



Centre for Applied Research & Evaluation  
International Foundation

Centre for Psychiatry  
Barts and The London School of Medicine and Dentistry  
Queen Mary University of London  
Old Anatomy Building  
Charterhouse Square  
London EC1M 6BQ  
UK

[www.careif.org](http://www.careif.org)

[enquiries@careif.org](mailto:enquiries@careif.org)

twitter [@careif](https://twitter.com/careif) FACEBOOK - [careif](https://www.facebook.com/careif)

## The Centre For Applied Research and Evaluation-International Foundation Position Statement on Stigma

*Careif is an international mental health charity that works towards protecting and promoting mental health and resilience with a special focus on young people, to eliminate inequalities and strengthen social justice. Our principles include working creatively with humility and dignity in balanced partnerships in order to ensure all cultures and societies play their part in our mission of protecting and promoting mental health and wellbeing. We do this by respecting the traditions of all world societies, whilst believing traditions can evolve for even greater benefit to individuals and society.*

### Historical and social contexts of stigma

The year 2014 marked the centenary of the First (ironically 'Great') World War. It is saddening to think that despite the terrible losses and suffering caused by this conflict and the subsequent Second World War, mankind continues to resort to brutality to settle disputes and ideological differences. In the 21<sup>st</sup> century, we find ourselves still caught up in global conflagrations. These are often triggered by romantic, idealised views of the past, or fuelled by skewed interpretations of sacred religious or philosophical texts and teachings. This leads to disparate -isms, inequalities, bigotry, symbolic and real violence. These stigmatising processes are experienced and propagated at personal, local, national and global levels. Is this the reason why human beings appear not to learn from history, or, as nature is not democratic, are these processes of division inevitable?

Throughout the history of mankind, identity has been found by individuals and groups first, in tribes, through their gender and social roles. With the development of larger societies,

---

**share knowledge change lives**

language, religion, culture, race and ethnicity became dominant features of identity. Societies bring potential rivalries both against each other and within themselves, as sub-cultures form around shared minority characteristics or values e.g. gender, sexual orientation, variations in religion, class and caste. Such inter-cultural and intra-cultural differences are tolerated so long as basic resources are available to all. When access to resources is restricted, it is inevitable that groups regress to primitive responses such as envy, splitting and projection, resulting in stigmatisation and persecution of those who are different. Stigmatisation can also derive from divergent values, as for instance when rigid, idealised, religious beliefs bring intolerance of other belief systems or sexual orientation.

At the root of conflict and stigma we find competition between different value systems and the threat of change to our collective or individual identity. In an era of unprecedented social change, as migration and mass media blur traditional boundaries, it is vital that we recognise this process of stigmatisation and embrace the potential for social enrichment through dialogue.

### The Dialectic (Yin and Yang) of Stigma

In its original sense, stigma simply meant to mark out – a term which was pejorative, indicating membership of an undesirable group. This leads to a focus on the negative impact associated with belonging to a group that is outside the norm. Paradoxically, stigma is an inevitable outcome of our living in complex societies where order is maintained through rules and hierarchies which process requires defining and labelling. Definitions range from the apparently simple 'dichotomous' distinctions of male/female; black/white; God/devil; heaven/hell; fidelity/infidelity; hetero-/homo-sexual to the more elusive sense of social capital. In between, we have countless elements which come together to create in each of us our unique sense of self. A harmonious identity might be seen as a well-balanced rainbow, where each dimension co-exists happily without any one dominating.



Image 1. An integrated, non-stigmatised identity  
Dimensions e.g. race, religion, sex, sexuality, age, mental and physical capital.

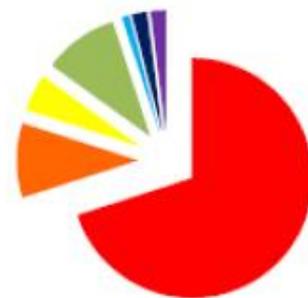


Image 2. Disrupted, stigmatised identity  
when one dimension is dominant as a result of social, personal perception or expectation of others.  
Any dimension(s) could be disrupted. Red is used to reflect the danger/persecution, caused/experienced.

Figure 1: Identity and the impact of stigma

Image 2 shows what happens if one or more dimensions becomes disproportionately important, either to ourselves or to others. We cease to be seen as individuals, instead becoming defined by the characteristic which makes us different from the majority e.g. we are 'gay', 'Black', and so on. When this happens, the stigmatised individuals will inevitably seek mutual support by forming minority groups in order to fight for recognition. Alternatively the characteristic which distinguishes us from others e.g. religion or political ideology, may become the dominant characteristic of our identity. Charismatic leaders and those intent on radicalising others are able to exploit these differences. Dialogue is essential to establish understanding and social harmony.

**There is no stigma without compliance**

If we are comfortable with our identity, if the rainbow is harmonious, prejudice does not have a catastrophic effect on us: there is no stigma if we do not buy into the notion. But an 'unhealthy' group experience usually leads to persecution and isolation and can also result in radicalisation and/or violent retaliation. It affects individuals' wellbeing, but it also has local, national and global influences and repercussions. To maintain a healthy individual, and by extension community, national and global relations, Careif aims to address these aspects of stigma. We do so by identifying and confronting the sources of stigma and to empower all parties through dialogue, contact, education and research.

The following graphic illustrates the process.

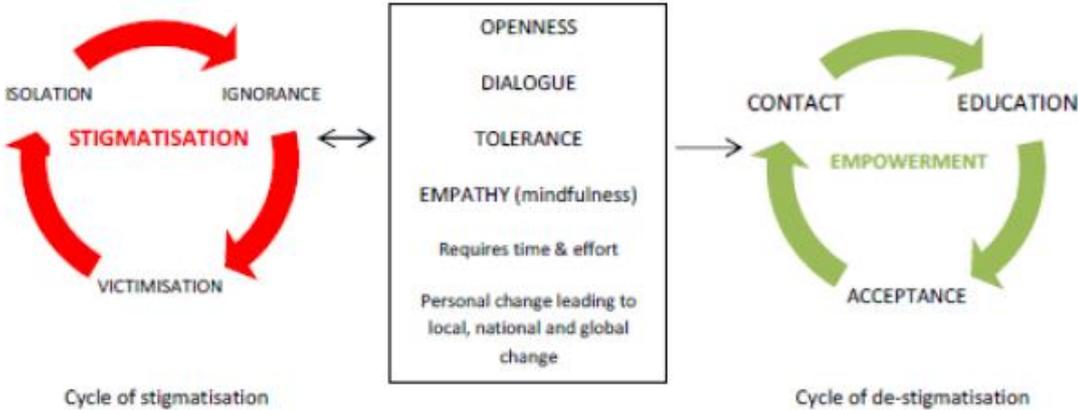


Figure 2: Circular processes of stigmatisation and destigmatisation

## CAREIF proposes we can empower individuals and overcome stigma through:

**Community Development:** non-governmental organisations (NGOs), Voluntary Sectors, other community groups and individuals, facilitate and support grassroots efforts to mobilise programmes that foster membership, increase influence, meet needs and develop a shared emotional connection among community members; and to serve as a catalysts for change and for engaging individuals and the community in decision-making and action;

**Public Health:** Public Health workers have stressed the importance of engaging the community in health decision-making and improving community participation in health promotion, health protection. Advocate on behalf of the communities for equity of funding and resources, education at all age levels - schools, employers, media and reporting;

**Governments, Political Leaders and International Institutions:** highlight and provide solutions to reduce the discrimination and bigotry associated with stigma; construct policies and pass legislation that effectively creates justice and promote the dignity of and reduction of stigma and discrimination against people;

**Media and Business:** conduct comprehensive public information campaigns and partnerships, explicitly targeted at the facts and impact of stigma; sponsoring the activities of NGOs and Community Sectors.

There is no doubt that cultural differences and exchanges can require great humility and sensitivity to avoid unintended insult or humiliation; the human desire to befriend and reach out can sometimes result in disagreements about entitlements and mutual obligations and rights; however, collectively we can empower individuals leading to better personal, national and global harmony.

**February 2016**

All those involved with Careif, Trustees, International Advisors, Patrons, Friends, Supporters, etc give their time as volunteers. If you want to be part of this Careif experience, or indeed contribute your own or seek an opportunity to sponsor your ambitions, why not contact us: [enquiries@careif.org](mailto:enquiries@careif.org) .

**Albert Persaud:** Co-founder and Director. The Centre for Applied Research and Evaluation - International Foundation (<http://www.careif.org/>).

**Jenny Willis:** Independent educational consultant/researcher; PhD in socio-linguistics; editor Lifewide Magazine (<http://no2stigma.weebly.com/>); co-founder no2stigma (<http://no2stigma.weebly.com/>); careif International Advisor (Wellbeing & Education).

**N Yoganathan:** Consultant/College Tutor in Psychological Medicine, Isle of Wight, UK; Median (Dialogue) Group Convenor and Member Group Analytic Society (London); co-founder no2stigma (<http://no2stigma.weebly.com/>); careif International Advisor (Stigma & Sri Lanka).

**Dinesh Bhugra:** Trustee, The Centre for Applied Research and Evaluation - International Foundation (<http://www.careif.org/>). Professor of Mental Health and Cultural Diversity: President of the World Psychiatric Association.

[www.careif.org](http://www.careif.org)

Twitter @careif

Facebook careif

---

share knowledge change lives