

Class 6: Labeling and Social Roles

Sociology of Mental Illness

Did you remember to print out the lecture sheet for class?

Extra Credit

Anyone bring any?

From the syllabus:

"You can earn up to five points in extra credit for the final course grade if you bring in examples from the news, television entertainment, or movies that relate to the main themes in the class or specific readings or lectures we have discussed (one point per submission). To do this, bring in a copy (or some documentation of your example - like a TV schedule guide) and be prepared to share with the class what you heard, read, or saw and how it relates to something we've read or discussed in class. We will take time at the beginning of class and right after the mid-class break for you to share."

MAKE SURE TO PUT YOUR NAME ON YOUR ITEM.

Extra Credit

Gift's extra credit:
Woman with Phobia on Maury

<http://www.youtube.com/watch?v=Fbn6ln9aSGo>

Themes for this class

- *Biological vs. Psychological vs. Social*
- *Causation*
- *Consequence*
- *Counting/quantifying illness*
- *Iatrogenesis*
- *Media Portrayal*
- *Medicalization*
- *Perspective*
- *Stigma*

On Goffman's Stigma

Goffman is adopting a "morally neutral" discussion of stigma. That is, he neither agrees that the stigma that some are subjected to is "deserved," nor does he valorize those who are subjected to it.

Also in the previous class, I allowed our use of the term "discredited" and "discreditable" to become muddled.

"Does the stigmatized individual assume his differentness is known about already or is evident on the spot, or does he assume it is neither known about by those present nor immediately perceivable by them? In the first case one deals with the plight of the discredited, in the second with that of the discreditable."

Stigma: Exercise

1. Pick four stigmatizing conditions. Make a list
 2. Is is discredited? Discreditable?
 3. What of the three kinds of stigma would you say this is? (Blemishes of character, abominations of the body, or tribal)
 4. How do "normals" typically respond to this? How do people with this condition typically respond?
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- | | |
|--|---|
| 1. believe the stigmatized person is not quite human | 1. To avoid contact with normals who don't already know him or her - social contact with mixed groups becomes anxiety-provoking |
| 2. discriminatory practices such as exclusion or avoidance (such as "careful disattention") | 2. Attempt to correct the problem directly |
| 3. construct theories to explain why the person is inferior and to account for the danger they represent | 3. Attempt to "correct" indirectly by overcompensating in other areas |
| 4. use words that refer to that "kind" of person as a metaphor to insult others | 4. Using stigma for "secondary gains"- getting something positive from his or her position |
| 5. impute a wide range of imperfections to the stigmatized person beyond the original characteristic | 5. Seeing his or her problems as a "blessing in disguise" |
| 6. "courtesy stigma" to normals | 6. Reassess the limitations of normals |
| 7. Some become the "wise" | 7. Share the company with a people who share the stigma - the circle of lament |
| | 8. Find normals who are the "wise" - who know and are sympathetic |
| | 9. Actively fight the stigma or "own" the stigma - by joining groups or advocating |
| | 10. Try to pass as someone without the characteristic |

Scheff Labeling Theory

Focused on residual rule breaking or deviance...

This isn't simple rule breaking or deviance for which we have a label - crime, perversion, drunkenness, bad manners - but "residual rule breaking" rather is *something which is unthinkable or has no explicit name*. This kind of deviance, Scheff argues, gets a person labeled as having a mental illness (or perhaps being a witch or possessed by spirits).

That label then "stabilizes" their deviance - getting them stuck in their stigmatized role.

Scheff Labeling Theory

1. Residual rule breaking arises from fundamentally diverse sources (that is, organic, psychological, situations of stress, volitional acts of innovation or defiance).
2. Relative to the rate of treated mental illness, the rate of unrecorded residual rule breaking is extremely high.
3. Most residual rule breaking is "denied" and is of transitory significance.
4. Stereotyped imagery of mental disorders is learned in early childhood.

Based on Scheff's work, from: A Sociological Perspective on Labeling in Mental Retardation by Louis Rowitz

Scheff Labeling Theory

5. The stereotypes of insanity are continually reaffirmed, inadvertently, in ordinary social interaction.
6. Labeled deviants may be rewarded for playing the stereotyped deviant role.
7. Labeled deviants are punished when they attempt to return to conventional roles.
8. In the crisis occurring when a residual rule breaker is publicly labeled, the deviant is highly suggestible and may accept the label.
9. Among residual rule breakers, **labeling is the single most important cause of careers of residual deviance.**

Labeling/Social Reaction Theory

- **Primary Deviance**
 - The action or condition that gets someone labeled as a deviant
- **Secondary Deviance**
 - The response by the deviant person on the societal reaction to the primary deviance
 - Labeling someone as deviant tends to force him to identify himself as deviant and to associate with other deviants, which in turn reinforces his deviance and leads him down the path of a deviant "career"
- Can lead to a **"self-fulfilling prophecy"**

Why is this distinction important in labeling theory? What does Gove say about what social reaction theorists think is the most important type?

Link's Modified Labeling Approach

First, they dismiss claims that labeling and stigma aren't important to people with MI.

Then propose steps (see page 436-438 for image)

1. Beliefs about devaluation and discrimination
 - come from socialization and cultural context
2. Official labeling through treatment contact
3. Patient's responses to their stigmatizing status
 - secrecy, withdrawal, educating others
4. Consequences of the stigma process on patients' lives
5. Vulnerability to future disorder

And now, for something completely different.



We move from a discussion of how illness is socially constructed and how the symbolic interaction between people can create the labels and stigma and deviance to a discussion about *how social arrangements (roles, statuses, macro and micro conditions) cause distress and suffering.*

Terms for Today's Reading

- Social Status - A position held by an individual in a social system (wife, brother, worker)
- Social Roles - a set of ideas associated with a social status that defines its relationship with another position (how wives relate to husbands, workers to employers)
- Socioeconomic Status (SES) - refers to people's location in a stratification system. Largely understood to be determined by occupational prestige, educational attainment, wealth, and income.

Terms for Today's Reading

- Social Selection - an argument that something about a person (a characteristic) causes them to join a group or attain a particular state.
 - Example - if you are depressed, it will be harder for you to attain a high SES because you will have a harder time being competitive in the job market.
- Social Causation - being in a particular group of people (or being in a particular state) would cause that characteristic.
 - Example - Not being competitive in the job market would make you depressed.

So, does SES cause distress? Or does distress lower SES?

Today's Reading

- Sex Differences in Distress: Real or Artifact?, Mirowsky and Ross, pg 233
- Revisiting the Relationships among Gender, Marital Status, and Mental Health, Simon, pg 249
- Clarifying the Relationship between Parenthood and Depression, Evenson and Simon, pg 273
- Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation during Young Adulthood, Miech et al., pg 294
- Recession and Well-Being, Tausig and Fenwick, pg 316
- Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination, Williams et al., pg 336
- Childhood Parental Loss and Adult Depression, McLeod, pg 357
- Status, Role, and Resource Explanations for Age Patterns in Psychological Distress, Schieman, van Gundy, and Taylor, pg 375
- The Struggle to Gauge a War's Psychological Cost, Carey, pg 398

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Treatment		10: Consumers/Users/ Survivors			
August 1	11: PAPER DUE OPEN TOPIC LECTURE		12: Family			
August 8	13: Recovery		IN CLASS FINAL EXAM			

For Monday

Before this class:

- The Sociological Study of Stress, Pearlin, pg 170
- Multiple Identities and Psychological Well-Being: A Reformulation and Test of the Social Isolation Hypothesis, Thoits, pg 189
- The Epidemiology of Social Stress, Turner, Wheaton, Lloyd, pg 207

During this class, we will watch *The New Asylums*.