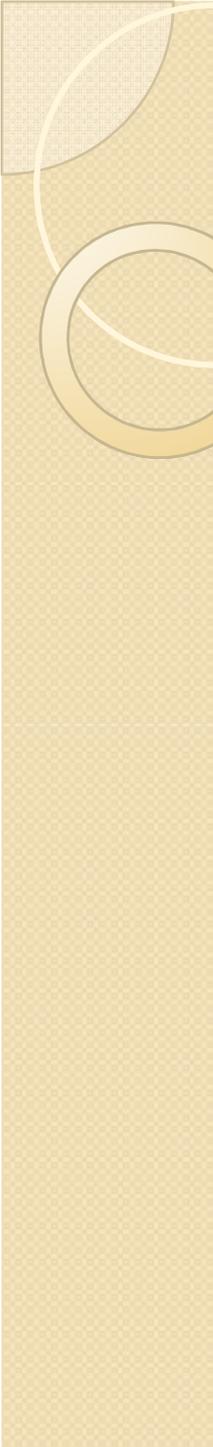


Searching for a positive identity II: Uncertainty about psychosocial influences

Emphasising the severity of the adverse circumstances:

“I mean I’d been bullied so much before but that night when he rang me up [and mocked her for being overweight]...it was it was like dying...it hurt so much.” (Chloe,YP)

“...everything bad came at once, all in one week ...and it just, I couldn’t handle it, I don’t know why...and like I wouldn’t normally be like that. Like if something happened I’d brush it over my head.” (Gabrielle,YP)



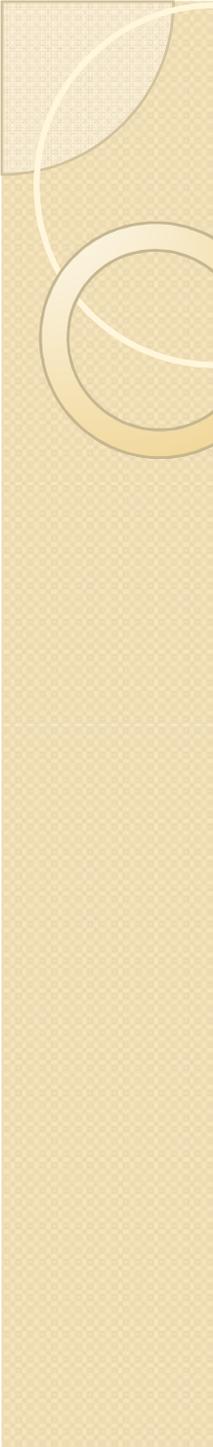
Searching for a positive identity II: Uncertainty about psychosocial influences

Could be seen as shamefully weak or inadequate for not coping, e.g:

“...lots of people think that losing a leg, getting your neck broken (.) or it shouldn't affect you as a man, you should be stronger than that,” (Frank, OP)

“...it's that sense of failure, of not being able to cope, of being a lesser person, not not a whole person, having bits missing...” (Michelle, UG)

NB Discourse of 'coping' obscures what is being coped with & can pathologise 'not coping' (Hallam, 1994; Yardley, 1997)



Searching for a positive identity II: Uncertainty about psychosocial influences

Psychiatric diagnosis added into causal chain
as a necessary warrant:

“I was relieved to get a diagnosis [‘complex post-traumatic stress disorder’]...it made me feel less of a lesser person,...that there’s a reason for my difficulties...I felt validated...if you have trauma when...you’re growing up as a child then it’s inevitable that you’re going to have difficulties. So I didn’t feel so (.) weak if you like...” (Michelle)

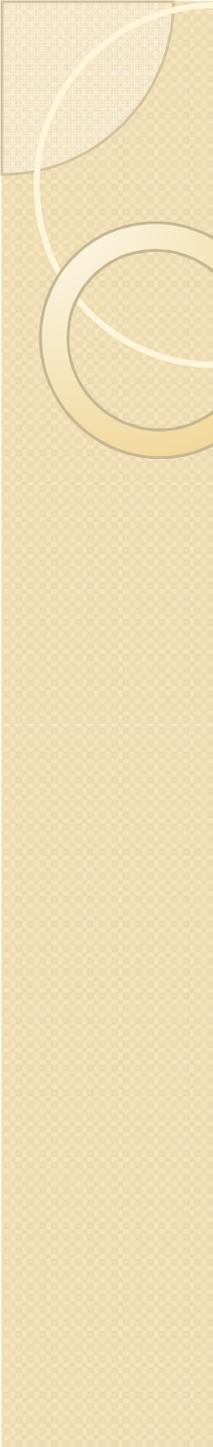


Searching for a positive identity II: Uncertainty about psychosocial influences

Other reasons for reluctance to draw on psychosocial explanations:

- Reluctance to blame significant others
- Embarrassment re. disclosure of details

“They know nothing about my personal difficulties. All they know, that I was very, very depressed and I’ve never told them why, where or how.” (Bob, OP)



Conclusions

- Service users can face significant problems in accounting for their difficulties to themselves and others
- Mental health services could usefully provide support for this
- Discussions of 'stigma' cannot be separated from the issue of how society and service users make sense of psychological problems
 - More sophisticated explanations of psychological problems are needed in the public domain, which do not reinforce distinctions between 'normality' and 'abnormality'