

Labels

Part One

This is the first of a two-part article about labelling mental illness and the people who experience mental illness.

We'd like to use part one to briefly explore some of the current research and ideas around labelling. Then we want to hear what you think about the issue so we can share your thoughts in the next newsletter.

LABELS ARE EVERYWHERE. In all parts of our lives, we label our food, our possessions, our places, our families and friends, our emotions and ourselves. Everywhere we look, labels are used to identify and understand the things around us.

Why do we use labels? Why do they matter? What does being labelled mean?

There are many meanings for the word 'label' depending on when and where it is being used. The dictionary definition is¹:

label [ley-buhl] - noun, verb, -belled, -belling


Origin: 1275-1325; Middle English.

The dictionary provides 11 meanings for the word. Among those are:

- a short word or phrase descriptive of a person, group, intellectual movement, etc.
- to identify or designate with a label; describe or classify: *labelled them Yuppies.*

Just under half the meanings for 'label' refer to describing or classifying something or someone.

Labels help us attempt to 'fix' uncertainty and the unfamiliar. They



“ I lived the schizophrenia label instead of living as a person. People treat you as if you're crap, talk to you like a non-person. I got people battering on the door shouting 'psycho' and throwing things at the window. ”

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are used for expression and as part of communicating – and we respond differently to each label depending on the images or feelings associated with that label.

They are also a reflection of each society's culture and the values and ideas they have invested in a label. One outcome of labelling people is 'scapegoating' and this has repercussions in policies, practices, laws, medicine, sociological processes, human rights and social exclusion.

What are the different points of view?

People have different opinions about labels and mental illness depending on their professional and personal knowledge and experience – and these different points of view can overlap. Four of these include:

Labelling theory – was developed in the 1960s and 70s by American sociologist Howard Becker², and is used to describe the tendency of population majorities to negatively label population minorities. It is concerned with how an individual's behaviour and identity may be determined by the labels used to describe or 'classify' them.

It was first applied to people with

experience of mental illness in a 1966 book called *Being Mentally Ill*³, by American sociology professor, Thomas Scheff. Professor Scheff claimed that mental illness is manifested solely as a result of societal influence. Others have moderated his point of view since then – most recently the modified labelling theory has evolved through research by people such as Bruce Fink and Eric Wright.

Wright established that “Efforts to cope with labels, such as not telling anyone, educating people about mental distress/disorder, withdrawing from stigmatising situations, could result in further social isolation and reinforce negative self-concepts.”⁴

Diagnostic theory – Medical/clinical professionals working within the mental health system hold a wide range of views on the use of labels, so it is unfair to generalise. However, in order to diagnose a mental illness for the purposes of clinical treatment, many use the current psychiatric classification systems – DSM-IV or ICD-10. These systems have been in existence for more than a century and are constantly being reviewed and revised as knowledge about mental illness changes and develops.

While each person's experience of mental illness is unique to some degree, it is common experiences – brought together under a diagnostic label – which can aid in the development of a treatment programme that will speed recovery. Clinical terminology is recognised as being a useful tool for communication between medical/clinical professionals⁵, however it is also recognised that beyond diagnosis, some terms/labels have developed an associated stigma.

People with experience of mental illness and their families experience conflicting feelings about diagnosis: a concern about the stigma associated with being labelled coupled with relief that gives a solidity and shape to what they've been experiencing and helps to alleviate feelings of blame.

The Recovery Model – is an approach that focuses on each individual's potential for recovery by looking for the strengths in them, their families and their communities that will support wellness (see page 3, Myth #2). It does not use diagnostic categories or labels. In New Zealand, all mental health services are required to use a recovery approach⁶, and it has become one of the models used to deliver mental health promotion services.

The tangata whaiora/consumer movement – evolved over many years as former mental health patients formed groups to fight for their rights. In the 1980s and 90s consumers began to organise advocacy groups, and peer-run services developed within the mental health system. Those that chose to speak out about their experiences within psychiatric institutions have given people with experience of mental illness choice – the right to decide what combination of approaches will work best for them.

One part of the movement that emerged in the UK and spread

internationally was Mad Pride. At the heart of the movement is the desire of people with experience of mental illness to reclaim labels such as “mad”, “psycho” and “nutter” as their own and to stop their misuse by educating people on the causes and experience of mental illness.

When does a label become damaging?

For people with experience of mental illness, labels abound. Sometimes they are labels they have chosen to acknowledge themselves, but often they are not.

Using labels to categorise another person and their experience (or yourself and your own experience) can be derogatory and lead to stigma and discrimination. This issue is discussed as part of the *Fighting Shadows*⁷ research and ‘labelling’ is described as a primary source of stigma.

However, it can also allow people a starting point from which they can try to understand another person's lived experience of mental illness and may help others to seek help and lead them down the road to recovery. Labels can be a type of ‘verbal shorthand’ that condenses many ideas into a short space.

Participants in the *Fighting Shadows* research “talked about the relief of finally having a label that described what was happening to them.” But they also talked about “the reactions of other people to that label, thus leaving them vulnerable to internalising negative attitudes and developing self-stigma.”

Therefore, a label (and the stigma associated with the label) becomes damaging as soon as it impacts on anyone's positive view of other people, or their positive view of themselves.

- 1 Online dictionary: www.dictionary.com
- 2 Becker, H. 1963. *Outsiders: Studies in the sociology of deviance*. The Free Press, New York.
- 3 Scheff, Thomas J. 1966. *Being Mentally Ill*. Aldine Transaction.
- 4 Wright, ER, Gronfein, WP, Owens, TJ. 2000. “Deinstitutionalization, Social Rejection, and the Self-Esteem of Former Mental Patients.” *Journal of Health and Social Behavior*, Vol 41 (March): 68-90
- 5 Mellsop, G, Dutu, G, Robinson, G, 2007. “New Zealand psychiatrists' views on global features of ICD-10 and DSM-IV.” *Australian and New Zealand Journal of Psychiatry*; 41: 157-165.
- 6 Mental Health Commission. 2001. *Recovery Competencies for New Zealand Mental Health Workers*
- 7 Peterson, D, Barnes, A, Duncan, C. 2008. *Fighting Shadows: Self-stigma and Mental Illness: Whawhai Atu te Whakamā Hihira*. Auckland: Mental Health Foundation.

We want to hear from you

What are your thoughts on labels? Let us know what you think about labelling mental illness. Has it helped or hindered your recovery? And is it stigmatising? What can we do about it?

Please go to our internet based survey to answer these and other questions by following the link at www.likeminds.org.nz. Any comments or personal experiences you would like to share will form the basis of the next article, but will be used anonymously.

Submit only **one survey per person** and if there is anyone else you think would be interested in completing this survey please pass the details on to them.

The survey closes on Friday 13 February 2009. ■

i For more information about the ideas and different viewpoints around labels, please go to www.likeminds.org.nz where we have a reading list available on this issue.