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Ableism, Social Defeat, and Schizophrenia

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Ableism is defined as discrimination, prejudice, stereotyping and social oppression of those with disabilities. This includes both physical and mental disabilities. An example would be stigma against schizophrenics or the lack of accessibility for wheelchairs in some public places. Unlike other forms of discrimination, those who have disabilities are often solo, lacking an in-group membership which adds an unusual spin on the situation. The research in this issue is focused on answering questions around how to improve those affected by ableism, how to reduce ableism through communication and awareness, and how to define and understand the experiences of targets of ableism. One solution presented is to reprogram our language culture that surrounds disability. For example, it is better to say ‘a person with schizophrenia’, rather than calling a person a schizophrenic. This strategy known as person-first language seems to be an improvement and is worth exploring more. The research in this issue is focused on answering questions around how to improve those affected by ableism, how to reduce ableism through communication and awareness, and how to define and understand the experiences of targets of ableism.

*The Experiences of Micro-Aggressions Against Women With Visible and Invisible Disabilities.* Micro-aggressions in relation to disabilities often involves either excessively and implicitly referring to a person’s disabilities or dismissing their disabilities. This is important because it can delay diagnosis or cause emotional distress. This study explored a detailed look into which micro-aggressions were most common and most harmful. It was found that being praised for doing almost nothing was most common, along with downplaying of one’s condition and a rejection of equal rights. Most bothersome micro-aggressions were the downplaying of one’s condition and the rejection of equal rights.

*The Subtle Side of Stigma: Understanding and Reducing Mental Illness Stigma from a Contemporary Prejudice Perspective.* Mental illness is often stigmatized subtly without question. This is known as implicit stigma and is an issue for many with disabilities because the stigma is assumed and normalized without much conscious awareness. The studies here first establish two types of stigmatizers based on whether they are mostly implicit or also explicit stigmatizers. The second study shows that intervention of education, bias feedback, and contact can reduce stigma.

*The Association of Group‐Based Discrimination with Health and Well‐Being: A Comparison of Ableism with Other “Isms”.* This study compares ableism with other forms of discrimination in their effects on health and well-being. It was found that ableism was linked to worse health and wellbeing than other forms of discrimination. This is important because disability can overlap with other forms of –isms, for example sexism or racism, and also ableism has received less popular attention in our culture, which may partly explain this issue of health and wellbeing correlation. In a sense, ableist attitudes may often be viewed as justified more than other –isms. For those with mental disability, they could struggle to develop coping mechanisms compared to those who are able.

The overlap of ableism and mental health is of particular interest because of the way that ableism could reinforce identity relating problems for individuals with stigmatized mental health problems. Correcting ableist attitudes in society could improve the life quality of those living with certain disorders. This would be especially true when the disorders involve identity dynamics. One may wonder if schizophrenia, especially the genetic traits, is really inherently bad. This is something that should be explored moving forward because if schizophrenia may not be inherently bad, showing this distance sort of inherently implies that it is bad. We should explore certain conditions, such as ADHD, bipolar disorder and schizotypy to see if these conditions are bad, or if some of these traits are the byproduct of identity perceptions, trauma, bullying, and social defeat. This paper will focus on exploring schizophrenia in relation to ableism.  
 This concept known as social defeat that has been implicated in theories of schizophrenia. Social defeat is defined as being the victim of bullying, chronic subordination, and essentially describes social failure (Selten, J.-P., Ven, E. V. D., Rutten, B. P. F., & Cantor-Graae, E. 2013). Those experiencing schizophrenia often have ‘persecutory delusions’ which goes along with the fact that those with schizophrenia are actually persecuted often times. Consider how we persecute those who hold strange ideas like flat-earth theory. We often mock and view these individuals as inherently dismissible and usually as having schizophrenia. These recurring dismissals and bullying will condition a person to expect these behaviors from others, simply due to their frequency of occurrence. The more that persecution becomes likely, the more rational that it is to expect it and also become sensitive to it.

Micro-aggressions should be considered in those who have disorders that involve paranoia or persecutory perspectives because the identity of these disorders and the way they are defined would lead to branding accusations of micro-aggressions as paranoia or as holding a persecutory perspective. Micro-aggressions are framed as a conceptual justification as empathized with from the inside while paranoia or persecutory perspectives are framed as an unjustified perspective as seen from the outside. The persecutory mentality when combined with the worsening dissociative and psychotic states might become increasingly unrealistic and inaccurate, but perhaps in stable states of mind the persecutory mentality may often reflect a real issue of frequent experiences of persecution. It would be worth comparing experiences of paranoia and micro-aggressions and see how they overlap, perhaps to highlight that in some cases these two things are the same thing being understood through either unjustified or justified language.

It is common for the micro-aggressor to be unaware that they are inflicting offense on the individual, so the micro-aggressor could claim that the hurt individual is paranoid or even delusional about the situation. Those who are disabled seem to experience schizophrenia at a higher rate than the general population (Selten, J.-P., Ven, E. V. D., Rutten, B. P. F., & Cantor-Graae, E. 2013). The social defeat hypothesis states that some of the symptoms of schizophrenia may be related to the experience of social defeat and that minorities or stigmatized populations may be at risk for psychosis. It could be that experiences of ableist micro-aggressions are dismissed as paranoid and as the person’s experience is continuously invalidated by those around them, they become labeled ‘crazy’, which may worsen the sense that people are against the individual and further enhance trust issues. Trust issues might lead someone to avoid those who they don’t trust. If one feels that others are invalidating them or are hurtful, condescending, and micro-aggressive, they might retreat away from these relationships and keep their distance.

It is common for people with schizophrenia to become distant and withdrawn. It may be that the individual has become uncomfortable opening up or even casually talking to others. It is also common for people with schizophrenia to feel judged for their illness (Killaspy, H., et al 2013). One study found that friendship can reduce psychotic symptoms relating to hostility and also negative symptoms (Giacco, D., et al 2012). A recent experimental study found that paranoia increases with loneliness and decreases when loneliness is reduced (Lamster, F., et al 2017). Another study found that experimentally-induced social threat lead to an increase in paranoia to the same degree in both previously non-paranoid and paranoid people (Saalfeld, V., Ramadan, Z., Bell, V., & Raihani, N. J. 2018). Taken together, one could wonder if symptoms of paranoia are situational and environmental, relating to perceived social threat and that ableism may be one of the key factors involved in some of this social threat, along with previous issues of prejudice or ableism, and mediate some of the mental health problems experienced by people with schizophrenia. It may start off with an individual acquiring negative identity labels such as ‘weird’ or ‘bizarre’ as explicit prejudice or even more subtle implicit prejudices from their peers or family members for holding strange beliefs or behaving in unconventional ways, which escalates into problems of paranoia leading up to a diagnosis which only further leads to problems of ableism, further compounding an individual’s symptoms. In this sense, the diagnosis of schizophrenia could potentially do harm to an individual, as it is viewed as a hopelessly disabled condition by many.

While explicit ableism expressed towards people with schizophrenia may be increasingly frowned upon in society, implicit and more subtle expressions of ableism may be an ongoing and even evolving problem. The more that mental health problems such as schizophrenia are seen as genetic or biological problems, the more people may have a tendency to view individuals with the disorder as being something other than a normal human. While these genetic and biological explanations may help reduce the shame on their strange behaviors or beliefs, they might cause people to view the person as essentially subhuman and a helpless victim of their own biology. This may lead people to view the schizophrenic as more frightening, due to the idea that the individual cannot help but to behave and think abnormally due to mysterious biological factors.

It is worth noting that with rising data on the genetic correlations of schizophrenia, we still do not know the nature of these correlations and still have very little information about why the symptoms emerge. As an example, if we found that defensiveness and feeling socially outcast were correlated to genes, there are multiple ways to explain the association. One might argue that these genes impact social behavior directly, leading to some kind of deficit in social processing. But instead, the gene could be linked to a tendency towards non-conformity instead, which may lead to outgroup status and ultimately put the individual in situations in which they are defending themselves against the in-group. For example, magical thinking, strange ideas or conspiratorial ideation are a form of non-conformity which might cause social tension or stigma.

The fact that multiple religions, political opinions, and ideas of reality exist, suggests that no conclusive objective truth is adopted. This, along with the fact that many popular alternative worldviews are not supported by science or evidence suggests that popularity of a belief within one’s social circle might be more important to how we define ‘crazy thinking’. While flat earth theory might involve more science than religious fundamentalism, we often view flat earthers with shame and mockery. Flat Earthers are persecuted in our society. We do not usually diagnose religious individuals who disagree with our perspectives as having a delusional disorder. With the exception of thought disorder, it does not seem likely that erroneous or uncritical thinking is a useful diagnostic criteria for schizophrenia, as we usually have academic institutions that teach us critical thinking and evidence-based perspectives. Instead of viewing schizophrenia as a disorder involving erroneous thinking, it could be more useful to view it as a disorder involving harmful deviations in perspective than one’s peers or family. This might put an individual at risk for social defeat, stigma, and social isolation.

It could be that the genes drive an individual into abnormal environments that produce abnormal outcomes, rather than genes that directly produce abnormal outcomes. This may be why not everyone who has the risk-correlated genes experiences symptoms of schizophrenia. If schizophrenia is a disorder of social defeat, the mere diagnosis may perpetuate their low social status, worsen loneliness, and add another layer of stigma on top of the ones they already face. Since groups who face prejudice have higher rates of schizophrenia, the problem may initially begin with bullying, social out-casting, and experiences of prejudice. As the person’s life becomes increasingly stressful, more symptoms may emerge and cause the individual to struggle with socializing even further. This pattern may continue until symptoms are severe enough that they are diagnosed with schizophrenia.

There is support of this pattern from a study that analyzed the lives of patients before they were schizophrenic (Sobin, C., et al 2001). This study found that 60% of patients diagnosed with schizophrenia experienced poor socialization, chronic fear and sadness, attention impairment, and learning disabilities beginning before age 10. Problems of ‘otherness’ may drive developmental problems that only escalate over time. Another study found that those with high risk of developing psychosis reported experiencing more childhood bullying than healthy controls and even the healthy controls experienced symptoms of paranoia if they had a history of being bullied (Valmaggia, L., et al 2015). This may suggest that paranoia is learned through experiences of social threat.

The topic of ableism requires special care with language and conceptualization because errors in either of these can be noticed by the individual with the disability and result in perceived micro-aggressions. In the case of schizophrenia caution should be warranted in conceptualization of the causes of the disorder because the disorder is still not well understood. The social defeat theory even posits that environmental social factors may lead to the disorder. If the disorder is conceptualized as a biological neurological disorder then symptoms such as paranoia could be dismissed as unjustified subjective experiences driven by errors in perception or cognition, when in fact they may justified at least some of the time. There is the study showing that social threat in non-paranoid individuals can produce paranoia, which suggests that paranoia may not necessarily be some biologically-driven cognitive error, but a justified experience that is driven by separate social factors which may or may not originate from genetics. We may unfortunately realize that the dynamics behind ableism are a driving factor of the symptoms of disability associated with schizophrenia. In order to reduce this problem, we must focus on generating better theory-of-mind or first-person explanations to better pair with our evolving biological models of the disorder.

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