“Coming Out” Might Be Worth It!

Blythe A. Buchholz and Patrick W. Corrigan, Illinois Institute of Technology
Editing support: Sue McKenzie, Rogers InHealth


Please address correspondence to Patrick Corrigan, Illinois Institute of Technology, 3424 S. State Street, Chicago, IL 60616; voice 312-567-6751; corrigan@iit.edu or Sue McKenzie, Rogers InHealth, 34700 Valley Drive, Oconomowoc, WI 53066; voice 414-759-3374.
Misconceptions about mental illness and the resulting discrimination (together known as stigma) can be as detrimental to the individual as the illness itself. The pain resulting from public stigma—when the general public endorses stereotypes and socially disapproves of the individual—acts as a barrier to one’s pursuit of life goals. Sometimes, the person with mental illness internalizes stigma, believing the false stereotypes about their experience with mental illness. Self-stigma causes a significant loss in self-esteem, self-efficacy, and hope; these false ideas about mental illness and the feasibility of recovery can leave people believing they are incapable of achieving their life goals. For these people, seeking therapeutic services is also less likely.

An interesting antidote to self-stigma is doing what might seem most threatening - sharing one’s experiences with mental illness. Telling someone about your mental illness can be empowering and may actually enhance self-esteem for some people. This can be tricky territory, however, and it would be good for the advocacy community to develop effective guidance and supports for people desiring to tell their story about their experiences with mental illness. The LGBTQ community calls this coming out: announcing to the world one’s sexual orientation proudly, in order to assert control over one’s life. We are by no means equating one’s sexual orientation to one’s mental health; but, there are sufficient parallels between the experiences of these two groups suggesting we may gain insight from LGBTQ coming out literature for those seeking to reduce the self-stigma of mental illness. There are some specific practices that people with mental illness could adopt should they decide to come out proud.

The Problem of Self-Stigma

Social psychologists have described stigma in terms of: stereotypes (usually negative beliefs about a group: “people with mental illness are dangerous”), prejudice (endorsement of these beliefs leading to a negative emotional evaluation: “that’s right; they’re dangerous and I’m afraid of them”), and discrimination (the behavioral response: “because I’m afraid of them, I’m not going to hire them”).

The internalization of these stereotypes by people with mental illness (and the corresponding blows to self-esteem and self-efficacy) may undermine the pursuit of goals, including those related to education and employment. This has been called the “why try” effect. “Why try to seek out a job? I am not worthy of it.” “Why attempt to learn math? I don’t have the skills to focus and learn.” Additionally, people may avoid situations where public stigma is anticipated, which often include academic and work environments, further compounding the barrier to achieving life goals and independence.

Identity and Disclosure

One approach to resolving self-stigma is to identify oneself with others who have mental illnesses. Individuals who identify with their stigmatized group may report less stress related to prejudice and better self-esteem, a result found in African Americans, older adults, women, and gay men and lesbians. Gay and lesbian experiences are again useful to examine because sexual orientation, like mental illness, does not have an outward identifier and thus, can be kept secret. Keeping this secret and suppressing such important aspects of one’s identity can negative effects on mental and physical health, relationships, employment, and general well-being. Strategic disclosure of one’s closet secrets seems to not only reduce these harmful effects, but often leads to a greater sense of personal empowerment and improved self-esteem, while at the same time contributing to breaking down the barrier of public stigma.
Identifying with Mental Illness

The relationship between identity and self-stigma is complex. One may think that to identify with a mental illness would lead to more stress, but this is not necessarily true. To summarize the work of many prominent researchers, it may not be identifying with one’s mental illness that leads to more stress, but the perceived legitimacy of the stigma associated with that identity that harms one’s emotional health. Identifying with one’s mental illness is an integration of these central experiences into the whole of one’s self-image, aligned with a definition of recovery that includes a sense of hope, capability, goal attainment, and community.

Pride and Mental Illness Identity

Pride emerges from a sense of who one is. Ethnic pride is a clear example here: “I am African American,” suggests satisfaction at the recognition of one’s heritage, an additional answer to the question, “Who am I?” In this context, mental illness is an identity in which a person might be proud. Furthermore, for some people, “I am a person with mental illness,” is definitive of much of their daily experience. This kind of identity promotes a feeling of authenticity, or recognition of their internal conceptualizations. Authentic people often have pride in their authenticity and may experience greater self-esteem and well-being.

Some people view mental illness as a central part of their identity, while others may not. An individual identifying as a member of this group risks being discriminated against (one of the downsides of disclosure); but, at the same time, can diminish the effects of self-stigma on the person with mental illness by offering sources of support and solidarity to cope with any negative or emotionally taxing experiences.

Costs and Benefits of Disclosing

There are many benefits to disclosure; namely, the enhanced self-esteem and self-efficacy that promote emotional and mental health, which in turn may improve physical health and well-being. While disclosing has the potential to improve relationships and expectations in social and occupational settings (it can promote understanding, present opportunities for support, assistance, and reasonable accommodations, or simply relieve the stress and guilt associated with keeping a secret), there are costs to be considered as well. Just a few are listed here and vary greatly by person and their environment: risk for physical or emotional harm (hate crimes), discrimination, disapproval or exclusion from others, and self-consciousness. Costs and benefits can be assessed as both short and long-term outcomes. The balance of costs and benefits varies greatly for each individual and the setting (coming out at work likely has a different pattern of costs and benefits compared to coming out among one’s friend group). Weighing the costs and benefits to coming out is a very complex, unique, and personal process; as such, this process, and ultimately his or her decision on whether to come out or not, is one that can really only be made by that individual.

Strategic Approaches to Disclosure

Disclosure might be described by a hierarchy of approaches from people who choose to stay out of social contexts (Social Avoidance), to those who choose to socialize with a variety of people but not share their experiences (Secrecy), to taking a chance and disclosing their mental illness to selected co-workers or neighbors (Selective Disclosure), to those that make no active efforts to try to conceal their mental health history and experiences (Indiscriminant Disclosure), and finally those who choose to broadly tell their story as a means of educating people about mental illness and reducing stigma (Broadcasting). The goal of the final type of disclosure is to seek out people or groups to share past history and current experiences with mental illness. People who broadcast their
experiences foster their sense of empowerment over the experience of mental illness and associated stigma.

Questions to consider when one has decided to disclose their mental illness include: Who do I want to tell? Why do I want this person to know? What about my experience do I want to tell them? What are some anticipated outcomes of my disclosure—negative and positive, short- and long-term? One strategy to “test out” whether a person is potentially a good receiver of disclosure is for the person considering disclosure to strike up a conversation about a recent television show, movie, or other media event that portrayed mental illness in a positive light. They then ask the person what they thought about it, rate the response, and decide if this individual will handle their personal information with respect, understanding, and sensitivity.

Coming Out Proud as a Public Health Program

Coming Out Proud is a program developed for public health advocates and consumers to work through the process of disclosure and issues related to identity. It is a three part program run by facilitators with lived experience, that addresses key issues related to disclosure: (1) weighing the costs and benefits of coming out; (2) considering the range of strategic approaches to disclosing; and (3) learning an effective approach for formulating personal stories about experiences with mental illness. Finally, the program presents resources, namely consumer-operated services, which may be great support systems during this process.

The public health value of a coming out program is likely to go beyond self-reported changes of secrecy-related distress, self-stigma, and empowerment. Since perceptions of and experiences with discrimination lead both to heightened stress responses and poorer health behaviors, it is expected that a successful coming out program may reduce stress responses, including physiological and emotional reactions, with a positive impact on physical health and general well-being. Finally, a broader coming out movement is likely to reduce public stigma and structural discrimination for people with mental illnesses, as it has done for the LGBTQ community.

To download a copy of the COPp manual, Click here; for a copy of the COPp companion workbook, Click here. For more information about the program please visit the website for the National Consortium on Stigma and Empowerment at www.ncsel.org.

References
### Table 1: Some Costs and Benefits of Coming Out with Mental Illness at Work

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
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<tr>
<td>You don’t have to worry about hiding your mental illness from supervisor or co-workers.</td>
<td>Others may disapprove of your mental illness or your disclosure.</td>
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<td>You can be more open about day-to-day affairs.</td>
<td>Others may gossip about you.</td>
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<td>You can be honest with your supervisor about requesting time off for appointments with mental health providers.</td>
<td>Others may exclude you from work events or cooperative work projects.</td>
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<td>Others may express approval.</td>
<td>You may worry more about what people are thinking about you.</td>
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<tr>
<td>Others may have similar experiences.</td>
<td>You may worry that others will pity you or question your competence.</td>
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### Table 2: Five Ways to Disclose or Not Disclose

1. **SOCIAL AVOIDANCE:** Not telling anyone about your mental illness and avoiding situations where people may find out about it. This could mean working or living in a sheltered or supported work environment, where you only associate with other people with mental illnesses.
   - **Benefit:** You don’t encounter people who will unfairly harm you.
   - **Cost:** You lose the opportunity to meet new people who may possibly be supportive.

2. **SECRECY:** Participating in work and community situations, but keeping your mental illness a secret.
   - **Benefit:** Like social avoidance, you withhold information about your mental illness from others. But, you don’t avoid important settings like work or the community in the process.
   - **Cost:** Some people feel guilty about keeping secrets. You may also receive less support from others because they are unaware of your mental illness.

3. **SELECTIVE DISCLOSURE:** Disclosing your mental illness to selected individuals, like co-workers or neighbors, but not to everyone.
   - **Benefit:** You find a small group of people who will understand your experiences and provide support.
   - **Cost:** You may disclose to some people who then hurt you with the information. You may have difficulty keeping track of who knows and who doesn’t.

4. **INDISCRIMINANT DISCLOSURE:** Making the decision to no longer conceal your mental illness; this does not mean, however, that you are telling everyone your story.
   - **Benefit:** You don’t worry who knows about your problems. And you are likely to find people who will be supportive.
   - **Cost:** You may tell people who then hurt you with the information.

5. **BROADCAST YOUR EXPERIENCE:** Actively seeking out and educating people about your experience with mental illness.
   - **Benefit:** You don’t have to worry who knows about your history of mental illness. You are promoting a personal sense of empowerment in yourself. You are striking a blow against stigma.
   - **Cost:** You are going to encounter people who may try to hurt you with this information. You are also going to meet people who disapprove of your political statement.