

Creative ~~Æ~~ffects Towards Destigmatization

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INTRODUCTION

There has been an increase in the prevalence of people experiencing homelessness, especially over the past few years. In Canada, there were more than 235,000 homeless people in 2021, not including the precariously housed or the hidden homeless such as those couch surfing while awaiting permanent residence (Kalajdzieva, 2022). Statistics from shelters indicate that people of all sexes and ages, including children, experience homelessness, and that there are several causes for someone to be without a home that can affect “absolutely anyone” (Kalajdzieva, 2022). What can be overlooked is that people experiencing homelessness can be examples of individuals with strengths that could offer positive contributions to their communities if it weren’t for their impeding struggles to thrive. Stigma prevents this, including preventing positive relationships between those who aren’t homeless and those who are, as well as people experiencing homelessness being unable to access supportive resources. To address stigma as a barrier requires exploring various approaches in initiatives that have been effective in reducing stigma that could be applied in future initiatives to address homelessness. This literature review proposes that *creative and artistic tactics and strategies, including involving people with lived experience of homelessness or mental illness, can and do work to reduce stigma*. Positive collective outcomes in reducing the barriers of oppression caused by stigma can, therefore, bring more equality and opportunity to humanity, especially for those who are at risk of or are experiencing homelessness.

EXPERIENCES AND IMPACTS OF STIGMA

The Canadian Charter of Rights and Freedoms indicates that “everyone has the right to life, liberty, and security,” and “everyone is equal and has the right to equal protection,” yet this equality isn’t demonstrated in the population of those experiencing homelessness (Justice Law

Website, 2023). Experiencing an unequal, especially lower than others' distribution of resources or power, combined with the labelling and separating effects of stigma, causes a loss of an individual's status, capacity, power, protection, and liberty. This can create circumstances in an individual's life that can cause or exacerbate physical or mental health challenges, as well as social, financial, material, or spiritual challenges. Any, or a combination of these can be factors that contribute to the onset or ongoing experience of homelessness.

Though homelessness does not necessarily intersect with mental illness, it can. Researchers using statistical methods found evidence that affirms that "the prevalence's of serious mental disorders (in people experiencing homelessness) were raised compared with expected rates in the general population" (Fazell, et al., 2008). Furthermore, research specific to stigma around mental illness is relevant to this discussion because this body of knowledge correlates to the general body of knowledge around stereotypes, prejudice, and discrimination. There is established evidence otherwise to support the growing understanding of the interrelationship between mental and physical illness (Sinjoy, et al., 2019). Regardless, support for mental illness is only provided 7 per cent of health care dollars, which makes this limited care additional inequity amidst those who may be experiencing the consequences of poor mental health amidst their experience of homelessness (Canadian Association of Mental Health, 2023).

Throughout multiple sources of current literature, a common definition of stigma is provided by Link and Phelan (2001) as "the co-occurrence of labelling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised." Stereotypes, prejudices, and discrimination all relate with stigma. Prejudices, or prejudgments, reflect an evaluation of a group or individual resulting in negative attitudes towards those identified based on incorrect beliefs or incomplete information (National Academies of Sciences, Engineering, and Medicine,

2016). These generalizations often function to preserve the position of a dominant group. Stereotypes offer prejudicial characterization of an entire group, attributing specific characteristics to group members which impairs from seeing the differences between people within that group or the positive qualities of its apparent members (National Academies of Sciences, Engineering, and Medicine, 2016). Examples might include an individual's perceived dangerousness or unpredictability due to their group association, or that they are responsible for their conditions likely due to inherent weakness. Additions to others' negative perceptions might also include intersecting judgements around factors such as race, poverty, age, or disability. Discrimination results in unfair prejudicial behaviours toward an individual based on their group membership, commonly resulting in endorsed differential treatment, including avoidance and rejection (Stangl, et al., n.d.). Being discriminated against makes it difficult for individuals to enjoy his or her human rights equal to others. Collectively, prejudices, stereotypes, and discrimination represent the attitudes, beliefs, and behaviours of others that negatively impact the well-being of those who experience stigma.

Someone under the conditions reflected above is likely to feel a mark of discredit or shame, often due to the negative beliefs and feelings held by others, commonly referred to as public or social stigma. That which occurs within and about oneself is referred to as personal stigma, reflected in an individual's "lowered self-esteem, decreased self-efficacy, and psychologically harmful feelings of embarrassment and shame" (National Academies of Sciences, Engineering, and Medicine, 2016). Whether an individual experiences the negative social attitudes of others' or they internalize this as personal stigma, compounding factors from these create an exclusion from groups and enhances an individual's feeling of isolation. The impact of these stereotypes "has an impact on people's sense of identity and leads to reduced

self-esteem and diminished expectations,” including a negative impact on health, social, academic, and employment achievements (Mental Health Commission of Canada, 2015). This, therefore, can lead to an individual being rejected or impaired from their ability to find or follow through with helpful resources to positively support their social, material, physical, mental, spiritual, and cultural resources. Research otherwise asserts that negative impacts of stigma can affect health through a multitude of ways, including bearing on physical and mental health directly and indirectly through stress responses, as well as invoking risky behaviours such as substance abuse (Claire, et al., 2016).

In addition to the demoralizing personal effects of internalized stigma, and attitudinal effects of public stigma, one may also experience behavioural effects of structural stigma. This occurs when professionals stereotype individuals in search of public services, including indulging in micro aggressive behaviours, as well as in the restriction of services offered. Renowned sociology scholar and early thinker on stigma offered that stigma is a powerful means of social control enforced by marginalizing, excluding, and exercising power over individuals who display certain traits (Goffman, 1963, referenced in Afolabi, 2018). The Mental Health Commission of Canada (2015) suggests that “the effects of stigma and discrimination can be seen in the chronic underfunding of the mental health system, lack of affordable housing, and income and disability supports that do not always meet people's needs.” Clair, et al. (2016) also suggest that this unequal distribution of resources includes discriminatory treatment that restricts access to education and employment, which further adds to the structural stigma that will also contribute to health disparities. These experiences give cause to clearly consider ways that stigma can be reduced personally, publicly, and structurally.

It is possible that the more equally distributed resources will help to reduce the overall national health expenditures based on more positive health outcomes that reducing stigma would help to afford. Building social bridges of acceptance between those who have and those who haven't been marginalized will help to supply people at risk of or experiencing homelessness the same rights, respect, and entitlements as the broader population. Additionally, addressing stigma will also help to reduce future spending beyond the nearly four billion dollars that the federal government has committed over 9 years, beginning in 2019, to a federal program entitled "Reaching Home." This program aims to help "the most vulnerable Canadians maintain safe, stable, and affordable housing and eliminate chronic homelessness across the country" (Infrastructure Canada, 2022). Supporting the reduction of prejudices, stereotyping, discrimination, and separations of power that result from personal, social, and structural stigma will thereby support the reduced need for this societal cost in the future.

APPROACHES TO DESTIGMATIZATION (ANTI-STIGMA)

There have been multiple approaches to what authors of an article in Social Science and Medicine refer to, and what will continue to be referred to here as "destigmatization" (Claire, et al., 2016). This resource suggests that "(m)any stigma-reduction interventions aim to change potential stigmatizers' beliefs and attitudes, often by seeking to refute stereotypes, shift causal attributions, and/or diminish feelings of difference" (Claire, et al., 2016). This paper explores ways to reduce stigma using education/information and protest approaches. It will consider art interventions such as initiatives involving visual, literary, and performing arts, as well contact-based approaches. Various concepts will be explored that will help to benefit future initiatives towards destigmatization.

INFORMATIONAL / EDUCATIONAL APPROACHES

The intention behind an informational approach to destigmatizing is for the purpose of educating. The premise is that factual information will help to correct misinformation and counter inaccurate stereotypes or myths. These can be presented locally, nationally, or even globally and can include initiatives such as information leaflets, literacy campaigns in school programs and community groups, news and radio broadcasts. There is research in the field of mental health that suggests that changing public stigma in a significant and lasting way through educational programs alone has mixed evidence of its effectiveness, though it is perhaps more effective in changing younger people's attitudes and reducing personal stigma when delivered as component of cognitive behavioural therapy (National Academies of Sciences, Engineering, and Medicine, 2016). A meta-analysis of randomized controlled trials to measure the effectiveness of programs for reducing stigma associated with mental disorders suggests that "null effects were obtained for the interventions involving an educational component and for those containing only an educational component" (Griffiths, 2014). Adding to this research suggesting that information alone has limited efficacy, an Associate Medical Director for Mental Health Services in Glasgow affirmed in a study replicated 25 years later that informational approaches to destigmatization had little to no affect (Smith, 2013). In this author's evaluation of an anti-stigma campaign in England, the editorial representing "a milestone in international stigma research" proposes the need for a new approach that would include researchers better understanding "the nature of events that are reported as stigmatizing," and "the ebb and flow of population attitudes and opinions" to better target future educational initiatives (Smith, 2013).

PROTEST APPROACHES

Protest interventions that support destigmatization are typically targeted at public incidents of discrimination and are often focused on the structural level in the interest of changing organizational practices and behaviours. The use of protest helps to highlight stigma's injustices while confronting the offenders who perpetuate negative attitudes and behaviours, thereby aiming to suppress stigmatizing attitudes (Moeenrad, et al., 2023). Benefits to this approach include garnering greater public support, expanding the stakeholder base, and providing a forum of consensus in visibility.

In a PdD thesis considering “the social impact of large projects on Indigenous Peoples,” the author provides a comprehensive, though not exhaustive list of over 200 forms of protest that contribute to information, fundraising, publicity, mobilization, solidarity building, political pressure, and direct action. Though not specific to homelessness or mental illness, this body of information is applicable due to its focus on examining protest as a response to infringement on human rights. It suggests that “(p)rotest is thus a legitimate and necessary way for communities to seek redress for the issues being ignored by decision makers” (Hanna, et al., 2016). This is evidenced in a Northeastern city in New York when people experiencing homelessness were able to improve “provision of resources such as welfare benefits, shelter provision, and housing assistance,” in spite of having “minimal resources and organizational structure” (Hanna, et al., 2016). This article goes on to suggest that the disruptive strategies of protest led by “the very visibly poor” may in some cases be quicker and” more sweeping” (Hanna, et al., 2016). Despite the potential of its positive impact, the scope of this paper does not allow depth of discussion on the breadth of this potential approach. What is noteworthy here, however, is the opportunity to

include a range of artistic approaches in protest efforts of destigmatization for benefits that are mostly related to reducing structural stigma.

ARTISTIC APPROACHES

The limited positive effect of informational approaches to destigmatization invites incorporating art interventions, including performing, visual, and literary arts, or more specifically artistic activism. Arts are often employed “as a key component in conversations on citizenship... but also to instill cohesion within diverse societies” (Wilmer, 2012, and Grundy & Boudreau, 2014, referenced in Potash, et al., 2018). It’s otherwise been claimed that “community arts have been effective venues for disrupting stereotypes, promoting empathy, showcasing diversity, reimagining identities, and initiating dialogue” (Potash, et al., 2018). The Center for Artistic Activism (C4AA) suggests in a report that there are whole programs in art schools dedicated to this practice, beginning with the first of its kind in 2007 at Portland State University. From graduate programs, to university, college, and continuing education courses, classes examining the intersection of arts, politics, and social activism abound (The Center for Artistic Activism, 2018). As do over 1000 books on Amazon related to the keyword search of “art and activism.” C4AA (2018) also identifies entire museum exhibitions in largely populated destinations devoted around this practice. Museums that hold summits hosted by large educational institutions and bringing artistic activists from all over the world together are also documented. Authors suggest that more important than these initiatives “is the attention turned to the artistic activism by NGO’s and philanthropic funders” (The Center for Artistic Activism, 2018). These individuals and organizations have integrated the arts into their social programming or made the support of arts and activism a predominant aspect of their mission.

Significant examples were given of those who “work with activists who aspire to create more like artists, and artists who would like to strategize more like activists” (The Center for Artistic Activism, 2018). It was suggested in this report that the rationale for this increased merger relates to an impression that strictly sharing information can result in little uptake of applicable knowledge, and that capturing attention and supporting people while resonating with the way that they make sense of the world is best done with compelling images and engaging stories. Not only can various art forms engage our thinking, but it can also impact how we feel. In an article analyzing the work of artist Mark Rothko, it was suggested that “being moved” by art happens “as we try to understand, are frustrated, and arrive in a new, abstract space, driven by the artwork and the emotions it activates,” and that the brain activation during these emotional encounters implies “that the artwork may prompt us to think about our own lives” (“The Rothko Effect”, 2023). This relates to the ‘affect’ that art has, which according to the Oxford English Dictionary is to “have an effect on the mind or feelings of (a person); to impress or influence emotionally.” Art also relates to the ‘effect’ that it can have on a person, which in a definition within the same dictionary suggests is “to bring about (an event, a result); to accomplish (an intention, a desire).” To combine both meanings, authors of ‘Assessing the Impact of Artistic Activism’ combine the two words, resulting in ‘Æffect’, also used throughout this paper, and suggests that activism corresponds to ‘effect,’ while art corresponds to ‘affect.’ (The Center for Artistic Activism, 2018). Authors of a meta-analysis to determine the effectiveness of arts interventions to reduce mental-health-related stigma among youth add that “multiple art forms are potentially more impactful than other art forms in lowering stigma, as a combination of art forms likely aims for more intense experiences compared to use of a single art form” (Gaiha, 2021). It is suggested that this is due to these programs having “potential for greater interactivity and longer duration,”

as well as having various opportunities to entice people by providing a range of art experiences that one could relate with (Gaiha, 2021). The purpose of engaging others with artistic activism is ultimately to influence positive social change, and the way that it can “communicate(s) ideas, ideals, and perspectives” makes it well suited to “conform readily to an idealist theory of social change,” including the way that it can positively influence destigmatization (The Center for Artistic Activism, 2018).

VISUAL ART BASED APPROACH

Visual art provides an opportunity to depict social circumstance with personal expression, making it a form of expression that individuals within a stigmatized group can use to communicate their lived experiences with others. Neuroscience and other technological developments have investigated positive effects of artistic performance on the brain, and have found that using art to contribute to social interactions has otherwise been shown in studies to improve participant’s emotional, physical, social, and intellectual well-being (Owens, 2019). This suggests that the creation of art offers benefits that could improve an individual’s experience of personal stigma. Using art to engage a viewer’s empathy would also support public destigmatization with the understanding that “several researchers have indicated the significance of empathy in both attitudinal and behavioural change,” and that “interventions that trigger empathy can lead to pro-social behaviour” (Potash, et al., 2013). These factors make art beneficial to both artist and viewer in efforts towards destigmatization.

In an example of interest to determine viewers responses to art made by people living with mental illness, researchers conducted a qualitative study representing 13 client-artists depicting something in art that they each wanted to share about their life with others. The images

included “depictions of loneliness, symptoms, hopes and coping strategies” (Potash, et al., 2013). After viewing every art piece, participants were asked to choose one piece of art that resonated with them, and then engage in relational inquiry and practices mostly through a guided questionnaire. This data collection determined that “the majority of participants ‘agreed’ or ‘strongly agreed’ that viewing art helped them to understand the experiences of people living with mental illness” (Potash, et al., 2013). Participant responses indicated emotional and behavioural empathy, reflections of their own self-orientation in relationship to the artist or artwork, becoming ‘other-oriented’ in expressed desires to assist, and evoking world-oriented linguistically expressed responses “that were focused on a general condition or shared humanity” (Potash, et al., 2013). Authors of this research suggest that findings in these self-, other-, and world-oriented categories of this research “may demonstrate how art making promotes a response distinct from one’s normal interactions” related to evoking both empathy and action (Potash, et al., 2013). This personal to global scope of positive responses, therefore, gives cause to consider the use of visual art as having a positive effect towards efforts of destigmatization.

LITERARY ART BASED APPROACH

Stories have been used throughout history to convey information and educate people. Narrative storytelling offers a personal point of view and is often used to relay a series of events that convey someone’s lived experiences. It has been tested to create positive behaviour change, and to offer health support, resulting in positive effects (Alvarado-Torres, R., et al., 2022). An example was provided in research whereby several participants were asked to compare two different sources for obtaining information or support around helping a loved one with a substance use disorder (SUD): 1. a digital narrative website representing a father’s journey with

his son, and 2. a fictitious state department of health website that offered facts, figures, and statistics, along with phone numbers to resources. This research resulted in aspects deemed as important for future narrative storytelling approaches towards destigmatization. It was affirmed that while the fact-based site was suggested as having importance, the narrative story evoked feelings of connection and empathy while offering inspiration and meaning, including relevance to humanity, making it more valuable than fact-based information alone. Participants felt that message delivery is best provided to participants by neutral third parties that can demonstrate success in their achievement's, thereby making their participation more perceivably trustworthy. Bilateral trust was otherwise noted as important; that the ideal messenger "is someone who can both trust and be trusted" (Alvarado-Torres, R., et al., 2022). In this SUD specific research, it was offered that key messages should instill hope and solidarity, and could support the creation or enhancement of a social network that could support others in their experiential and educational journeys. In the testimony that stories "give you some kind of common ground to start a dialogue" it was suggested that "narrative stories could be used as an important starting point to engage others (in learning about SUD), regardless of where they fall on the spectrum of readiness" (Alvarado-Torres, R., et al., 2022). Lastly, digitally based narrative stories provide people who have been stigmatized against an opportunity to remain anonymous in their share, while also providing anonymity to users seeking the relevant information towards their efforts of destigmatization. Offering narrative stories online also offers people responsible for destigmatization an easy point of access to information. Ideally, stories will be told from different perspectives so that a broad audience can relate to them. Though this study contributed to the literature to support ways that narrative storytelling can specifically support those supporting loved ones with an SUD, it wasn't specifically tested for efficacy. It instead offered

what authors felt was a significant step forward in supporting its target population that could also be transferrable to populations of people experiencing homelessness or mental illness. Other research measuring the effects of internet-based storytelling programs on reducing mental illness stigma concluded that “internet-based storytelling programs with stigma-related content and interactivity elicited the largest effects in stigma reduction, including reductions in public stigma and microaggression” (Fong and Mak, 2022). This research combined suggests that literary approaches to destigmatization offers promising outcomes.

PERFORMANCE ART APPROACH

Like visual and literary art, performing arts lend audiences opportunities to engage with the stories of artists. Live public theatrical performances created from research, including interview transcripts, journals, fieldnotes, statistics, and more, used to “investigate a particular facet of the human condition” are considered “ethnodrama,” or simply put is “dramatizing the data” (Saldaña, 2005). Ethnodrama can be expressed in forms such as “revue, rant, radio drama, poetry, performance art, story theatre, reader’s theatre, chamber theatre...participation theatre, simulated lecture, and ritual” (Saldaña, 2011, referenced in Perkins, 2012). This artistic expression empowers “ordinary individuals to document their lived experience and represent their concerns to the community and policy makers as reminders of the artists’ presence in society” (Potash, et al., 2018). Performing arts otherwise offer an opportunity for people to have accessibility to broader spheres of influence than scholarly activity while still offering opportunity to educate and inform audiences. Through its use of dialogue to share meaning, and its critical and reflective lens, performance art, or ethnodrama, empowers audience participants to think

alternately and consider informed decisions towards solving problems by encouraging interpretation and critique; ingredients necessary for social change.

In an approved thesis submit by Christine Perkins for requirements in her “degree of Doctor of Education,” she explored “how B.C. public school principals and vice-principals understand and respond to homophobia in one school district,” and she expressed that “the use of ethnodrama as a method to analyze, critique, and present data prove(d) most appropriate” in the way that “new perceptions, new ideas, and new realities will emerge” (Perkins, 2012). Commonly referring to performance art as engaging in “a play” may relate this to the way that “the imagination and curiosity embodied in play permits creative activity to remedy apathy” (Greene, 1995, referenced in Potash, et al., 2018). Furthermore, play has been recognized to “facilitate dialogue, experimentation, community building, and direct democracy” (Shepard, 2005, referenced in (Potash, et al., 2018). With these associations, performance art can be considered an applicable and beneficial art form that “enables audiences to approach the arts with curiosity as a bases for considering the intersection of the artists’ and the viewers’ worlds,” thereby positively Affecting destigmatization (Potash, et al., 2018).

CONTACT-BASED APPROACHES

Delivering a contact-based approach to destigmatization means having target audiences hear personal stories from, and (or) involving direct interactions with members of a stigmatized group. This provides realness and relatability offered by someone sharing their lived experiences. To not otherwise have contact with these members allows for a space in which feelings of discomfort, distrust, and fear can emerge based on prevailing negative stereotypes. Three key mechanisms to reducing stigma through direct contact include supporting knowledge about the outgroup, reducing anxiety about intergroup contact, and empathy/perspective taking (Pettigrew

and Tropp, 2008, referenced in Tippin & Maranzan, 2022). Providing contact offers opportunities for the public to hear the challenges and stories of success of people experiencing homelessness or mental illness. It also affords possibilities for positive connections and interaction between groups that aim to overcome the otherwise interpersonal divide (National Academies of Sciences, Engineering, and Medicine, 2016). Evidence in mixed-methods research published in the National Academy of Sciences suggests that outcomes of contact-based programs “demonstrates robust effects in pre-post studies and at follow up,” and that the efficacy “is greater than that of education programs alone,” although “one-time contact is not as effective as repeated contact” (National Academies of Sciences, Engineering, and Medicine, 2016). Barriers to in-person contact can also be explored with the possibilities of video-based, filmed, and web-based contacts, and have been found to have positive results (Fong & Mak, 2022). Other research suggested that positive changes of attitude and intended behaviour were “twice those of education alone,” and benefits were otherwise identified when people with lived experience of mental illness related their own life experience to support and personalize factual information as part of a contact-based intervention (National Academies of Sciences, Engineering, and Medicine, 2016). It was otherwise affirmed in a data synthesis published in the Canadian Journal of Psychiatry that suggested “programs that included multiple forms or points of social contact had significantly larger score improvements than programs that did not include this program ingredient,” and included recommendations that multiple points of social contact should occur for best effect (Knaak et al., 2014). This was affirmed in a systematic review of anti-stigma programs aimed at college students, that determined that although in-person contact had twice the effect size, video contact was also effective in reducing social distance (Yamaguchi et al., 2013, Corrigan et al., 2012, referenced in National Academies of Sciences,

Engineering, and Medicine, 2016). Knaak et al. (2014) also determined that “the quality of social contact is more important than the length of that contact.” Combined, this information suggests that there is significant value in contact-based approaches to destigmatization, and that interventions that included additional approaches, delivered multiple times or in differing locations would be most positively Effective.

The Mental Health Commission of Canada worked with various organizations who had conducted anti-stigma interventions targeted to health care providers, to evaluate program outcomes that support recovery from mental illness, delivered using a contact-based educational format. Outcomes in this research resulted in a 6-ingredient model of key program elements that were viewed as “particularly important” in improving previously stigmatizing attitudes and behaviours in contact-based approaches to destigmatization. Including all six of the ingredients was reported to result in “significantly better performance than those that included fewer ingredients,” including that the program should: “include social contact in the form of a personal testimony from a trained speaker who has lived experience of mental illness; employ multiple forms or points of social contact (for example, a presentation from a live speaker and a video presentation, multiple first voice speakers, multiple points of social contact between program participants, and people with lived experience of mental illness); focus on behaviour change by teaching skills that help health (and service) care providers know what to say and what to do; engage in myth-busting; use an enthusiastic facilitator or instructor who models a person-centered approach (that is, a person-first perspective as opposed to a pathology-first perspective) to set the tone and guide program messaging; and should emphasize and demonstrate recovery as a key part of its messaging” (Knaak, et al., 2014). This successful delivery model, therefore, offers evidenced support, including key ingredients towards future destigmatization efforts.

PEER SUPPORT APPROACHES

It has been asserted that contact-based approaches that have been designed to reduce public stigma have also “been shown to benefit self-stigma by creating a sense of empowerment and boosting self-esteem,” thus making this approach more dually beneficial than other approaches (Corrigan et al., 2013, retrieved from National Academies of Sciences, Engineering, and Medicine, 2016). A related approach that has played an essential role in combatting self-stigma which has been helpful in the field of mental illness and is very likely transferrable to homelessness, is incorporating peer support. Showing benefits since their arrival in the 1970’s, peer support programs and services offer practical, social, and emotional support, and are claimed to be “critical in helping individuals to overcome the debilitating forces of self-stigma,” including research that suggests that people who use peer support programs “are more likely to use other behavioural health services of all kinds” (National Academies of Sciences, Engineering, and Medicine, 2016). This approach has otherwise been considered essential in circumstances where individuals of a stigmatized group had to be psychologically ready to present themselves in public effectively, including engaging with questions and open discussions with professionals or members of the general public (National Academies of Sciences, Engineering, and Medicine, 2016). Peer support, therefore, offers individuals who have been stigmatized against an opportunity to reduce their experiences of personal stigma, thereby providing a positive Effect towards their engaging in support services, and society in general.

LIMITATIONS

When offering approaches to destigmatization, it is worth considering some inherent difficulties. Firstly, giving voice to those who are stigmatized against will help to inspire and inform relevant and desired destigmatization outcomes. The Kelowna Homelessness Research Initiative (2021) provides researchers and practitioners with a framework that offers significant ways to embed people with lived and living experience of homelessness authentic opportunities to integrate into a co-research or co-construction process. It is otherwise proclaimed that “the peer reviewed literature in this area, although growing, remains meager and incommensurate with the hidden burden caused by stigma,” indicating that more evaluation of approaches towards destigmatization is required (Stuart, 2016). There is often little resource to provide formal research to produce evidence in support of the positive effect that various approaches can offer destigmatization. One positive example of how to approach this is provided in a report relating to Canada’s Opening Minds anti-stigma initiative. This offers a good example of developing formal partnerships for efficacy research, as this program did with five universities across Canada amidst a large network of program service providers, resulting in clear outcomes of “improved social acceptance of people with a mental illness across different target groups and sectors” (Stuart, 2016). Not only does a partnership like this provide important insights, but it also provides an opportunity for future exchange between policy makers, providers, and researchers. The report from the Opening Minds program research further affirmed that “big media campaigns are not effective at changing attitudes,” and that more than one session is required to boost previous learning. (Mental Health Commission of Canada, 2013). Furthermore, evaluations will provide more robust outcomes if they commit to future follow up beyond short-term periods (Griffiths, et al., 2018). Lastly, identifying active ingredients for valid positive

outcomes in a program are claimed to be lacking. It has been suggested that effective testing of principles and procedures of successful destigmatizing programs, using rigorous methods, will be most meaningful to future programs and has been identified as a priority for the benefits of public health (Stuart, 2008, referenced in Stuart, 2016). In summary, future destigmatization initiatives should include people experiencing stigma when developing evaluation procedures; creative strategies in partnering with others to conduct evaluations and amplify benefits; evaluation periods should be extensive; and it's important to consider individual objectives in evaluation procedures. Each of these considerations will improve the body of research that identifies effective approaches towards destigmatization.

CONCLUSIONS

It is suggested that “stigma and discrimination toward individuals experiencing homelessness and mental disorders remain pervasive across societies” and “there is an urgent need to increase focus on strategies and policies to reduce stigma and discrimination in this population” (Mejia-Lancheros, et al., 2020). With the increased prevalence of homelessness in Canada, examining personal, public, and structural stigma causes consideration about how prejudices, stereotypes, and discrimination can negatively affect (influence both emotions and action) one's human rights, sense of equality, self-efficacy, and well-being. Reducing stigma can be achieved with various approaches. Literature suggests that informational or educational approaches to destigmatization have limited effect. Protest approaches can have positive effect but are mostly beneficial when specifically addressing structural stigma. Meanwhile, *creative and artistic tactics and strategies, including involving people with lived experience of homelessness or mental illness, can and do work to reduce stigma*. These have been shown to be

more effective in the way that they offer creative ways to evoke empathy and citizen engagement that can lead towards societal change and cohesion. Visual art, for example, can have a positive influence in countering personal stigma, while also evoking empathy in viewers that can influence a reduction in public stigma and enhance prosocial behaviour. In addition to its ability to showcase breadth of experiences, literary art offers a potentially anonymous opportunity to provide common ground from which dialogue can occur. This approach has been shown to evoke feelings of empathy and connection, while motivating inspiration and meaning in others. Performance art, or ethnodrama, represents stories based on true life experiences and data. It provides shared meaning through a critical and reflective lens, while providing audience members opportunities to interpret and critique aspects necessary for social change. Research literature suggests that contact-based interventions are the best approach for destigmatization. This offers direct interactions with stigmatized individuals that help to diminish discomfort, distress, and fear while evoking empathy towards the out-group's challenges and successes. This helps to overcome the interpersonal divide between the in and out groups. Research shows that having a trained speaker with lived experience of stigma, providing multiple points of social contact, teaching skills to effectively respond to out-group members, engaging in myth-busting, having a facilitator demonstrate a person-centered approach, and emphasizing stories of success and recovery all provide successful outcomes towards contact-based approaches of destigmatization. Peer support has also been shown to be effective in reducing the negative effects of personal stigma. In addition to offering practical, social, and emotional support, peer support inspires individuals to engage in other behavioural health support services. Lastly, it is recommended that the development of destigmatization approaches include voices of those experiencing stigma to help inform and evaluate intended outcomes. Given the often-

limited resources to measure outcomes, it is recommended that initiative leaders find creative solutions to ensure both long- and short-term evaluations of their approaches to reducing stigma. Contributing to this body of research will help to amplify the ways that approaches to destigmatization can help to illustrate the reality of those whose lives have been affected by stigma, open audience members from their defenses, create conversations, generate empathy and affect, encourage participation, and evoke action towards social change. Collectively, considering these aspects towards destigmatization will benefit and affirm the human rights and self-efficacy of those facing homelessness or mental illness, thereby reducing collective expenditures and enhancing the equality of all.

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