

# Beautiful mind and philadelphia sociology essay

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Different illnesses elicit different types of emotional reactions within the society itself. In most physical illnesses like a heart disease, it will bring upon a feeling of sympathy towards the patient. On the contrary, there are some illnesses that elicit negative emotional reactions. For example in communicable diseases like tuberculosis and mental illnesses such as depression, the society will tend to develop feelings of fear and disgust. Such emotional reactions are usually based on unfounded irrational misconceptions about the illnesses. In an attempt to demonstrate acceptance of " differences" in healthcare, healthcare professionals use terms such as ' down syndrome' instead of ' mongoloid idiots'. Similarly in mental health, terms like ' mentally ill' is used instead of the word ' lunatic'. Changes in the vocabulary and the use terminology however, have not succeeded in eradication of stigma and alteration of complex cognitive behavioural aspects of stigmatising attitudes. In this article, the author will discuss on 1) the sociological concept of stigma and labelling, 2) how the impact of stigma and labelling affects people with a long term mental or physical illness and 3) based on the knowledge gained in sociology, how the author could improve his future nursing practice.

### CONCEPT OF STIGMA

Stigma has its origins in the word ' differences'. The term ' stigma' is derived from the Greek verb referring to a tattoo mark that is burned into the skin of slaves or criminals. In today's context, the word ' stigma' has negative attributes attached to it. Erving Goffman (1963), a sociologist who has given close attention to the concept of stigma has defined stigma " as an attribute that is deeply discrediting and proposes that the stigmatized person is reduced from a whole and usual person to a tainted and discounted one"(pg\*\*). Furthermore, Jones et al. (1984) described stigma as " a mark

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that sets a person apart and links the marked person to undesirable characteristics"(pg\*\*). Stigma has been recently defined by Scambler (2009, p441) as " a social process, experienced or anticipated by exclusion, rejection, blame or devaluation that results from experience, perception or reasonable anticipation of an adverse social judgement about a person or group". Over the decades, the analogy of stigma remains the same but with additional negative attributes being used to describe stigma over time. The author conclude that the concept of stigma is best defined by an act of identifying an individual with negative attributes and causing one to feel inferior in comparison to others. It creates a distinct differentiation between those who are deemed normal by the society and those who are not.

Goffman (1963) mentioned in his work about two types of stigmatized individuals, the discredited and discreditable. The discredited are individuals who are visibly " different" from an ideal person. Examples of a discredited person could be an individual with physical deformities. Since their stigma is known by others, the discredited individual faces a problem of managing the impressions and the tension caused during social interactions with members of the society. The discreditable on the other hand, are individuals who are secretly " different" from an ideal person and if their secret were known, they would be rejected by other people within the society. Examples of discreditable individual could be a patient who is suffering from schizophrenia and its medical condition is not known by those around them. The discreditable person faces a continuing task of concealing and managing information so that others cannot learn of their stigma. In a discussion on the relationship between stigma and social identity, Goffman (1963) broadly suggested that there were three different type of stigmatising conditions.

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Examples will be given alongside to better illustrate each concepts. The first type of stigmatising condition is the " the abominations of the body" or known as physical disabilities. Individuals with physical disabilities are often stigmatised and therefore may not gain full social acceptance (Cahill & Eggleston, 1995). They are often discredited and devalued by those able-bodied individuals, thus causing the individuals with disabilities to internalise the pessimistic feelings. A research done by Westervelt & Turnbull (1980) showed that the pervasiveness of stigmatisation towards individuals with physical disabilities is present in both adults and children. Findings of the study indicate that there was a widespread of negativity in the able-bodied children towards those with physical disabilities. In addition, children with disabilities are isolated, hindering them from developing a healthy sense of self and psychological well-being. Perceptions of disability instead of the reality of disability is the leading cause for rise of stigma and targeting on those perceptions may be effective in reducing stigma (Susman, 1994). The second stigmatising condition is the " blemishes of individual character", best described as mental disorders. In recent time, the Singapore government have taken steps to combat stigma and discrimination. In one of the comment stated by parliamentary Committee for Manpower chairman Madam Halimah Yacob in the Straits Time dated 2 November 2010, she said that mental illness is not a death sentence and Singaporeans " should not feed into the frenzy and entrench this stigma that mentally ill patients pose a hazard to the public,". She further commented that by opening the society into accepting them in the work force will enables them to build a sense of belonging and boost their morale. On the contrary, a study conducted by Lai et. al (2001) at local hospitals in Singapore showed that a majority of

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patients with mental disorders acknowledge that stigma had negative impact on their relationships and job opportunities and expressed their concerns that there is a need for the society to have increased awareness on mental illness. The third stigmatising condition is "tribal identities", defined as tribal stigma of a particular race, nation and religion. Health related stigma is characterised by the social disqualification of individuals who are identified with a particular illness. In addition to stigma targeting the particular illness, another aspect of health related stigma concerns processes by which marginalised groups become more vulnerable to health problems, because they are identified with other targets of stigma, such as poverty, ethnicity, sexual preferences, and other factors that may contribute to social disadvantage or discrimination (Parker and Aggleton, 2003).

Conceptualization of stigma as described by Link & Phelan (2001) is the consolidation of 4 different elements. The first element is when the society distinguishes and labels the individuals' differences. The second element involves relating the labelled individuals to undesirable traits and negative stereotypes. In the third element, labelled individuals are placed in definite categories so as to accomplish some degree of separation from the society. The final element is when the labelled individuals experienced discrimination and disqualification from the society. Based on studies conducted by numerous sociologists, it is suggested that stigma is not a single sociological concept on its own but one that is closely wrapped up with other sociological aspects and overlap in meanings among concepts like labelling, stereotyping and discrimination. Jones et. Al (1984) and Crocker et. Al (1998) suggested using a variety of approach to organize stigma into different categories and dimensions. Kleck et. Al (2003) highlighted that with the use of different <https://assignbuster.com/beautiful-mind-and-philadelphia-sociology-essay/>

approaches in formulation of stigma, it will be made more useful for the future research purposes. CONCEPT OF LABELLING Labelling theory is closely related to the work of sociologist Durkheim E. (1897) as he was the first to suggest that the act of labelling satisfies the society need to control deviant behaviour. It explores the reaction to a particular behaviour and how groups have been labelled as criminal or deviant. Labelling is best defined as an act of categorizing individuals or assigning them a title on the basis of some characteristics that is often negative and prejudicial. Labels serve the function of grouping individuals together for the purpose of generalizing or judging people. For example, in our healthcare system, due to limited resources, patient is unable to receive individualised care. Patients are often labelled as having a specific problem in order to be given a particular type of care or treatment. Any effort to avoid labelling may result in non allocation of treatment (Mason et al, 2001). Labelling theory is a theory based on views that behaviours are only seen as deviant when society assigned and attached labels to the behaviours of the individuals as deviant. Therefore, what is considered deviant in one's society may not be deviant in another's (Mason et al, 2001). However, little is known regarding the origins of deviance and questions are often raised on who actually make the rules and attached labels to an individual. Numerous articles from various sociologist suggested that powerful figures within the community such as, politicians, doctors, judges, will establish the most significant labels. For example, in healthcare setting, doctors served as the authority figure in policing access to sick role by deciding on who is ill and who is healthy. Society has given doctors, the collective and individual rights to attach labels to people. Labelling theory is also often used in the study of mental illness. Scheff

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(1966) put together a labelling theory that suggested mental illness is a socially constructed disease. The theory argues that once an individual is diagnosed and labelled, the society will view the affected individual as deviant and the deviant individual will be more likely to act in a more deviant manner to justify the label and the diagnosis will become a self-fulfilling prophecy. Although several sociologists for example Gove, (1975) strongly argues that the responses a mentally ill individual received is not due to the label that was attached, numerous researches have been conducted by other sociologists and the results were generally consistent providing additional support for modified "labelling" theory. Evidence also showed that negative consequences associated with labelling are experienced by many individuals. As labelling theory is constructed around how relationships are formed by the influences of society and specific groups within that community, this is a particularly relevant perspective for understanding the role of healthcare workers in contemporary practice. IMPACTS Stigmas & labels against physically ill and mentally ill individuals are so pervasive that it affects every aspect of their lives. It brings about a multitude of problems, affecting the psychological and physical well-being of the affected individuals. Sociologists such as Link et al. (1982) explained that labelling and stigma could endanger the quality of life for patients with mental illness, by risking their employment chances and thus resulting in an income loss for patients. It also affects their social interactions and self-esteem. He suggested that individuals who were labelled and stigmatised are at greater risk of reoccurrence of mental illness and complications of physical illness as they tend to avoid treatment, deny their illness or withdraw from treatment altogether. IMPACT ON FAMILY Family has continually borne the

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prejudicial effects of stigma. While individuals suffer because of the symptoms of the illness, the stigma attached to the illness becomes like an infectious disease to members of the family. Many a times, family unrealistically feels blamed and responsible for having brought the illness due to the direct relationship shared. This burden is further perpetuated if the society continues to stigmatize the illness as hereditary. Like the affected individuals, members in the family may themselves be targets of stigma through a process Goffman (1964) described as " courtesy stigma". In some cases, family may ally with a discriminatory response in the community and become perpetrators of stigma. This puts the affected individual who is a primary target in an especially difficult position. Wahl's (1999) study of the stigma of schizophrenia among recovering patients found that more than a third of respondents identified relatives as perpetrators of stigma.

IMPACT ON PSYCHOLOGICAL WELL-BEING

Self esteem

The after-effect of being labelled deviant can be significant. Evidence from various social researches showed that individuals, who were negatively labelled, usually have lower self-esteem. Theoretical developments began to suggest how an individual's position in the social order, and particularly having a devalued social identity, might affect self esteem. Symbolic interactionists such as Mead (1934) proposed that each individual is a social construction, and that humans develop their sense of identity based on observations and interpretations of the responses received from others. This concept is based on the " looking-glass self" hypothesis, which defines that one of the most significant way how individuals perceived themselves is through the reaction of the society. They act as the " looking glass" in which individuals' image is reflected. Mead (1934) states that the " looking-glass self" is essential and a

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product of social interaction. The formulation of this analysis is clear, such that how the individual is being perceived, will influence how the individuals perceive themselves. Research done by various sociologists suggested that having a stigmatized social identity is associated with low self-esteem. Due to their lower self esteem, they are more likely to cast themselves out or act even more deviantly. Regrettably, those individuals who accepted the labelling of others have difficulty changing their perceptions towards the labelled person. In a study conducted on mental patient in Singapore, 75% of the respondent feels that the society looked down on individuals who had been hospitalised in the mental hospital and 73. 8% feels that their views are taken less seriously (Yow & Mehta, 2010). This perception may have an impact on their self-esteem (Link and Phelan, 2001). Researchers have shown that individuals with high self esteem are more optimistic in their outlook on life and have fewer depressive symptoms in comparison to those with lower self-esteem. As self esteem is a central aspect of psychological well being, researchers have placed high emphasis on its relation to stigmatization and labelling. StressStigmatized and labelled individuals are not only devalued and dehumanized by the society, but they are also targets of stereotypes. Possessing a social stigma and label can be a potentially stressful life event for the affected individuals. Their lives are more subject to daily hassles and chronic strains than those of more affluent and higher status members of the society (Allison, 1998). In the same study conducted by (Yow & Mehta, 2010), respondents who are diagnosed with mental illness perceived themselves to be stigmatized in regards to employment. Out of the whole, 85. 7% of the respondents perceived that employers favoured other applicants over former mentally-ill patients: 78. 6% perceived that

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former mentally-ill patients would not be hired to take care of children and 56% perceived that former mentally-ill patients would not be employed even if he or she were qualified for the job. This has a great significance for the job-seeking behaviour of individuals with mental illness. The perception of being stigmatized and on the losing end may discourage individuals from searching for employment even if they may be well and are qualified. This may perpetuate isolation and social distancing from their community and this could lead to an increase level of stress for the affected individuals (Corrigan et al, 2001, Rosenfield, 1997).

#### IMPACT OF PHYSICAL WELL-BEING

The emotional impact of social disqualification adds burden to any illness in various ways such as delay in seeking appropriate treatment or even terminating treatment for treatable illness. For diseases and disorders that are highly stigmatized, the impact of the meaning of the disease may be a greater source of suffering than symptoms of the disease. Stigmas and labels are likely to generate discrimination and maltreatment from the society. In order to avoid this, affected individuals tend to conceal their condition from the society. Crandall & Coleman (1992) discovered that HIV infected individuals who hides their condition are more likely to be isolated, depressed and anxious than those who confide in people whom they trust. To add value, a study conducted by Cole et. al (1996) suggests that the progression of HIV infection is more rapid in men who conceals their condition in comparison to men who disclose their condition to others. A study done in Singapore by the Institute of Mental Health (IMH) and the National Healthcare Group (NHG) concluded that it is the hard reality that society prevents individuals suffering from mental illness from " fully living, studying or working in the community." (The Straits Times, 29/10/2007). As a

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result, there is a barrier formed between the affected individuals, hindering them from satisfactory quality of life and further contributes to sense of hopelessness and lower self-esteem. HOW CAN THE AUTHOR IMPROVES HIS NURSING PRACTICE

In an attempt to break the cycles of labelling and stigmatization, it is appalling to know that healthcare professionals perpetuate the concepts of stigma. A study conducted by Rosenfield (2008) established that reactions from healthcare professionals had the most negative impact and contributes to stigmatization of individuals with mental illness. During a clinical posting in the Institute of Mental Health (IMH), the author noticed that the psychiatric units are established with the expectation of behaviours that are out of the norm. The programmes designed for the patients are not focused in making the hospital experience as normal as each person's daily routine outside the hospital. For instance, in the hospital all patients are required to have their dinner by 5 o'clock and be in bed by 9 o'clock. Yet in reality, most people do not usually have this routine. There is no sense of normalcy incorporated as patients who do not comply are considered non-compliant and resistant to treatment. Another example of how patients are stigmatized by healthcare professionals is during the passing of central report at the nursing counter. Nurses tend to disclose to fellow colleagues that a patient is HIV positive although the majority of the nurses present are not involved in the care. As observed, majority of the nurses tend to avoid dealing with the patient's body waste and may don on 2 layers of gloves although practicing the standard universal precaution suffice. Frontline healthcare workers are the often the first, a patient with mental or physical illness sees, placing them in a unique position to influence how the individuals feels about themselves. Therefore it is necessary to

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develop strategies to minimise discrimination or prejudices against patients. Reducing the amount of stigma perpetrated and perpetuated by healthcare professionals is probably the most difficult issue to confront. Healthcare professionals need to pay thoughtful attention to the social aspects of illness instead of just the signs and symptoms or to the pathophysiology of the illness. Recognizing the patient's emotions, coping strategies and perceptions towards the illness may help in giving a wholesome care, catering both to the physical and psychological well-being. If healthcare professionals can help patients recover or significantly improve their functioning, the stigma attached to the patient can be reduced (Fink & Tasman, 1992). It is well known that root cause of all stigma, prejudices of all kind, is ignorance & lack of proper knowledge. Healthcare professionals are in a position equipped with medical knowledge to dispel that atmosphere of gloom and change that inaccurate labels attached to mental and physical illness. Due to family's involvement in stigmatization, it is vital to bring in families and friends to participate in care of the patient, with proper health education as a head start. CONCLUSION Most research on stigma consists of surveys of attitudes based on imaginary situations. For instance, how an individual will react if facing a mentally-ill neighbour. Such surveys will yield what society might say, rather than the experience of the affected individuals. No direct assessment of the actual behaviour is made. As such, some researchers have addressed stigma indirectly and has not provided solutions to intervene with social rejection. In addition, most of the current literatures on stigma and labelling originated in the West. There is minimal research or literature review done within Singapore. In view of Singapore's demographic and cultural characteristics that differ substantially from the <https://assignbuster.com/beautiful-mind-and-philadelphia-sociology-essay/>

Western countries, hence more research is required to facilitate Singaporean in developing an understanding of stigma with reference to the culture. Myths perpetuated by the sensationalistic headlines is news about murders committed by previous mental illness patients and suicides attempted by HIV infected patients have influenced the society greatly on their perceptions towards those affected. However, no reporter is interested in the failure of the society to understand why these patients go for long period of time untreated. Stigmatizing and labeling is a pervasive national and international problem, an insidious problem that is destructive to family, affected individuals and society. Many of the problems confronting those affected result from public misunderstanding that robs them from their rightful life opportunities. Perhaps the most important step in reducing stigma is to reduce the closet mentality or the atmosphere of secrecy about mental and physical illness. The society must know about the factual presentation and course of the illness. Evidence is accumulating to show that mental illness and creativity are related, for example in a family one brother may have schizophrenia and the other brother may be a brilliant mathematician. In addition, individuals with HIV may even live a fulfilling life for decades due to the slow progression of the disease as a result of a healthy psychological well-being. Healthcare professionals play a vital role is ensuring that accurate information is relayed to the society and at the same time, reducing their personal prejudice and stigma at work.