



Stigma

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Reference
Materials

1.1 Introduction	5
1.1.1 Components of Stigma	6
1.1.2 Self-Stigma and Shame	7
1.2 Stigma and the Military	7
1.2.1 Misperceptions That Can Lead To Stigma in the Military	8
1.2.2 The Consequences of Stigma	9
1.2.3 Stigma and Suicide	10
1.2.4 Get the Facts: Leadership Response to Institutional Stigma	11
1.2.5 Choose to Combat Stigma	12
1.3 Overcoming Stigma	14
1.3.1 Catastrophic Thinking	14
1.3.2 Realistic Thinking	14
1.3.3 Making a List of Pros and Cons	14
1.3.4 Argue Back Against Self-Stigma	15
1.3.5 Get Real	15
1.3.6 Get Some Input	15
1.4 Help Others to Combat Stigma	14

1.1 INTRODUCTION

An individual or a group of people are *stigmatized* if they are seen as different or worse off than their peers. Stigma can be rejection, discrimination, prejudice, or any other mode of separating people based on their characteristics or problems.



1.1.1 Components of Stigma

The modern concept of *stigma* has four necessary parts:

1. **Labeling someone with a condition** (e.g., saying someone is “depressed”)
2. **Stereotyping people with that condition** (e.g., thinking that every depressed person is “weak”)
3. **Creating a division – a superior “us” group and a devalued “them” group, resulting in loss of status in the community** (e.g., thinking “unlike us, depressed people make lousy soldiers”)
4. **Discriminating against someone on the basis of their label** (e.g., excluding a depressed colleague from after duty activities)

All of these parts must exist together for someone to be stigmatized. For example, if a person is labeled by others, but that label does not lead to discrimination, this would not count as stigma.

1.1.2 Self-Stigma and Shame

Stigma is more than a label placed on someone by others. Individuals can label themselves negatively as well. We are all capable of judging ourselves harshly and unfairly.

SHAME occurs when we believe that we must hide a part of ourselves that we judge to be unacceptable or we believe others will judge as unacceptable.

Self-labeling amplifies shame. For example, if you believe that you are “weak” and “incompetent” because you cannot solve a problem like depression or Post-Traumatic Stress Disorder (PTSD) on your own, you are self-labeling and making the shame worse. Self-labeling can lead to the fear that others will come to the same conclusions about you if you seek help. This is often called **self-stigmatizing**.

1.2 STIGMA AND THE MILITARY

Service members are often worried about stigma when they need to seek help for mental and physical deployment injuries. Service members are frequently concerned that going for treatment or getting labeled with a specific condition will lead to loss of security clearance, demotion, medical discharge, disrespect among unit members, disappointment from CO's, etc. This fear can keep service members (and sometimes their families) from seeking needed help. Here are some military-specific examples of the four parts of stigma:

1. **Labeling the person with the condition:** service members who seek counseling have been called names (e.g., “weak,” “head case,” “whack job,” “schizo”).
2. **Stereotyping based on the condition:** assumptions about service members' fitness for duty can come up (e.g., can be considered weak, unpredictable, or dangerous).
3. **Creating a division between those with and those without the condition** (e.g., service members with adjustment challenges being excluded from off-duty activities or given different duty assignments)
4. **Discriminating based on the condition** (e.g., Being passed over for promotion or not being given meaningful assignments because of adjustment challenges.).

1.2.1 Misperceptions That Can Lead To Stigma in the Military

There are quite a few myths about mental and physical deployment injuries that can lead to stigma. These can be beliefs of commanding officers, other service members, families and friends, or the service member him/ herself. Unfortunately, there are many negative consequences of believing these incorrect assumptions. Here are just a few examples of misperceptions that can lead to stigma:

- Everyone who goes to war gets Post-Traumatic Stress Disorder (PTSD)
- PTSD is a lifelong illness that will be with you forever
- CO's and respected service members don't struggle with post-deployment issues
- People who seek professional help dishonor their families
- Anyone who has seen a mental health professional is unfit for duty
- Going for care will cause you to lose your security clearance
- Anything you say in therapy or to your chaplain can be shared with your command
 - Courage in combat requires the absence of fear
 - People with brain injuries never get better
 - Only women get sexually assaulted
 - Thinking about suicide or having thoughts of death means a person will commit suicide
 - “Real” warriors can harden themselves to perform with little to no sleep
 - High calorie energy is all you need to perform well in combat
 - Effective managers excel at multi-tasking



1.2.2 The Consequences of Stigma

Dealing with adjustment challenges after deployment is hard enough. Stigma adds another layer of difficulty for returning service members. Misperceptions and prejudices can lead to problems getting or keeping jobs and housing, among other things.

Because service members might be stigmatized based on their deployment injuries, the possible negative consequences might include:

- The fear of being stigmatized or rejected keeps many service members from talking to friends and family about their problems. This leads to isolation, loneliness, and shame. Plus, social support is extremely important when coping with deployment stresses; thus, service members would miss out on this important healing factor.
- Service members who need treatment or counseling refuse to go get it because they are afraid of possible consequences for their careers, which can lead to years of avoidable suffering and negative outcomes.
- Families of struggling returning veterans do not seek help for problems at home because they don't want to cast doubt on the service member's fitness for duty. Meanwhile, home life can become much more challenging than during the deployment.
- While maintaining the "secret" of the returning member's difficulties, relationship problems can emerge between the service member and family or friends.
- Instead of asking for help, service members with post-deployment challenges start giving up on personal goals that now seem out of reach. Friends, family, colleagues, and even the service members themselves can become disappointed and angry with the changes.
- Even with the best efforts to mask problems, work can suffer and struggling service members can be "found out" by command or by colleagues. This often leads to worse outcomes than when people self-refer to get help.





1.2.3 Stigma and Suicide

When fear of stigma interferes with seeking help, it can cause serious problems. Studies show that recent returnees are at an increased risk for suicide. Out of 100,000 service members from all branches, between 11 and 20 committed suicide in 2008 (the exact estimate depends on the branch). These numbers are significantly higher than the civilian population and there is reason to believe that many deaths could be avoided if service members felt comfortable asking for help.

1.2.4 Stigma and Suicide

Top brass report that negative career consequences for seeking mental health services are fairly uncommon in reality. A recent study showed that of the service members who self-referred for mental health treatment, only three percent had a negative career impact. In comparison, 39 percent of service members who were referred by their commanders had a negative career impact.

Colonel Scott Marrs, Ph.D., Chief of the Air Force's mental health division said: *"Seeking mental health care doesn't harm your career. It's not being able to do your job because of personal issues that can harm your career."*

And while many service members worry that their security clearance will be revoked if they see a behavioral health professional, the truth is that less than one percent of those investigated for clearances are rejected solely on the basis of their mental health profiles. In fact, in May 2008, Defense Secretary Robert M. Gates announced that the Department of Defense had revised *"the infamous question 21"* on its security clearance questionnaire. Now, people who seek help for combat-related issues or who receive marital counseling don't have to answer "yes" when asked if they have ever *"consulted with a health care professional regarding an emotional or mental health condition."*

**Only 3%
who self-referred
for mental
health treatment
had a negative
career impact.**

Read it for yourself

See General Ham and General Patton describe how they received help for PTSD symptoms without it harming their careers:

- http://www.usatoday.com/news/military/2008-11-24-general_N.htm
- http://www.militaryinfo.com/news_story.cfm?textnewsid=2951

Hear and see it for yourself

Watch service members discuss their decision to seek help:

- <http://www.realwarriors.net/multimedia/profiles.php>

1.2.5 Choose to Combat Stigma

The evidence is
clear —
be proactive,
take control and
seek help.

Help is available to you. You have bravely served and sacrificed for your country and it is your **right** to receive care and support. It is in your best interest, and the interest of your family, friends, and mission for you to get the help you need. A safe and effective force is strong and mentally healthy. There is **courage** in asking for help, **strength** in learning to manage struggles, and **pride** in moving on from challenges.

1.3 OVERCOMING STIGMA

If you find that you are avoiding seeking help because of concern about how you will be viewed by others (stigma) or because you are judging yourself negatively (shame and self-stigma), it may be worth examining your decision in light of the following information.



1.3.1 Catastrophic Thinking

In a combat environment, you were taught to think through worst case-scenarios. In unpredictable and dangerous situations this is a critical survival skill. It allows you to anticipate and prepare for even the most unlikely events. In the non-combat environment, the tendency to think of unlikely worst-case scenarios can actually make more trouble than it prevents. Here are some examples of thoughts that pertain to getting help:

- “I will be ridiculed for seeking help.”
- “I will be shunned by my friends and co-workers for being weak.”
- “My command will lose confidence in me.”
- “I will lose my security clearance.”
- “I will be demoted because I can’t ‘suck it up and push on’”

If you continue to worry that something bad will happen if you get help, even in the face of realistic information that it probably won't, you are using **catastrophic thinking**. Catastrophic or “worst case scenario” thinking uses your imagination to distort reality in a way that scares you unnecessarily.

“I can’t let anybody know that I’m depressed and having nightmares because it proves I’m not as strong as everyone else.”

Thinking something will **probably** happen when you have little evidence to support the thought, will prevent you from receiving the help and support you need. You will feel powerless and out of control in the face of a solvable personal struggle because you are confusing what might **possibly** happen with what will **probably** happen.

When you focus in on what is **possible** rather than on what is **likely** or **probable**, you end up getting trapped by your thoughts, because they can never be challenged or refuted. If you believe that anything is possible (as it is in a combat environment), you are forced to always prepare for the worst case scenario. When you need professional care because of mental or physical injuries sustained during deployment, this “anything is possible” mindset can lead you to fear seeking appropriate help. In a non-combat environment, failure to distinguish between what is possible and what is probable prevents progress.

1.3.2 Realistic Thinking

Realistic thinking takes into consideration what is **probably** going to happen instead of only focusing on the best or worst case scenario. For example, while it is possible that you will be killed next time you drive your car, you have learned to ignore that possibility and drive anyway. While it is possible that the next time that you eat in a restaurant you could suffer food poisoning, you have learned to ignore that possibility and you eat in restaurants anyway. You make your decisions based on what is most **likely**, not what **could** happen or what **might** happen.

When it comes to getting help, realistic thinking has **two** parts:

First, think realistically about whether you have changed in a way that is causing problems for you or the people around you. The truth is that deployment changes everyone in both positive and negative ways because it is such an intense and unique experience. Many of the effects of deployment will reduce over time on their own. But if you are having trouble readjusting, or if the people around you notice negative changes in you following deployment, you should start with identifying exactly what has changed and how much of a problem the change is causing.

Second, think through what will **probably** happen (not what might **possibly** happen) if you go for help. And, the next strategy, making a list of pros and cons, can help to identify the probable and possible outcomes for getting help.



1.3.3 Make a List of Pros and Cons

To start thinking realistically, you can make a list of pros and cons for talking to family or friends, or for getting help. Here are a few examples of pros and cons for getting help from a professional:

Pros of Getting Help	Cons of Getting Help
<ul style="list-style-type: none">• There are treatments for this problem that I can use to get over it quickly• I will be taking care of myself and my family by getting this problem under control• It takes courage to ask for help and I like to think of myself as brave and courageous, not full of fear	<ul style="list-style-type: none">• I may be embarrassed• It might be uncomfortable to talk about this problem• There could be negative consequences for my career or family if I admit to my problems

You can go through the list of pros and cons to find out which things are most important and most likely to happen. Cross out anything that is purely speculation. For example, if you say “It’s possible that my wife will divorce me if I tell her that I’m having difficulty” but you realize that this is unlikely to actually happen, cross it off of your list. Only leave pros and cons that seem **probable**.

Remember, In order to make a decision using a “pros and cons” chart, you cannot simply count up the number of each type of argument. You need to examine each pro and con to determine your course of action.

1.3.4 Argue Back Against Self-Stigma

If you have thoughts that are keeping you from getting help because you are ashamed or afraid of what might possibly happen to you, identify those thoughts and practice arguing back against them. Here are some examples:

Stigmatizing thought: I think it might feel strange to talk to a counselor.

Arguing back: It might feel strange to talk to a counselor at first, but...

- You can get used to it quickly. As an example, think about someone you are close to. Now think about when you first met that person. You probably feel more comfortable with them now than you did at first, right? Relationships with professional counselors work the same way. You build the relationship over time.
- It's worth feeling a little awkward at first if the counseling helps. Although it may be hard to imagine now, you **can** get beyond your deployment stress and the difficulties of transitioning back home. It is very likely that you will thank yourself later for taking the chance on a few uncomfortable hours.
- There is no magic or tricks to worry about — counseling involves common sense discussions about what is happening and practical advice about what might be helpful.
- Counselors are there to listen and work hard to ease your discomfort. Remember that this is their job — they're used to helping people get comfortable with counseling and make positive changes in their lives.



Stigmatizing thought: If I see a counselor it means I am “weak” or “broken.”

Arguing back: You may think that only “weak” or “broken” people see counselors, but...

- Remember that even though talking about difficult experiences can be hard, in the end it will help you feel better and stronger.
- It takes time to heal; if you're thinking 'I should be over this,' think again.
- Does asking for help really mean that you're weak? We all need support from time to time — remember that 'no man (or woman) is an island.'
- Getting support for yourself to live your life more fully shows strength, self-respect, growth, and courage.
- Try thinking about a time a buddy or friend was having a hard time and leaned on you; did you judge them for it? Were you glad that you could help?
- You would see a healthcare professional to fix a broken bone

1.3.4 Argue Back Against Self-Stigma (cont.)

Stigmatizing thought: I am the only one who has such a negative reaction to deployment (or had a negative experience during deployment) — I should be able to hold up like everyone else.

Arguing back: You may believe that you're the only one who has such a negative reaction to deployment (or terrible experiences during deployment), but...

- Many military personnel returning from Iraq and Afghanistan are in need of some help and support. Almost all of these people served their country bravely and honorably — they simply need some help to deal with their reactions and to make sense of their extraordinary experiences.
- Remember that you're not really alone; others have successfully coped with similar experiences in combat, recently and throughout history.

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- Remember that you're not really alone; others have successfully coped with similar experiences in combat, recently and throughout history.

Stigmatizing thought: My military career might be at risk if I talk to someone about my problems.

Arguing back: You may feel like your military career would be in jeopardy if you sought help, but...

- Many service members get help for their problems. This includes service members of varying ranks and service members in all of the services.
- Service members sometimes ask about confidentiality. 'Confidentiality' means that what's discussed between a service member and a provider is private, and not shared with others. However, there are 'limits' to confidentiality, in military and civilian settings. For example, a provider is responsible for taking measures to safeguard you or others when possible thoughts of self-harm or harming others is involved. Your provider can thoroughly discuss with you the 'limits' of what can be kept confidential.

Stigmatizing thought: My unit or CO will treat me differently.

Arguing back: You may worry that your unit or CO will treat you differently, but...

- Try talking to someone you trust, and ask them to keep the conversation between the two of you.
- You don't have to tell people that you're working with a counselor. You can just say you have a personal appointment.
- Put yourself in their shoes: they may be concerned about you and your well-being, but their concern may come from good intentions and wanting the best for you. They may be on your side even if they are treating you differently.
- Think about a time a buddy or friend was having a hard time. Did you judge them for it? Were you glad that you could help?

1.3.4 Argue Back Against Self-Stigma (cont.)

Stigmatizing thought: I should be able to cope with my problems myself.

Arguing back: You might believe that you should be able to cope with your problems without help from others, but...

- People who use the sources or help around them are better able to cope.
- It can help to get information from someone who's knowledgeable about deployment stress.
- Trying to cope completely by yourself often makes things harder than they need to be — it adds the problem of loneliness and isolation to your burden.
- The important thing is to feel better — even if you have to swallow your pride for a few weeks of counseling, it will be worth it to have your life back.

Stigmatizing thought: If I need help, then I'm not a real Marine/ Soldier/ Sailor and I'm not fit to serve my country.

Arguing back: You may think that needing help means you're not fit to serve your country, but...

- Having problems after deployment is completely normal. People who served in Iraq and Afghanistan have commonly reported some type of concern about their mental health right after coming back.
- You will be better able to serve your country if you are feeling better.
- Give yourself a break. The war zone is different from any experience, any training, or any stress that came before it. There is no shame in talking about what happened.
- Perhaps you're right — in a few cases people have experiences and consequences that make continued military service a poor choice for them. If that is the case, it still makes sense to seek help. You may put yourself and others in danger if you continue to serve.

Stigmatizing thought: Other people will find out that I'm getting help and they'll make fun of me.

Arguing back: You may think that people will make fun of you for getting support, but...

- Having problems after deployment is completely normal. People who served in Iraq and Afghanistan have commonly reported some concern about their mental health after coming back.
- The belief that asking for help is embarrassing and something to be ashamed of is the biggest reason that OIF/OEF service members don't seek help. **But which is more important:** worrying about what others think of you, or getting the help you need to be
- able to go forward with your life?

You can go through this process with any thought that is keeping you from getting the care that you need. If you need input, bring your concerns to someone you know and trust and get them to weigh in.

1.3.5 Get Real

Many service members have ideas about what post-deployment problems look like, who gets them, who goes in for help, and what counseling is like. Some of these ideas are not completely accurate and unfortunately, can keep service members from seeking needed help.



**Elizabeth Amezaga
(E6, Petty Officer First Class with the Navy):**

"I think what I benefitted the most from was having the face-to-face interaction with a professional that not only listened to me, but also reassured me that it was okay, that it was a transition. They walked me through and explained some of the emotions that I was facing. If I was angry; he was able to explain why I was angry, or if I reacted a certain way just to get a clarification so that I can make these adjustments for myself."

James M. Sheets (Sergeant First Class Retired, Army):

"It's hard to overcome that first step of walking through the door, and it's the hardest decision to make. But once that decision is made, everything else is just downhill from there. It becomes a lot easier from there and you just tell yourself this is going to better me, it's confidential, it's safe, I don't have to worry about this information getting out. This is going to enhance my family, it's going to enhance my life, it's free, it's there, and I have to take this opportunity."

CHECK OUT these **videos**
to see courageous **REAL WARRIORS**
describe their decisions to **get past**
stigma and get the care they needed.

- Lt. Col. Mary Carlisle: <http://www.realwarriors.net/multimedia/profiles/carlisle.php>
- Sgt. Josh Hopper: <http://www.realwarriors.net/multimedia/profiles/hopper.php>
- Staff Sgt. Megan Krause: <http://www.realwarriors.net/multimedia/profiles/krause.php>

You can also learn more about what actually happens in treatment here:

<http://afterdeployment.org/web/guest/getting-help>

1.3.6 Strong Emotions

One of the best ways to **overcome stigma** is to get input from someone you know and respect.

First, is there anyone you know who has received counseling? If so, you may want to ask them about their experiences and how they decided to get help. You may find that you are not alone in experiencing adjustment challenges after deployment.

Second, even if you do not know anyone who has gone for counseling, challenge yourself to speak with at least one person that you trust about the difficulties you have been having. They may be able to assist with weighing out the pros and cons of seeking professional care. Here are some tips for talking with others about post-deployment challenges:

- **Be prepared.** Know what you want to say and how you are likely to feel so that you will not be caught off-guard and end up saying more or less than you intended.
- **Choose who you talk with carefully.** Most people are receptive to requests for help or support, but it is important to make sure that you are not going to create more trouble for yourself.
- **Test the waters.** Say a little; see how they do with it. This will also give you the opportunity to see how you do with the telling.
- **Tell them why you're telling them.** Most likely this would be because (a) you need some additional support in dealing with your challenges or (b) you want input on what to do (like whether or not you should seek professional help).
- **Remember that people are interested in the experiences of those who served.** This may result in some uncomfortable questions, but it also may work to your advantage because they will probably be very interested to hear what you have to say.



- **Do not count on confidentiality if you talk to someone who is not a trained professional; people naturally gossip especially when they've heard something different.** Be aware that what you say may be repeated. Consider the potential risks of a lack of confidentiality against the benefits of getting support.

1.4 HELP OTHERS TO COMBAT STIGMA

Research shows that the most helpful way to combat stigma is if people can identify someone they know and respect who has sought help. So, if you have seen a counselor or health care professional and found it helpful, take a risk and let other people know. You may feel uncertain about this, but your bravery can help others to make challenging decisions about their health and well-being.

The other way to help people combat stigma is to specifically suggest that they get help. Even if you have never received treatment yourself, you can be open and supportive in giving your fellow service members an opportunity to talk. Be a comrade: look out for signs that others are struggling and use your knowledge of stigma to understand why they may not seek help even if it is needed. Do what you can to help others get past stigma in order to overcome the post-deployment challenges.