

lecture 27:

Managing Stigma & Start Mental Illness

12/6/2006

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today

- Disability, goffman and stigma
- Finish obesity, begin eating disorders
- Course evals

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EFOC BENEFITS 1992-2003 BY IMPAIRMENT BASIS					
IMPAIRMENT BASIS ¹	CUMULATIVE TOTAL (7/26/92 - 6/30/03)		IMPAIRMENT BASIS ¹	CUMULATIVE TOTAL (7/26/92 - 6/30/03)	
	dollar benefits	people benefited		dollar benefits	people benefited
OTHER DISABILITY	\$103,489,882	8,444	CUMULATIVE TRAUMA DISORDER	\$4,204,888	274
ORTHOPEDIC AND STRUCTURAL IMPAIRMENTS of the BACK	\$66,092,044	3,703	KIDNEY IMPAIRMENT	\$4,114,300	222
REGARDED AS DISABLED	\$50,733,225	3,700	MISSING DIGITS OR LIMBS	\$3,016,312	248
NON-PARALYTIC ORTHOPEDIC IMPAIRMENT	\$46,039,092	2,043	OTHER RESPIRATORY - PULMONARY DISEASES	\$3,843,024	198
HEART & CARDIOVASCULAR IMPAIRMENTS	\$38,160,045	1,108	RELATIONSHIP-ASSOCIATION	\$3,822,851	230
DEPRESSION	\$28,045,800	1,071	PARALYSIS	\$3,454,402	204
HIV	\$24,694,391	2,315	GASTROINTESTINAL IMPAIRMENTS	\$2,862,316	202
CANCER	\$20,768,851	728	BRAIN-HEAD IMPAIRMENT	\$2,163,348	140
RECORD OF DISABILITY	\$19,750,803	1,123	DRUG ADDICTION	\$2,774,292	185
OTHER PSYCHOLOGICAL DISORDERS	\$16,724,298	789	BRAIN-HEAD INJURY - TRAUMATIC	\$2,351,498	157
DIABETES	\$16,349,838	1,183	ALLERGIES	\$1,998,300	162
ANXIETY DISORDER	\$16,024,063	723	SPEECH IMPAIRMENT	\$1,879,840	140
OTHER NEUROLOGICAL IMPAIRMENTS	\$14,479,543	858	MENTAL RETARDATION	\$1,494,481	138
VISION IMPAIRMENT	\$10,858,762	1,051	CEREBRAL PALSY	\$1,477,744	158
HEARING IMPAIRMENT	\$10,732,793	1,121	DISFIGUREMENT	\$1,314,087	63
MULTIPLE SCLEROSIS	\$9,088,750	327	CHEMICAL SENSITIVITY	\$1,209,600	77
MANIC DEPRESSIVE DISORDER	\$8,679,324	777	SCHIZOPHRENIA	\$908,017	77
ALCOHOLISM	\$6,249,460	802	DRUG ABUSE	\$875,840	42
EPILEPSY	\$6,000,007	492	TUBERCULOSIS	\$195,191	10
ASTHMA	\$5,708,722	437	CYSTIC FIBROSIS	\$185,798	7
LEARNING DISABILITIES	\$4,678,088	355	AUTISM	\$83,484	10
OTHER BLOOD DISORDERS	\$4,423,038	288	ALZHEIMERS	\$69,100	10
			TOTAL	\$481,983,819	53,423

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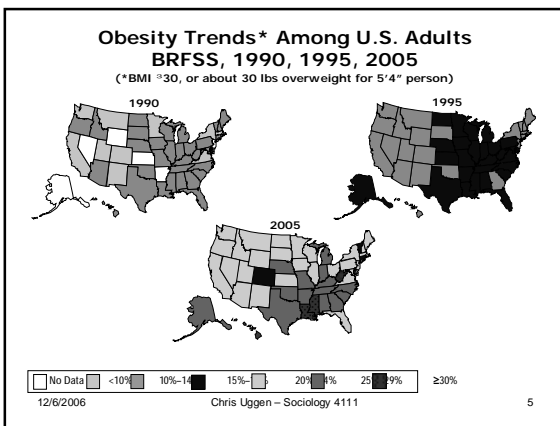
CDC and construction of obesity

Norms and Definitions (CDC-medical)

Obesity: a very high amount of body fat in relation to lean body mass, or Body Mass Index (BMI) of 30 or higher

- BMI = $\frac{\text{Weight in Pounds}}{((\text{Height in inches}) \times (\text{Height in inches})) \times 703}$
- Labels:
 - Underweight if < 18.5
 - Normal if 18.5 - 24.9
 - Overweight if 25 - 29.9
 - Obese if 30 +
- Uggan at 26.5

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Degher & Hughes, The "Fat" Identity

- Social construction at individual level
 - Obesity as setting to study identity change
- Method?
 - 2 qualitative approaches - field + interviews
 - Who participated?
- Theory: Social-Psychological Model of Identity Change
 - External public dimension (soc)
 - Internal cognitive dimension (psych)

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model of identity change

external
status cues--

Initial Status -> Recognition -> Placing -> New Status

- Status cues can be active (namecalling) or passive
 - Recognizing that current status is problematic
 - Placing self in a more appropriate status (big range)
- New status - internalization of new self-concept (fat)
- Isn't the status self-evident, or obvious?
- What other deviant identities might follow this process? Alcoholic?

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Erving Goffman: *Stigma and "Spoiled Identity"* (1963)

- Social life as a stage, a drama
- Stigma as trait in relationship; an "undesired differentness" turning others away (3 types)
 1. Physical deformities ("abominations of the body")
 2. Blemishes of individual character (e.g., addiction)
 3. Tribal stigmas of race, nation, religion
- Two groups
 - The discredited - cannot hide or have revealed trait
 - Must manage tension in interaction
 - The discreditable - concealable traits
 - Must avoid the damage by concealing trait
- Impression management/information control
 - trying to control the reactions of others by manipulating what we reveal about ourselves

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Goffman on stigma management

- Passing as manipulating visibility
 - disguise stigma
- Normalizing as "covering"
 - minimize stigma
- Coping-managing tension in interaction
 - sarcasm, avoidance, levity
- Dissociation as "retreating backstage"
 - avoid social contact, positive or negative
- Others - teamwork
 - to prevent leakage of discrediting information, to jointly manage impressions

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Martin: organization & stigma management (2000)

- How did Martin prepare for participant observation and interviews?
- **“Organizational Framing”** (Goffman)
- **Overeaters Anonymous: 12-step program**
 - **Redemption** frame: spiritual solution to “disease”
 - **Shame avowal** (acknowledge it)
- **Weight Watchers: corporation**
 - **Rationality** frame: education and science
 - **Shame management** (contain it)
- **National Association to Advance Fat Acceptance** - “size rights movement”
 - **Activism** frame: challenge beauty norms
 - **Fat bodies as shameless** (challenge it)

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eating disorders (US Surgeon General 1999)

- **Varieties**
 - **Anorexia Nervosa** - purposeful starvation, high mortality (6% per decade)
 - **Bulimia** - binge eating followed by vomiting or laxative abuse
 - **Binge Eating Disorder** - uncontrolled episodic consumption without compensatory activities
- **Prevalence: 3% of young women (too low?)**
 - College surveys show much higher (15%+)
- **Correlates: young, white, women**
 - Why the close link to gender and age?
 - Adolescent onset
- **Causes: genetic, neurochemical, family/psychodevelopmental, and sociocultural**


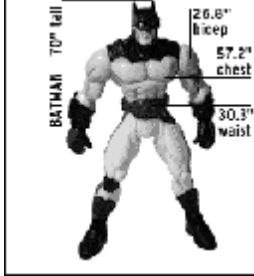
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“white rock girl” Psyche 1894-2000

HEIGHT	5'-4"	5'-6"	5'-2"
NECK	12.5"	12.0"	12"
BUST	37"	36"	28"
WAIST	27"	26"	20"
HIPS	38"	35"	30"
THIGH	22.5"	20.5"	18.5"
KNEE	15"	14"	13"
CALF	13.2"	13"	12"
ANKLE	7.4"	8"	7.5"
WEIGHT	140 lbs	125 lbs	115 lbs

male body image

- *Men's Health*

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McLorg & Taub (1987) anorexia and bulimia

- **Data-** self-help group (n=30; meeting 2 years)
- **Learning** – individual and cultural
 - parents emphasized nutrition and exercise
 - appearance norms/visual objectification of women
- **Career Sequence**
 - CONFORMITY/POSITIVE DEVIANCE: eat less, exercise
 - PRIMARY DEVIANCE: “obvious solutions” to weight problem; coping mechanism for other problems
 - SECONDARY DEVIANCE: norm violation in response to anorexic or bulimic label
 - Limit activities to eating/exercising
 - Bulimics “discreditable”; anorexics “discredited”
 - Deviant “master status” (Hughes) and other traits

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Next

- **Tues: Review**
- **Weds 12/20: 1:30-3:30 final exam**

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