EDITORIAL

Beating Stigma? Augment Good Intentions With the Critical Eye

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The stigma of health is a matter of social injustice, not medical science. It represents the egregious effects of prejudice and discrimination on the lives of people labeled with medical illnesses. As such, one might ask, what role does research have for social justice? Where were the social scientists when Dr. King led marchers across the Edmund Pettis Bridge? What histograms guided the Stonewall protesters as they faced off against New York Police in Greenwich Village? How did regression equations inform Susan B. Anthony as she was arrested in her hometown for exercising the write to vote? Social injustices wrought by stigma stir the progressive emotions of many. As a result, advocates plunge headlong into efforts to change stigma. Plunging evokes purpose and energy which is needed to sustain the righteous goals of these efforts. But plunging also reminds us of risk, of what happens when someone dives into the deep end to find it is only three feet deep.

Large-scale government campaigns are jumping in to tackle the stigma of mental illness, HIV-AIDS, obesity, and leprosy among other conditions around the world. Many of these campaigns and related efforts included data gathering efforts to determine their impact. Two interesting lessons emerge signaling the importance of the social scientist. First, measuring the impact of antistigma programs is difficult. It requires a balance of research using internally valid methods to test hypotheses about individual stigma change approaches with externally valid strategies to assess real-world impact at population levels. It also necessitates going beyond the relatively facile assessment of attitudinal change to document whether behaviors have improved as well.

Second, good intentioned interventions may lead to unintended consequences that are only discovered with careful research. For example, in my area—the stigma of mental illness—excitement about educating the public on myths and facts to decrease stigma has become muted, instead showing that contact between the public and people in mental health recovery leads to the greatest and most enduring changes (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). Education programs that adopt medical explanations of mental illness—mental illness is a brain disorder—not only have little impact on stigma but actually might make it worse (Kvaale, Haslam, & Gottdiener, 2013). People hearing that message believe illness is hard wired into the brain so people with these conditions will not recover. Employers are less likely to hire someone who they believe will relapse. Landlords are less likely to rent to them.

This is why researchers are needed. We are important partners to advocates as they continue to roll out strategies to replace the harmful effects of stigma with
affirming attitudes such as recovery and self-determination. *Stigma and Health* serves these goals. We seek to improve the quality of our investigatory game by sharing new methods and models for understanding and impacting stigma.

**References**
