

Exploration of the Causation of Stigmatization of Mental Illness in Thailand: Perceptions of Thai University Students

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Abstract

This ethnographic study explores the perceptions of the causation of stigmatization of mental illness in Thailand. This article begins with an overview of the current state of mental health in Thailand and a description of the stigmatization of those suffering from mental health conditions. This is followed by the findings that emerged from interviews with forty college students from an undergraduate Social Science faculty. The forty participants were separated into two groups based on their educational program. The first group consisted of twenty students from a Social Science Faculty at Mahidol University International College, and the second group of twenty students represented a Social Science Faculty from a Thai program at Mahidol University. The findings indicate that while the participants in both groups claimed that they do not stigmatize mental health sufferers, they felt that as a whole, Thai society still does. The participants argued that most Thais still hold negative perceptions of mental illness due to the influences of family, media, and education. The study is descriptive in nature and aims to illustrate the participants' perceptions of the causes of mental health stigmatization.

Keywords: *Stigmas, psychology, Thailand, mental health*

Introduction and Background

According to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, or DSM 5 (American Psychological Association, 2015), a mental disorder is defined as “a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (American Psychiatric Association, 2015). Globally, the prevalence of psychological disorders is on the rise. Recently, the World Health Organization stated approximately 350 million people are suffering from a mood disorder such as depression, which is equivalent to 4.4% of the world's population. Another common disorder type, anxiety disorders, accounted for over 264 million people worldwide (WHO, 2017). In Thailand, approximately 10 million people experience at least one mental disorder (WHO, 2006). It is reasonable to assume that, based on the WHO statistics mentioned above, depression and anxiety are also prevalent disorders in Thailand. Prevalence notwithstanding, the stigmatization of mental illness is problematic. To understand the Thai perceptions of mental illness, it is necessary to explore the potential psychosocial factors in the causation of the stigmatization of psychopathology from the Thai perspective

Literature Review

The Context of Stigmas and Mental Health

People with psychological disorders often suffer several challenges, including negative stigmas, social rejection, and lack of support. Stigmas, in the context of mental disorders, have been broadly studied across different regions and cultures (Sun et al., 2013; Yamada et al., 2001; Zieger et al., 2016). Psychological stigmas can contribute to poor treatment and eventually poor health consequences (Motlova et al., 2010). The early labeling theorist Goffman defines a stigma as “the situation of the individual who is disqualified from full social acceptance” (Goffman, 1963, p. 3). He proposed that victims must be concerned with what others think of them and feel guilty that they fail to comply with social norms. Goffman's work inspired a good deal of research on the cause, consequence, and categorization of stigmas including the impact of stigmas on the LGBT communities (Schmidt et al., 2011), wheelchair users (Cahill & Eggleston, 1995), and the effects of

stigmatization on physically disabled people (Barg et al., 2010). A sociological approach to stigmas was introduced by Link (1987) when he defined them as a “modified labeling theory” (Link, 1987, p. 401). Link suggested that through socialization, we develop a set of beliefs that society devalues, and consequently stigmatizes mental illness. As a result, mental health patients expect rejection and negative responses when seeking psychiatric services. Link further argued modified labeling theory results in patients losing their self-esteem, job opportunities, emotional and social support

The World Bank Group and World Health Organisation (2016) demonstrated that stigmatization reduces social acceptance, self-esteem and the relationships of victims, prevents many from getting professional help, and prolongs the illness which can lead to isolation, self-harm, and loneliness. In addition, stigmatization has been shown to be a common trigger for suicide attempts among mental health patients (Carpiniello & Pinna, 2017). Many studies have attempted to elucidate the causes of stigmatisation of mental illness. Some possible factors are lower social class (Holman, 2015), educational stratification (Crisp et al., 2000), gender (Pascucci et al., 2017), and differences in socioeconomic status (Mascayano et al., 2015). Some studies have placed importance on the degree of economic and social development in different countries, arguing that developed countries are less likely to stigmatise mental illness than developing or undeveloped countries (Lauber & Rossler, 2007). As a result, more research has been conducted within Asian countries to explore different degrees of stigmatization, such as in China (Sun et al., 2013), Japan (Yamada et al., 2001), India (Zieger et al., 2016), Malaysia (Hanafiah & Bortel, 2015) and Vietnam (Ta et al., 2016). The existing studies on stigmatization in Thailand generally concentrate on HIV/AIDS patients and argue that people living with HIV/AIDS in Thailand have experienced HIV-related stigmas, lack of social support and internalized shame (Li et al., 2009; Ojikutu et al., 2016). While there are many studies on the stigmas associated with mental illness in Asian countries, there is a paucity of such data available from Thailand. Two other theorists influenced by Goffman created similar explanations. Link and Phelan (2001) expanded deeper conceptual meaning to stigmas. First, they argued that other theorists tend to focus heavily on stigmatized individuals and the effects of stigmas. An experiment done by Link (1987) concluded that people who label others as having mental illness also stereotype them as dangerous. Labelling theory is supported by several studies in Thailand (Anders et al., 2003), which showed that it is common to find individuals with mental illness being “othered.” In conclusion, the stigmatization of mental health issues is well documented, yet little is known about this phenomenon within the Thai context.

Mental Health Literacy

While it is undeniable that people throughout the world are suffering from mental health issues, the public, in many societies, still fails to accept the prevalence of mental illness and the people afflicted with these disorders. The definition of Mental health literacy (MHL) was first mentioned by Jorm as “knowledge and beliefs about mental disorders which aid their recognition, management and prevention” (Jorm et al., 1997, p. 183). The definition also includes having knowledge about the causes, ways of seeking professional help, as well as assisting others receiving appropriate treatments. Jorm and his colleagues believed that if people accumulate enough knowledge of mental illness, they will have more positive views of the illness itself and thus be more likely to seek treatment. Several studies (Eisenberg et al., 2009; Jung et al., 2017) have concluded that when people are educated about mental health, they are more likely to understand the causes and potential treatments which, in turn, increase the tendency to seek help. Therefore, the degree of mental health literacy relates directly to the stigmatization of mental disorders. A number of studies (Loo et al., 2000; Jeon & Furnham, 2017) that compared non-Western and Western countries have concluded that non-Western countries tend to have higher rates of mental health stigmas due to the lower degree of mental health literacy. In Singapore, the outlier, a national study carried out by Chong et al. (2016) shows that over half of Singaporean adults could accurately identify the most common mental health disorders using vignettes. A possible reason behind this success was the government’s implementation on increasing mental health literacy among the adult to elderly

generation through the initiation of a public education system which included public service announcements and advertisements on the national media.

Background of Mental Illness in Thailand

Prior to the period of King Rama V of Thailand, Thai people traditionally believed that mental illness was caused by possession, black magic, or other supernatural forces. Thus, the treatments of these illnesses were often rooted in religious beliefs and commonly included whipping, the use of holy water by Buddhist monks, or torture until the symptoms disappeared (Burnard et al., 2006). Historical examples of treatments were often found engraved on the walls of temples during the Rattanakosin era. Most were recipes which were extracted from local herbs and claimed to cure symptoms of violence and unstable moods. The shift from traditional beliefs to more modern approaches to the treatment of mental illness emerged with the establishment of the first psychiatric hospital in Thailand by His Majesty King Rama V in 1889. This hospital, which opened with only 30 patients, was aptly named "The Insane Asylum". The hospital offered treatments by traditional Thai physicians often using decoction and vermicide as the main medicines. As the number of patients gradually increased, the director of the hospital, Dr. Heighed, along with the Thai government, decided to expand the hospital area and changed its name to the "Thonburi Psychiatric Hospital". Given the new name, this was perhaps the government's first attempt to normalise mental illness. Following this period, there were multiple renovations and developments within the Thonburi Psychiatric Hospital, and many psychiatric hospitals started to emerge in different regions throughout the country. By 1972, mental health services were available in general hospitals (Udomratn, 2009). Lewis and Minas (2017) suggested that this development of Thai psychiatric hospitals was influenced by Western industrialisation and imperialism, perhaps beginning as early as World War II, causing changes in culture, economies, and social structures. These changes likely carried new concepts of mental illness to medical health professionals.

Since then, the forces of globalization and industrialization have had a dramatic impact on Thailand. A survey by the World Health Organization (WHO) in 2008 concluded that over 1.5 million Thai people were living with depression in 2008, and cited a 58.5% risk of suicide. The survey suggested that the actual numbers could be higher, as the majority of the patients do not receive treatment. This is the result of a lack of knowledge, a poor understanding of depression, and the stigmatization of mental illness (WHO 2008, as mentioned in Kongsuk et al., 2017). Today, Thailand spends more on mental health than many other nations, with 4% of the health budget spent on mental health resources. Thailand's rate is comparatively higher than other Southeast Asian countries (WHO, 2017). Additional analysis of the WHO survey shows Thailand as one of the only countries with insurance programs which cover the treatment of mental illnesses. Although over 90% of Thai people can access psychotropic medication for free, most are reluctant to seek out professional help and treatment. This reluctance can be attributed to the stigma associated with mental illness. Previous studies on the stigmatization of mental health in Thailand (Suwanlert, 1976; Burnard et al., 2006; Sanseea et al., 2009; Kaewprom et al., 2011) concluded that stigmatization existed in various forms, including perceived discrimination and isolation from society that had negative health outcomes. This stigmatization of mental illness is often the result of various agents of socialization such as culture and media exposure.

Thai Family and Culture

Pinyuchon and Gray (1997) proposed 6 factors that shape Thai families: family relationships, societal values, roles of masculinity and femineity, religious beliefs, rural and urban considerations, and sexuality. Charoenthaweesub and Hale (2011) argued that family relationships differ between rural and urban areas of Thailand. In rural areas, families tend to live together in the same house. However, city life separates families, which often results in less time and interaction spent among family members. In terms of communication within family, Ritchie (1988) suggested that there are two structures of family communication patterns. The first is called socio-orientation, where the

main priority of the family is to maintain good relationships between family members. This means that children are encouraged by their parents to follow and agree with elders in order to maintain harmony within the family. The second type is concept orientation, where all members are expected to communicate and share ideas among the family. Thai children are raised in the socio-orientation pattern, and often prefer to minimize conflict and promote harmony among family members. Most Thais live by Buddhist and animist teachings and are guided by these values. Within Thailand, it is accepted that there are supernatural causes for mental illness (Burnard et al., 2006; Suwanlert, 1976). When applying Buddhist teachings to mental illness, the law of Karma explains that people with mental disorders committed egregious acts in their past lives, resulting in their current suffering. While several studies have indicated the impact of religious practices and mental health (Jones, 1995; Astin, 1997; Koenig et al. 1997), as Sethabouppha and Kane (2005) argue, research on this aspect of Buddhism is limited.

In Hofstede's observation of the Thai cultural context, each member of the family is expected to play and maintain certain roles. A father is expected to be strong and lead the family. Similarly, a mother is expected to support her husband and put the family before her own needs (Hofstede Insight, 2017). Furthermore, Hofstede's individualistic scale of Thailand is scored as low as 20, making Thailand a highly collectivist culture. Several studies (Papadopoulos et al., 2002; Papadopoulos et al., 2013; Han & Pong, 2015) proposed that individualistic cultures are more likely to tolerate diversity of ideas and norms. On the other hand, in collectivist cultures where individuals are expected to share common expectations and goals, people who behave differently tend to draw negative attention from their community. As a result, if an individual suffers from mental illness in a collectivist culture, their family may attempt to conceal the problem, and are thus less likely to seek proper treatment. In such a culture where there is little acceptance and knowledge available within the community, people are more likely to stigmatize mental illness. In terms of the Thai education system, Thai culture is manifested throughout the learning process (Fry & Bi, 2013). The traditional learning strategies such as memorizing—as well as passive learning strategies such as teacher-centred pedagogy—are less likely to be practised in international programs.

Thai Media

A recent report on Thai media consumption concluded that 82% of the population is using the Internet, and spends approximately ten hours per day online (Phulsarikij, 2018). The behavior or language we perceive as normal is shown to us from an early age through television and online videos. This process of cultural norming is generally achieved by repetition of images and cultural messages that are considered or accepted as mainstream thought (Gerbner, 1999; Gerbner & Gross, 1976) and lends to our socialization within that locale. This process of socialization is crucial to our development. As one might expect, due to the amount of time Thais spend with electronic media, the media have become a major agent of socialization. Barner (1999) argued that television is a powerful socializing agent, and one of the more commonly viewed television program genres in Thailand is the *lakorn* or drama. This is exemplified by the emergence of *Hallyu*, or the Korean wave. The impact of Korean media on Thai society can be seen in the use of cosmetics, fashion, and cosmetic surgery options (Kim, 2009) or the massive increase in Korean language schools and Korean restaurants in Bangkok following the broadcast of the Korean drama *Dae Jang Geum* (Amnatcharoenrit, 2006). This Korean drama was a hit with Thai audiences and is “very much a part of popular consciousness in Thailand today” (Ainslie, 2016, p.3). The impact of Thai dramas on social behavior has most recently become evident with the broadcast of *Bupphesanniwat*, which resulted in the promotion of “traditional” Thai dress by the fashion industry, including the motor show “pretties,” the governments’ promotion of the *Jindamani*, and the increase in travel to the old capital of Ayutthaya (Jory, 2018). A popular Thai drama can influence the socialization of many.

The media shapes perceptions of events, and thus reality around us. In Thailand, it is common to see issues of mental illness or people who are suffering from mental disorders portrayed negatively in the media. This can cause misunderstandings and lead to negative stereotypes, prejudice, and

confusion among the viewers. Furthermore, these misinterpretations directly affect individuals with mental health concerns, as they are more likely to make victims feel ashamed of their illnesses (Scout et al., 2004). Further studies (Benbow, 2007; Levin, 2011; Klin & Lemish, 2008) have asserted that the media's portrayal of mental illness can shape the public view of mental health issues. Currently, there is a lack of data that explores the depiction of mental illness in Thai media. However, there are many examples that can be extracted from the Thai news, Thai soap operas or movies which depict mental illness negatively. Among most well-known psychological thrillers in Thailand were the films *Body 19*, *Slice*, and *Distortion*. The common plot exemplified in these films is similar, in that the different characters all suffered with severe mental illnesses such as bi-polar disorder or schizophrenia and became serial killers. Furthermore, many Thai soap operas focus on mental illness, such as *เงากรรม* (*Always on My Mind*), *จิตรกร* (*Painter*), and *วังวารี* (*Wangvaree*). Within these soap operas, one or more characters is portrayed as a villain and develops a psychological disorder at the end of the series. In conclusion, mental health literacy, the media, family, and culture all influence one's perception of and approaches to the psychologically afflicted. The stigmatization of psychopathology is unexplored in the Thai context. Therefore, this article attempts to examine the participants' perceptions regarding the causation of the stigmatization of mental health issues. This exploratory analysis seeks to understand this phenomenon from Thai students' perspective.

Research Question

What are students' perspectives of the primary causes of the stigmatization of mental illness in Thailand?

Methodology

A qualitative method was chosen to allow for more precise descriptions of participant perspectives of the stigmatization of mental illness in Thailand. Face-to-face, in-depth, and semi-structured interviews were used to collect data. Each interview lasted approximately 20 minutes. There were 40 participants divided into two groups, both of which were recruited from Mahidol University. The first group was 20 students from the Social Science Division at the International College. The second group was 20 students from the Social Science Division in the Thai language program at Mahidol University. This selection of participants was chosen following Deveney (2005), who interviewed foreign teachers in both Thai programs and international programs. Interview methods are best in situations where a more detailed understanding of a process or experience is needed to determine the exact nature of the issue under investigation. Semi-structured explorative questions were used to identify specific factors influencing the participants' perceptions of mental health. This aspect of inquiry emphasized unique attributes that contributed to the student's perception of stigmatization within the context under investigation. Questions were intended to explore participant's friendships, family, education background, and perceptions of media. These semi-structured in-depth interviews assisted in understanding the personal experiences of the students and lent to the creation of a narrative. Rather than exploring the causes of change, this series of studies seeks to understand the stigmatization of mental health from the students' perspective.

As standard practice, each interview was digitally recorded and subsequently transcribed (Erlandson et al., 1993). During each of the interviews, notes were taken in regard to various topics and statements that formed themes. Prior to the commencement of coding, the researchers listened to all of the recordings and began reflecting on the themes that emerged from each of the ethnicities. The coding focused on different themes as discussed by the respondents. Following an inductive approach of natural inquiry and analysis, themes emerged and each was identified, labeled and categorized. Thematic identification and coding provided a rich description of the naturalistic data. Specific attention was given to common or overlapping themes. This thematic data analysis was intended to identify frequency, specificity and emotionality of participant responses (Krueger &

Casey, 2009). As more themes evolved, it became necessary to combine major themes with subordinate themes.

Results of Research Questions

The results of this inquiry indicate that the two student groups agreed on the primary causes of stigmatization in Thailand. The students from both the Thai program and the international program concluded that family, the Thai education system, and local media are the primary contributors to the stigmatization of mental illness within the Thai context. In this section of the article, selected quotes from the participants are used to elucidate their impressions.

Cause 1: Family—International Program Students

Over half of the responses from the international students stated that their parents and family members still hold negative perceptions about mental illness. The majority of participants reported feeling uncomfortable discussing their mental health with their family members, especially their parents, due to the students' belief that their parents' generation was not educated about this issue and is more likely to respond with negative comments.

As one participant suggested:

I would tell my friend first if I have psychological disorders. Friends first, then family. I think that telling my parents won't make anything better. For example, if I tell them I have depression, I think they will say "Get over it, move on with your life", which makes me feel even worse.

There were common responses regarding how culture and upbringing had influenced perceptions of mental illness. For example:

A lot of the older generation stigmatized mental illness because they were raised in the way that their parents also did not understand mental illness. I really don't expect my parents to understand; I feel like mental illness is such a sensitive issue, and if I start this conversation with my family, we would be having big arguments, which means it is not worth talking about it. Also I think it is hard to change people's mindset, especially when it is something you grew up believing in.

Cause 1: Family—Thai Program Students

A similar result was observed among the Thai program students and their families. For instance, many of the interviewees believed that talking to people that do not fully understand mental health problems will only worsen the situation. They believe that their parents and older relatives perceive mental disorders negatively.

One participant voiced the following opinion:

If I were to have depression and tell my parents, I think they will say something like "you think too much or you use your phone too often." I don't think my parents are aware of this issue or even educated about this. They don't think it is possible to have depression.

Another participant from the Thai program said:

If I tell my parents or any family members that I might be suffering from any disorders, I think they will tell me to rest. Because they don't know anything about psychological disorders, so it is unlikely that they will suggest me to see the doctor. I know that they will listen, but their solution is not what I want. Age difference is the issue. I don't think they are as open and willing to understand this issue as much as my friends.

Many of the students from the Thai program voiced similar concerns about sharing information with family. Whether the students had a Thai or an international background, the responses were quite similar in regards to the reluctance to share with family and the apparent lack of parental knowledge and acceptance in regard to issues of mental health. The participants from both groups reported that their parents do not talk about problems, feelings, and tend to keep things away from them. This assumption also includes other family members living in the same household. In terms of

feeling comfortable talking about stress and mental health, over half of the participants from both groups do not feel comfortable sharing their feelings with their families. The majority of the respondents believe that their parents' generation will perceive mental illness differently and approach this issue from a negative perspective.

Cause 2: Education—International Program Students

Regarding the differences in program of study, international program students argued that they have a better understanding of mental illness. This is due to having Westernized educational styles of learning, which highlight the importance of mental health, as compared to the Thai educational system, which does not discuss mental illness. For example, an international program student said:

Of course, I think International college students are more open than Thai students. I can say this because I went to a Thai school when I was young where everything is stereotyped. When students have mental illness, the school thinks that it is not the health problem, but the problem of the person instead. It is something that is socially unacceptable in Thai schools.

In terms of how international schools treat students with mental illness, a student commented:

I was fortunate enough to go to an international school and was educated on psychological disorders at a very young age. We had a couple of autistic kids in our year, and I had always treated this one kid with kindness and acted as if he was a normal person. I don't think people specifically targeted him because he had autism. I don't know what it is like in the Thai educational system, but I have heard stories, and they are nothing like mine. I'm not here to compare, but international schools consist of many people from different cultures and different mindsets. I think they are more open to different types of individuals and cater their interest to fit those different individuals.

Overall, the participants from the international program felt they had more exposure to psychological issues and were more accepting of mental health issues. Most reported the advantages of attending international school or international college as having more international friends and culture, having psychology courses as elective subjects in international school and college, having options for counselling at school, and being encouraged to express their opinions and share problems freely in an international environment.

Cause 2: Education—Thai Program Students

Students from the Thai program do not think that there is a dramatic difference in education which contributes to one's understanding and acceptance of mental illness, yet concede that the international programs are more progressive in terms of mental health literacy. While the students in the Thai program acknowledged differences in environment and availability of courses, they did not believe that this is a great hindrance to their perceptions of mental health literacy. A participant in the Thai program commented:

I think there is a slight difference between the two. In English programs and International schools, teachers use Western approaches to teach students, encouraging individual's rights and that we should respect each other. Whereas Thai students, I think, they like to gossip and talk about other people's problems more. For example, if you visit a psychologist and you are attending a Thai school, your friends may automatically assume that you are crazy and talk badly behind your back. Compared to International school, they will see this as normal; even teachers encourage their students to go. International school kids will ask if you are okay and respect your decisions, instead of asking to know the story.

A student from Thai program commented:

Before entering college, I used to think of mental illness as crazy people. They are scary people, and no one should get close to them. At my school, I think counselling class is useless because students just come together and do the assessments. The teachers never talk to students about their lives or problems. I still think that what I learned at college doesn't contribute to my understanding of psychological disorders that much. I think I get most of the information from the Internet. I enjoy reading posts about people who are suffering from these problems and the

replies from doctors on what they should do. I still see people who are against this topic; they usually commented negative stuff like “You should go kill yourself.” “You deserve this.” Many of Thai people still think that mental illness patients are crazy and dangerous. I think Thai education contributes to this misunderstanding; the schools don’t teach us how to think, but only to memorize information in order to pass exams.

Another interviewee from a Thai program suggested: “I strongly think that Thai programs need to start teaching about mental illness, as this issue has been more common today, and it is easy to find people with mental disorders.”

Echoing these statements, another student said:

I feel like Thai educational system is like a straight path, everything goes straight, either right or wrong. If you have a mental disorder, you are wrong or you are a bad person, which isn’t good for society. It should be many viewpoints or paths that the person can take.

Although most of the participants from the Thai program disagreed that the different programs (Thai and International) can shape your view on mental illness, many see the need for Thai schools to include psychology in the curriculum, as well as improve counselling classes to be more effective. Furthermore, the participants agreed that if schools started teaching students about mental illness, students will develop a better understanding about the disorders and symptoms, which eventually will lead to greater acceptance of the issue. Moreover, once students are educated on these issues, they are more likely to normalize mental illness, and can freely discuss or share with friends and families.

Cause 3: Thai Media—International Students

The responses from the students in the international program indicate that they believe that Thai media has a negative impact on how Thai people view mental illness. All the responses agreed that Thai people rely heavily on Thai media, such as Thai *lakorn* (soap operas) and Thai news for information about mental disorders. The most common response among respondents regarding the media’s role in shaping perception focused on the misrepresentation of mental illness in Thai media. To illustrate, an international program student commented:

The media does portray people with mental disorders as often bound to attack people; it has negative connotation to psychologists. In Western media and society, people with mental illness are more open. In Thailand, it is more like a taboo. If you said that if this guy goes to a psychologist, it is a bad connotation. All the news about sexual harassment or inappropriate behaviour always labels the offenders as crazy people with serious psychological problems.

There are common responses regarding use of the word “Khon baa” or a crazy person to describe people with mental illness. This word is commonly used by Thai people in different contexts. Many of the respondents reported hearing or even use the word in conversation. One interviewee from the international program commented:

Mental illness is very stigmatized especially here in Thailand. The media doesn’t treat people nicely. It’s more like they are animals or second class citizens. Sometimes, when we hear the word the “Khon baa” (crazy person) we are often scared of them. We shouldn’t go near them or talk to them. We are taught to be afraid of mental hospitals. I think media portrays them in a quite negative way.

Cause 3: Thai Media—Thai Program Students

Similarly, negative misrepresentations of media were also a common response among interviewees from the Thai program. All of the respondents grew up in Thailand and have been exposed to Thai media since they were young. Although many failed to recall the names of certain soap operas or movies, they were all able to recall negative situations and messages of avoidance embedded in Thai media. As one interviewee suggested:

Most of the time, mental illness is portrayed as very severe, fatal, and uncontrollable. Media always shows the worst case. If you have a mental illness, you go to the mental hospital and there is no treatment or anything. If you go to the psychologist or the doctor, that means you are crazy. In movies and TV, it is bad, and those who have a mental illness should go to the hospital and remain there. It makes those ill people have a harder time in society.

Another Thai program participant compared Korean and Thai media:

I have seen many Korean TV series; the main characters went to see psychologists, and the movies normalised seeing these doctors. While in Thai media, any mental illness that you might have is considered “crazy”. Sometimes it is too negative. I have never seen a Thai TV series that shows characters seeing psychologists.

Overall, both International and Thai program participants feel that Thai media plays a powerful role in educating and influencing people’s opinions of mental illness. Additionally, the results suggest that Thai media broadcasts the wrong impression of people suffering from psychological disorders, by exaggerating both the symptoms and consequences.

Discussion and Recommendations

Overall, the results have clearly shown that despite the difference in educational backgrounds, both groups of participants claim that they do not stigmatize mental illness. The differences between the two groups are minor. The majority of responses from the participants indicate that they have normalised mental illness and talk openly regarding this topic. While the participants didn’t report any stigma, they claimed Thai people in general are more likely to stigmatize mental illness. The results suggest that Thai family, Thai media, and Thai education do play an important role in contributing to the stigmatization of mental illness from the participants’ perspective. The results illustrate how participants from both groups believe that understanding and accepting people with mental illness is still limited in Thailand.

From the results, the participants agreed that Thai society does stigmatize mental illness. The participants discussed the role of family, education and media as outdated and underdeveloped. This is the result from having direct experience by being educated in the Thai educational system, being raised by Thai families, and watching Thai media. Thus, their direct experiences have led them to generalize Thai people as a collective group with similar stigmas caused by similarities in media consumption, parenting style, and exposure to the same Thai education system. An additional common response regarding generational differences was that if the participant’s parents do not accept mental health, then it is likely that the whole generation is less likely to acknowledge mental illness. This overgeneralization by the participants is a further indicator of their perceptions of collectivism, along with the impact of Buddhism, Karma, and concepts of animism.

Another unique finding from the study is the sense of superiority among international college students when compared to the Thai program. The participants from the international college believe that studying in an international environment and not having to comply with traditional Thai educational expectations—such as respecting the great degree of power distance between teacher and student, or questioning established truths such as those taught in the religious context—enhances better understanding and acceptance of mental illness. However, the participants from the Thai program claimed that there is only a slight difference between studying in an international program or Thai program, and regardless of educational background, their understanding of mental illness is superior to that of the majority of Thai society. Perhaps the three most dominant agents of socialization in Thai society are religion, the family, and the media. It is perhaps not a coincidence that these are perceived causes of the stigmatization of mental illness. This is supported by the comments from both groups of participants, who strongly believe that they do not stigmatize people with mental illness, while they are also convinced that their understanding of this issue is better than the majority of Thai people. Perhaps the participants are exhibiting a bias blind spot.

Limitations and Future Research Necessary

This study has a few drawbacks. Firstly, the sample size was small compared to the total number of undergraduate students in Thailand. Also, having the participants from one university limits the generalizability of data, as these results do not represent the general population of Thailand. The study's sampling method also limits the generalizability, as the participants were selected from Social Science majors, whereas other majors might have different opinions. In addressing these drawbacks, future research can use the data from this study and expand on the number and locale of participants including those from varying in. Despite its limitations, this study has significant points. To start with, it provides another perspective of the Thai view of mental illness. An additional significance of this article is that it lends data to an area where little exists, as there are currently limited studies in the area of stigmatization and mental illness within the SE Asian context. Therefore, the results of the study add to the available literature on stigmatization of mental illness in Thailand. Throughout the study, it is clear that mental health literacy is still limited in Thailand.

Conclusion

This article begins a description of stigmas and mental health with the purpose of outlining the negative consequences of the stigmatization of mental illness. The fairly rapid development of the Thai approach to the treatment of mental health and the lack of social acceptance of mental health issues is thus explored through a qualitative analysis. The results have shown little difference between the two groups of participants based on their educational backgrounds. The respondents agreed that while Thai people as a whole stigmatize mental illness, the participants did not. The potential causes of this stigmatization of mental illness were described as family, media, and education. While it remains unclear whether scientific views of mental illness have replaced more superstitious beliefs in Thailand, it is evident that the participants in this study claimed to have a more enlightened view of psychopathology. It is hoped that this article acts to further discussion of mental health issues in Thailand, and leads to greater academic inquiry into the psychopathology from the Thai perspective.

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