

Five Components of Stigma

Stigma can be defined as an adverse reaction to the perception of a negatively evaluated difference (Sussman 1994). As such, it is not an attribute of the individual who bears the difference but rather resides in interactions between the person with the difference and others who evaluate that difference in negative terms (Goffman 1963).

Labelling

Labelling is the recognition of differences and the assignment of social significance to those differences.

Unusual eye colour, for example, differs from the norm but is not likely to invoke labelling because the difference does not have social significance.

The difference of disability, on the other hand, places people in a social category that does have social significance to others. People with disabilities do not fit into traditional categories. They are neither considered healthy nor ill in the eyes of others. Thus others are not sure how to interact with people who have disabilities. This can be a source of confusion and social awkwardness that can diminish both the quantity and quality of social interaction.

Stereotyping

Stereotyping is the assignment of negative attributes to socially significant differences. Stereotypical differences are differences that matter and are also deemed by others to be undesirable.

Just as not all differences are labeled, not all labeled differences result in stereotyping. Extraordinary athletic ability, for example, has social import and may even produce social awkwardness but it is generally not negatively valued. People with disabilities, on the other hand, are generally perceived to possess traits that others do not want to acquire. Others may consequently feel sadness and pity for people with disabilities and these

feelings can further interfere with ordinary social interaction and may result in avoidance of interaction with people who possess traits that others dread.

Perceptions of the permanence and severity of the disability can have an important impact on the way in which others react. If the impairment is perceived to be minor and/or temporary, people may tend to feel that person is “still one of us” and the reaction may be less isolating than if the impairment is perceived as major, or permanent.

For people with invisible disabilities, the issue of public perception is often irrelevant to initial encounters. For such individuals, however, whether, and when, to disclose the presence of the disability can be problematic because of the labelling and stereotyping attributed to different types of invisible disabilities.

Separation

Separation occurs when the reactions of others to these differences lead to a pronounced sense of “otherness”.

Many people with disabilities are highly skilled at managing relatively benign reactions produced by the labelling and stereotyping components of stigma. However, some reaction from others goes far beyond social awkwardness. Separation occurs when the reactions of others produces a pronounced sense of being devalued, disrespected, or viewed as less than fully human.

When individuals with disabilities perceive that they are labeled, stereotyped and separated from others, they experience *felt stigma*.

Ironically, while disabilities that appear to be mild or are invisible to others may not evoke the kind of social awkwardness and pity associated with the labelling and stereotyping components of stigma, they may lead to a heightened vulnerability to blame and separation. People whose disabilities are invisible may even feel that they are unfairly blamed for “faking” their disabilities in order to gain special privileges or advantages. Some may also feel that others do not believe in the veracity of their symptoms – being judged as having illegitimate claim to disability status.

Individuals with disabilities may also be their own harshest critics. When individuals who have internalized the popular stigmatizing notions of what it means to have a disability are diagnosed with a disability, these notions become personally relevant to their lives and can result in negative psychosocial outcomes

Status Loss & Discrimination

Status loss and discrimination occur when stigma interferes with an individual's ability to participate fully in the social and economic life of her/his community.

When individuals lose status or are discriminated against because of their negatively evaluated differences, they experience *enacted stigma*. This happens when there is a *power differential* between those with the trait and those without – when those who have the negatively evaluated difference have less power than those who do not.

The *Social Model of Disability* argues that the direct enactment of stigma on individuals with disabilities is prevalent in Western societies because of the structure and values of industrial capitalism. Unbalanced power relationships that disadvantage people with disabilities will persist as long as these structures and values go unchallenged. In fact, even where power relationships are not unbalanced, discrimination and status loss can be indirectly enacted when the effects of *felt stigma* lead to negative self-perceptions ... if the self we see reflected in the eyes of others is devalued, there may be little incentive for social interaction.

Status loss and discrimination can be experienced in the process of establishing close personal relationships and in obtaining educational and employment opportunities. Individuals with (and without) disabilities, who do not conform to the current trends in beauty and physical perfection, may face problems establishing and maintaining relationships, especially romantic relationships.

When others do not understand the constraints within which a person with a disability must operate, they often fail, or refuse, to make needed accommodations, severely reducing opportunities for full participation of people with disabilities in the educational, economic, and social life of the community. In some cases, not only have others failed to make reasonable accommodations, they have also acted with overt cruelty.

Excerpts from Re: Living Stigma: The Impact of Labelling, Stereotyping, Separation, Status Loss and Discrimination in the Lives of Individuals with Disabilities and Their Families, Sara Green et al

Defining Internalized Ableism

‘Internalized ableism’ is a practice where disabled people internalize the ideas and prejudices of society that see disability as ‘other’, as something undesirable, as tragic and as something to be shunned if not pitied. This in turn results in the disabled person loathing themselves and their bodies. They inherently see themselves as lesser human beings and they dislike others in their group because they are the mirror image of that self-loathing. (<https://disabilityrightsbastard.wordpress.com/2013/04/23/ableism-and-internalized-ableism/>)

Consequences of internalized ableism usually take 3 main forms:

1. Dispersal – distancing people with disabilities from each other
2. Emulating the “norm” – through defensive othering (this applies to others but not to me), by passing (limiting disclosure, downplaying), and mimicking people without a disability through the use of technology.
3. Unreasonable expectations of others based on perceived needs: by passing responsibility for identifying personal accommodation requirements onto others. Not distinguishing between what we want, from what we need and/or are entitled to.

Internalization occurs through repetitive, continuing, recurring, experience.

Internalized ableism is a result of the negative representations of people with a disability, which, when absorbed, continually shape an individual’s sense of self, behaviour, and response to oppression.

Adapted from: Exploring Internalized Ableism Using Critical Race Theory by Fiona Kumari Campbell and Deconstructing the Resilience Concept Using an Ableism Lens: ... by Emily Hutcheon and Gregor Wolbring

Internalized Ableism Scenarios

Task

Read the scenario your group has been assigned. Then discuss the following questions. Be prepared to report by summarizing your scenario and providing highlights of your answers to the questions you will be discussing.

1. Is this scenario an example of internalized ableism? Why/Why not?

2. What would you do to address what is going on in this scenario?

Internalized Ableism - Scenario #1

Jenny has just seen an audiologist and has been informed that she will benefit from hearing aids. You are sitting in the lunchroom with Jenny and two of her close friends, who are also colleagues. She is looking through a brochure her audiologist gave her with the various types of technologies available to her. She explains to a colleague that she doesn't really know much about the technology but what is most important to her, is to acquire aids that will not be noticeable to others when she is wearing them. She doesn't want everyone to know she needs them.

Internalized Ableism - Scenario #2

Kai is a close childhood friend of yours that was just recently hired to work in the same department as you. Kai has a learning disability that affects his ability to retain new information. In school, Kai was provided with accommodation measures that enabled him to better integrate new information into his learning processes. Because he was identified as a child with "special needs" in school, Kai experienced bullying.

There is a 3-day staff training coming up next month about how to use a new on-line reporting system. Both you and Kai are registered. You have identified accommodation you require to fully participate in this training and have indicated to Kai that he can do the same. Kai tells you that he does not want to be associated with "special needs" and tells you that he will not be self-identifying for accommodation for this training, or any other work-related training. He asks you to respect his confidentiality in this matter.

Internalized Ableism - Scenario #3

You are part of a committee at work that is looking at ways of addressing discrimination against people with disabilities in the workplace. At the previous meeting, which you were unable to attend, the committee decided to show a video over the lunch hour and then hold a discussion with participants following the viewing.

You are at the lunch-hour video presentation. The theme of the video is “we are just like you – except we have a disability”. In the video, people with disabilities provide rationale for why “the mainstream” should accept them as productive contributors to society. Some provide examples of how they have been able to overcome their disability in order to perform challenging tasks.

Internalized Ableism – Scenario #4

You are at a union conference in a large, downtown hotel. During the break, word gets out that a local anti-poverty group is having a demonstration close by, over the lunch hour, for a living wage. A contingent of activists decides to join the demonstration and they make an announcement just before lunch, that they will be convening over the lunch hour in the lobby, and walking to the demonstration, as a group.

After lunch, Maria complains to the organizers. She feels that the conference organizers did not make arrangements for people with mobility restrictions to attend the rally. The conference organizers respond by saying that it was an unanticipated action organized by delegates and it was voluntary participation. They add that had Maria asked, they would have assisted in finding transportation for her. She is not satisfied with this response.