

LETTERS

MENTAL ILLNESS STIGMA

I was delighted to see the commentary by Pat Corrigan and colleagues in the October 2005 issue of *Social Work*. Corrigan, Watson, Byrne, and Davis (2005) rightly pointed out the dangers of an overly biomedical approach in attempts to eliminate mental illness stigma. I also have long felt that the emphasis on mental illnesses as brain disorders leads to the public perception of individuals with these illnesses as helpless and unable to integrate into community life.

Public perceptions of people with mental illness are of grave concern to social workers in the mental health field. A social justice approach such as that recommended by Corrigan et al. represents a useful way to attack this problem. However, we must be honest about the fact that stigma is not an issue only affecting the attitudes and behavior of the general public. Unfortunately, many practicing social workers also espouse stigmatizing beliefs and attitudes, and far too often these views spill over into the treatment of clients.

In my work with individuals coping with severe and persistent mental illness, I have heard countless tales of shoddy treatment by clinical social workers. Stigmatizing attitudes can lead to inappropriate placement of clients into restrictive housing situations, use of financial "incentives" to enforce treatment adherence, negative and victim-blaming language in assessments and treatment plans, and a variety of other distasteful practice behaviors.

One of the aspects of the phenomenon of provider-based stigma that alarms me most is that many clinicians appear to have no qualms about discussing clients with their coworkers in demeaning ways. I have often seen social workers chatting informally about their clients using derogatory language and poking fun at the behaviors and problems of people with psychosis. One of my colleagues related to me that her supervisor, a licensed social worker with years of experience, told her that she "had to be careful and watch her mouth" when she was in the presence of the agency's consumer advocate, to make sure she did not say anything to offend the advocate.

Our profession claims to support client self-determination, the dignity of all people, and a holistic

view of clients' lives. Why, then, does it seem acceptable among so many of us to deliver poor treatment to and hold discriminatory attitudes about one of the most significant populations that we aim to serve? Certainly the issue of stigma needs to be tackled in the public arena so that our society will not associate severe mental illness with danger and unpredictability. In addition, we as a profession need to examine ourselves and our own stigmatizing beliefs so that we can respect the wishes and honor the needs of clients with mental illness.

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REFERENCE

Corrigan, P. W., Watson, A. C., Byrne, P., & Davis, K. E. (2005). Mental illness stigma: Problem of public health or social justice? *Social Work, 50*, 363-368.

SOCIAL WORK'S ROLE IN PSYCHIATRIC MEDICATION

Bentley, Walsh, and Farmer's article "Social Work Roles and Activities Regarding Psychiatric Medication: Results of a National Survey" (October 2005, pp. 295-303) was extremely illuminating as far as it went. Though we must be mindful of our practice environment, social workers in particular must resist absolute colonization by the medical model and become unbiased sources of information about the risks and benefits of medications.

A recent meta-analysis in the *British Medical Journal* (July 16, 2005, pp. 155-157) found that antidepressants were no more effective than placebo, that there is little evidence to support the claim that antidepressants are more effective in more severe conditions, that antidepressants have not been convincingly shown to affect the long-term outcome of depression or of suicide rates, and that "given doubt about their benefits and concern about their risks, current recommendations for prescribing antidepressants should be reconsidered." Adverse events and equivocal effectiveness with the newer atypical antipsychotic medications are also well described in the literature.

Social work's role should not be antim medication, but to actively promote alternatives to medications given their cost, risk of adverse events in children

and adults, and marginal effectiveness. Psychotherapy and other psychosocial interventions can often be safe, effective, and economical first-line treatment options.

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SHIFTS IN SOCIAL WELFARE POLICY

I write regarding Charles R. Atherton's review of Neil Gilbert's *Transformation of the Welfare State: The Silent Surrender of Public Responsibility* (October 2005, p. 370). Although I disagree with Atherton's opening statement that "this is the most important book on social welfare policy in the past 50 years," I salute the journal for reviewing a work that critically examines what is happening here and abroad with social welfare policy. The trends are ominous and discouraging. Convergence in social policies among nations is occurring, but social safety nets are diminishing almost everywhere.

Gilbert's significant book is robust in describing specific alterations taking place in many countries but is less clear about why this is happening so broadly now. Two recent books that speak more to the why of current changes in the social welfare policy arena are David Harvey's *A Brief History of Neoliberalism* and Lawrence R. Jacobs and Theda Skocpol's *Inequality and American Democracy: What We Know and What We Need to Learn*.

Social welfare policy processes are distorted in most countries now through destructive political and economic policies that are mutually reinforcing. Ordinary people are in great danger of losing more social and public supports. What happens in social welfare policy is rooted in politics and economics. Understanding the connections between political and economic inequality explains a lot about current social welfare policy shifts.

Social work needs much more exposure to contemporary works on politics and economics.

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EPISTEMOLOGICAL FRAMEWORKS, HOMOSEXUALITY, AND RELIGION

As a gay man, I was taken aback when reading David Hodge's article ("Epistemological Frameworks, Homosexuality, and Religion: How People of Faith Understand the Intersection between Homosexuality and Religion," July 2005, pp. 207-218). I felt rather like the

spouse who has been physically abused for years, and, when he finally gathers the courage to fight back against his oppressor, is accused of being a batterer! Dr. Hodge seems oblivious to the fact that the LGBT community did not start this conflict—it has simply responded to years of oppression.

I do not care what people from the conservative religious right (I refuse to refer to them as "people of faith"—I know lots of people with strong faiths who do not feel the need to oppress me) believe about me as a gay man—we all have a right to our opinions and beliefs. Nor do I wish to deny them the ability to practice their faith as they see fit. But I do feel the need to respond to their efforts to deny me my basic human and civil rights: deny me the right to marry, with all its attending governmental rights and privileges; the right to adopt children or maintain custody of children; and the right not be denied employment or housing simply because of my sexual orientation. I dare say that the LGBT community would have little problem with the religious right had the right not been trying to deny us these rights for so long.

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David Hodge's article "Epistemological Frameworks, Homosexuality, and Religion: How People of Faith Understand the Intersection between Homosexuality and Religion" (July 2005, pp. 207-218) is filled with polysyllabic monstrosities and alarming overgeneralizations. The title itself exhibits the stylistic shortcomings of the article. Within living memory there was a time when religion could fairly claim authority over matters such as homosexuality, maintaining that such things are matters of faith and morals. The religious view was that homosexuality is a matter of "choice" rather than the result of intrinsic normal variation. However, the scientific understanding of homosexuality has recently expanded and is now clearly superior to the religious one. Hodge seems to think that the scientific approach is like a political movement and is merely a matter of opinion. But when science achieves understanding of a part of nature, its findings are not mere matters of opinion. In some ways Hodge's article reminds one of the Republican strategy of turning debates upside down. For example, they have claimed that those who support the Head Start Program are promoting "class warfare." It is as if