

SOC 3510; WEEK 6, 9/29

LABELING THEORY AND STIGMA



CLASSICAL LABELING THEORY

- For classical labeling theory, illness and health are socially constructed and relativistic
- Label, esp. if internalized (part of one's identity), prompts/compels/sustains, in a self-fulfilling manner, the disease/disorder it's meant to describe
- Critiques?

DIAGNOSTIC PROCESS

1. Person experiences a subjective feeling of sickness
2. If person goes to the doctor, the physician gives an exam and orders diagnostic tests
3. Physician comes to a conclusion about the patient's disorder given the results of the tests and perhaps symptoms presented and is "diagnosed"
 - Receives official label of illness
4. Leads to social reactions toward the labeled

MODIFIED LABELING THEORY

- Negative cultural stereotypes become personally relevant to patients once officially labeled
 - Real and perceived stigmatization follows
 - Theory originated with examining mental illness and is now moving into examinations of physical illness

STIGMA OF PSYCHOLOGICAL THERAPY (SIBICKY AND DOVIDIO 1986)

- Showed interactional consequences of being known to be in psychological treatment
- Subjects perceived those in therapy to be less open, secure, sociable, competent and more reserved/cold

STIGMA OF PSYCHOLOGICAL THERAPY (SIBICKY AND DOVIDIO 1986)

- Subjects behaved quite negatively towards (pseudo-) patient
- (Pseudo-) patients felt more uncomfortable and came to behave in ways that fulfilled these negative conceptions

DEVALUATION AND DISCRIMINATION SCALE

- Accept as close friend/teacher of young children/employee
- Just as intelligent/trustworthy
- Treated just the same as anyone else
- Entering mental hospital sign of personal failure
- Most would not hire to take care of their children
- Most would not date someone who has a serious mental disorder
- Psychiatric patients are dangerous
- Most are afraid of psychiatric patients

MODIFIED LABELING THEORY

- Coping strategies:
 - Withdrawal
 - Secrecy
 - Education



ASPECTS OF STIGMA

- Link and Phelan (2001):
 - Distinguishing/Labeling Differences
 - Difference is associated with negative characteristics
 - Sense of “us” and “them”

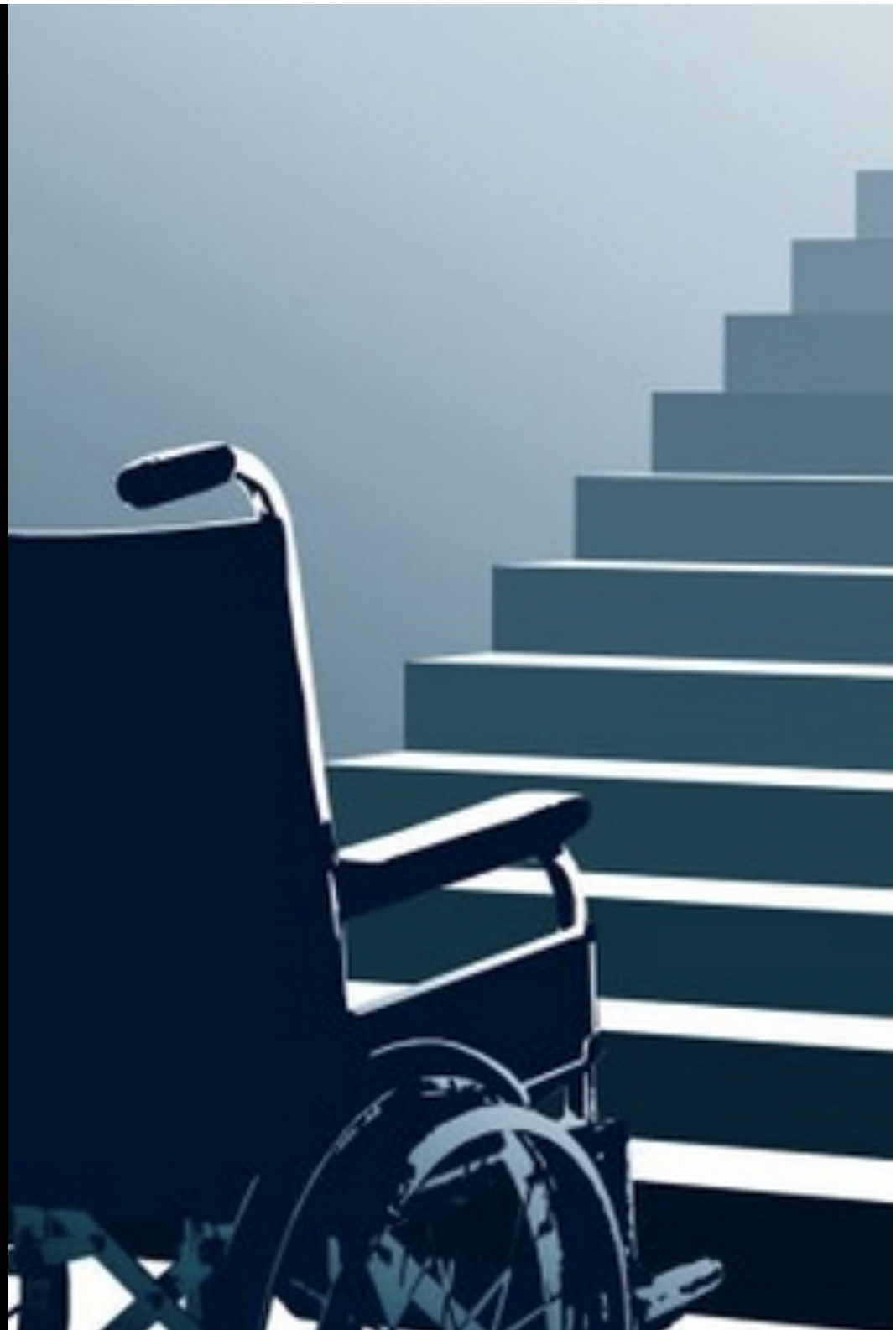
ASPECTS OF STIGMA

- Emotional responses
- Status loss



ASPECTS OF STIGMA

- Power relations:
 - Individual Discrimination
 - Discrimination by the stigmatizer towards self
 - Interactional discrimination
 - Structural discrimination



Stigma - we've got it mapped

Regulations that stigmatise people with mental health problems around the world

time to change

let's end mental health discrimination
www.time-to-change.org.uk

UNITED KINGDOM



Until recently, laws prevented people with mental health problems from carrying out jury service or becoming a company director. This was only overturned in July 2013.

LITHUANIA



Some people with long term mental health problems are unable to own their own home.

JAPAN



A sign outside a museum in Japan reads 'Those with mental disease are declined to enter the museum'.

In some areas, certain leisure facilities imposed restrictions on those with mental health problems, forbidding them to use the fitness centre.

Anti-stigma campaigns

in order of initiation

- | | |
|--|--|
| 1997 New Zealand
Like Minds Like Mine
mentalhealth.org.nz | 2009 Canada
Opening Minds
mentalhealthcommission.ca |
| 2000 Australia
Beyond Blue
beyondblue.org.au | 2010 Catalonia, Spain
Programa de Salud Mental
decada4.es |
| 2002 Scotland
See Me
seemescotland.org | 2010 Ireland
See Change
seechange.ie |
| 2007 England
Time to Change England
time-to-change.org.uk | 2011 The Netherlands
Samen Sterk tegen Stigma
samensterktegenstigma.nl |
| 2009 USA
BringChange2Mind
bringchange2mind.org | 2011 Denmark
One of Us
one-of-us.nu |
| 2009 Sweden
Hjärtkoll
hjärtkoll.se | 2011 Wales
Time to Change Wales
timetochangewales.org.uk |

KOREA



In certain areas, people with mental health problems are not permitted to enter a swimming pool.

ASIA



Three major airlines in asia refused to allow passengers with mental health conditions on to a flight unless they were accompanied by a psychiatrist.

MORALITY AND STIGMA

- Overall, stigmatized groups threaten what really matters for a society
- Heightens sense of uncertainty, dangerousness and hazard

ILLNESS LABELS AND SOCIAL DISTANCE

(KROSKA, HARKNESS, THOMAS, AND BROWN 2014)

- Is the label powerful enough on its own to prompt social distance?
- Depression, schizophrenia, food poisoning
- Behavioral measure of social distance



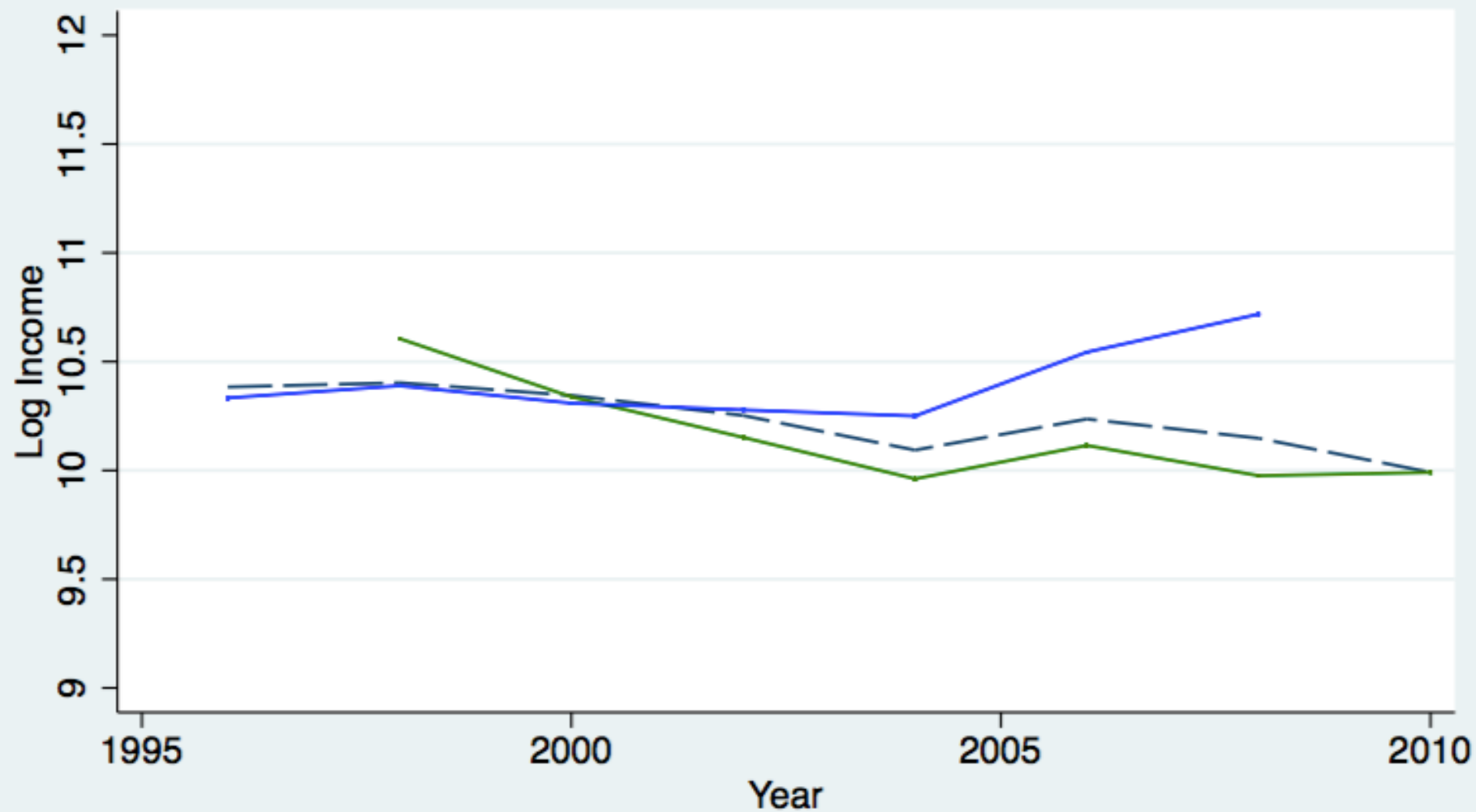
CONSEQUENCES OF STIGMA

(REIDPATH ET AL. 2005)

- Stigma directly affects health at least by:
 - Increasing stress
 - Fear or experiences of being discriminated may make people avoid or delay treatment
 - Negative health care experiences
 - Refusal to treat, shunning, being belittled...
 - Communities may be slow to provide adequate healthcare infrastructure to treat stigmatized groups

VISIBLE NEUROLOGICAL DISORDERS AND LABOR MARKET DISCRIMINATION (HARKNESS AND LEICHT)

- Those with Parkinson's and other apparent neurological disorders, like epilepsy, may be at increased risk of stigmatization
 - Disorders are assumed to disrupt cognitive functioning and many of the hallmarks of the disorders are visibly apparent
 - Parkinson's patients report feelings of humiliation/embarrassment when motor problems begin (Burgener and Berger 2008; Chapuis et al. 2005)
- Over the course of some of these disorders, cognitive functioning may deteriorate or fluctuate, though the course is not definitive for all patients and disorders
 - This may impact the cultural beliefs about those who have the disorder overall no matter the state of individual' disorder progressions



Mean Income Trajectories

--- Average

— Post-Diagnosis

— Pre-Diagnosis

Variables	Workplace Discrimination	
	Model 1	Model 2
Female	0.12* (0.05)	0.12* (0.05)
Race		
Black	0.06 (0.06)	0.06 (0.06)
Other	0.07 (0.13)	0.07 (0.13)
Age	-0.01**** (0.00)	-0.01**** (0.00)
Highest Educational Degree	-0.01 (0.01)	-0.01 (0.01)
Year (Centered)	0.00 (0.01)	0.00 (0.01)
Working Full Time (0, 1)	0.19*** (0.04)	0.20*** (0.04)
Years Worked	-0.00 (0.00)	-0.00 (0.00)
Current Job Tenure	0.01** (0.00)	0.01** (0.00)
Number of Work Days Missed Due to Health	0.00+ (0.00)	0.00+ (0.00)
Visible Neurological Disorder vs. Other Condition	0.67** (0.26)	0.67** (0.26)
Visible Neurological Disorder x Job Tenure		-.02 (0.01)