Guest Editorial

Stigma and the pejorative use of disabling conditions

James L. Cherney and Gin S. Malhi

Ableist culture stigmatises psychiatric and psychological conditions, which perpetuates misconceptions about them and can discourage people from seeking appropriate treatment for mental conditions. This editorial examines how pejorative use of diagnostic terms contributes to stigmatisation, identifies its discriminatory impact and explores its connection to fears about becoming disabled.

Contemporary Western culture tacitly accepts the practice of misusing psychological, psychiatric and neurological terms to denigrate people. Many consider this insignificant – an inaccurate, perhaps gauche linguistic tradition that does little real harm to anyone. However, words often communicate assumptions about the things named or described, which can teach and perpetuate ways of knowing, valuing and even seeing something. Research in this area suggests that we can investigate and counter systems of discrimination by interrogating the ways that language sustains them.[1] Social discrimination is learned behaviour; uncovering how it is taught can be the first step to dismantling regimes that promote bigotry and inequity.

In this and future articles we consider the way words describing certain disabling conditions contribute to ableist discrimination as two often interrelated uses of psychological terminology: *pejorative use*, which promotes stigma, and *flippant use*, which perpetuates misunderstanding. While different, both uses contribute to ableist thinking. By drawing connections between disabilities and things with negative or fearful connotations, the pejorative use relies on and extends ableist evaluation of disability as undesirable and harmful. By negligently discounting a disability's seriousness, flippant use denies the reality of actual psychological conditions and inaccurately attributes demeaning aspects to them. In this editorial we focus on the stigmatising pejorative use, and we adopt the tactic of rhetorically foregrounding disability to call attention to ableist oppression. This practice employs 'identity-first' terminology (e.g. 'the disabled') as opposed to 'person-first' labels (e.g. 'people with disabilities') and is discussed more fully in a recent textbook.[2]

Ableism

Ableist culture extensively uses terms describing disabling conditions to signify when something should be viewed negatively. Using physical conditions in this way remains a ubiquitous and generally accepted practice. For example, to 'turn a deaf ear' refers to obstinate unwillingness to accept reasonable arguments, being 'blinded by rage' indicates potentially dangerous ignorance and 'crippling' – as in 'we crippled their campaign' – denotes undermining or sabotaging something. Ableist culture also uses psychological or neurological conditions pejoratively. Calling someone 'insane' can attribute an incapacity to think rationally, describing people as 'psychotic' might suggest their responses to our actions are excessive and difficult to comprehend and possibly suggest they are mentally unstable, labelling persons as 'neurotic' undermines their motives and suggests their beliefs are false and 'you must be mad' can declare that someone has dramatically unrealistic expectations

or that they are completely unreasonable. In all these cases – whether the conditions described are physical or mental – the uses assign negative values to the words, rendering a medical term that denotes a psychiatric condition or diagnosis into a potential slur that connotes unpredictable and possibly dangerous behaviour and recommends avoidance. As slurs, words like 'bipolar' caution against associating with people described as such, making social distance and exclusion appropriate responses.[3]

When framed as having deaf ears, blinded by rage, psychotic or mad, the designated people invite responses that mirror those of which they are accused. People who label others as deaf ears and therefore refuse to listen to them position their own disengagement as caused by the other. They cease attempts at communication because the other's unwillingness to listen becomes an unavoidable material barrier. There is no point in transmitting sounds to a person who truly cannot hear, so transforming the other's unwillingness to engage in reasonable discussions into deafness means there is no point continuing the effort to communicate. Similarly, people will ignore the needs of those whose rage blinds them to the point that they reject their humanity and justify inhumane treatment. People may react with righteous zeal towards someone who they name psychotic and become emotionally abusive. People expect someone who must be mad to act in unpredictable ways and may themselves act bizarrely around those they label this way. Making the social impropriety into a material condition allows people to respond as if the person labelled that way cannot help how they act, and to emulate their behaviour with impunity. The concept of self-defence provides a parallel: when threatened with being shot to death by an aggressor, the defender is allowed to shoot that person first. In other words, framing the attributed characteristic (obstinance) as a physical condition (deaf ear) creates an exigence that sanctions an equally obstinate response.

Treating others precisely as people believe themselves to be treated often becomes a self-fulfilling prophesy, which in turn encourages the negative perception of others' motives and perspectives. When this relational dynamic persists or escalates it can become what Cronen et al[4] named an 'unwanted repetitive pattern' (URP). Those involved in these exchanges typically do not recognise the recurring cycles of communicative behaviour, although those observing outside of the relational dynamic can see them easily unless they take the side of someone in the conflict. Participants in URPs might sustain the patterns by stereotyping others to absolve themselves for their own actions, rationalising their behaviour as necessary responses and placing blame fully on the other party. When people characterise the behaviour of others as a function of a physical or psychological disability, it can sanction even escalation as a necessary response. The

pejorative use of these conditions increases the difficulty of disrupting the URP because opinions and perspectives change much more easily than bodies. Moreover, this use frames disabilities as characteristics of the opposition, which essentially positions disabled people as targets for animosity who deserve to be treated poorly. Taken to the extreme, this dynamic can make the disabled into scapegoats for a variety of maladies, and emphasising their deviance increases the scale of acceptable responses. Ableist logic dictates that monsters deserve to be treated monstrously.

Segregation and discrimination

While rules governing civilised behaviour usually defuse or disrupt the cycle – although the exceptions that result in feuds, murder and even war remain far too common – connections drawn between these conditions and undesirability stigmatise those who actually have the physical or mental conditions employed as the vehicle of the metaphor. Using disabilities to stand in place of those states that we wish to disassociate from ourselves perpetuates and generates the ableist logic of segregation. People do not always resort to overt avoiding or oppressing, but they employ the same evaluations and orientations that could justify systematic isolation, exclusion and degradation. Ableist thinking need not generate the reprehensible hate crimes that it sometimes does to be dangerous; the slurs and micro-aggressions themselves encourage treating the disabled as less deserving of basic rights and respect. Moreover, the persistence of pejoratively using disabilities testifies to the continuing acceptance of ableist views and the saturation of Western culture in ableism.

In clinical practice, psychiatrists and psychologists must often resort to seemingly drastic measures on behalf of their patients. In addition, although some outdated and abandoned procedures now seem unjustified and even barbaric, the benefits of many contemporary practices seem worth the costs. The conditions under which these remedies take place – such as ethical safeguards, diagnostic protocols and government oversight – make their side-effects or detrimental aspects qualitatively different from the impact of psychological terms used pejoratively. However, those involved with the treatment of psychiatric conditions, in particular psychiatrists and psychologists, should be concerned with the stigmatising use of psychological terms because the act tends to give negative associations to legitimate diagnoses and treatments, which can discourage people from seeking appropriate psychiatric help and undermine the efficacy and integrity of the profession. For example, referring to electroconvulsive therapy (ECT) as 'shock therapy' does not reflect the sophisticated manner in which this treatment is administered nowadays in modern psychiatric practice and does not do justice to the enormous benefit it can confer.

Stigma

Stigmatisation also generates significant problems for the disabled population.[5] When disability is perceived as a bad thing, many non-disabled people assume that disabled people do not wish to be disabled, and that they might even prefer death to disability. While this may be true for some disabled people – typically those who become disabled later in life or in a form deemed undignified – many if not most disabled people accept and even identify as disabled. Evidence for this includes the strong opposition to assisted suicide by such groups as the international association Not Dead Yet, statements by disabled people that they would not erase their disability if it were possible, opposition to policies and institutions that privilege cures over well-being[6] and advocacy for 'claiming disability' as a source of pride and a positive identity.[7] The non-disabled assumption that life with a disability is

inherently undesirable perpetuates an ethics of pity, which treats disabled people as second-class citizens or even less human. Cases of active euthanasia reveal the extreme impact pity can have, but even the more common practice of using pity in fund-raising encourages thinking of all disabled people as dependent on the largesse of others and infantilises them as those who cannot care for themselves.[8]

Stigmatisation also encourages fear of disabled people. The anthropologist Robert Murphy[9] pointed out that children are encouraged to fear disability when taught that even viewing it is taboo – such as when a mother scolds 'don't look' to a child caught staring at a visibly disabled person. Understandably curious, Murphy argues, the criticised child learns that disability is so wrong that it should not even be seen. In this way, ableist culture teaches itself to new generations, and the practice of demeaning and diminishing disabled lives is perpetuated.

Fear of disability

Ultimately this fear of disability suggests a significant motivating factor behind ableism itself, as it draws upon a logic of viewing disability as a sign of evil presence. Long established in such Western cultural practices as depicting evil figures in art as extremely disfigured or disabled, or denoting possession by a malicious spirit through radical physical and psychological abnormalities, stigmatisation of disability sustains this link of deviance and evil even when more modern sensibilities consign that view to a superstitious past or places where such views still exist. In many Eastern cultures, for example, mental illness is severely stigmatising as it is thought to be a consequence of bad deeds in a previous incarnation – a punishment of sorts – and this justifies maltreatment and shunning of the individual. The persistence of the connection between abnormal behaviour and malevolence suggests that appealing to personal insecurities forms one reason for ableism's endurance. To the temporarily able-bodied person, disability can call attention to the mortality that lives in all humans. In a sense, when people fear disability, they ultimately fear their own death, and isolating, excluding and degrading disabled people sustains denial and the myth of immortality. As Murphy put it, the fear that arises when encountering disability is 'the fear that this could happen to them' (p. 130). When the stigmatised disabled body reminds people that death lurks in everyone, it becomes sensible to distance themselves from it, remove it from public spaces and confine it in specialised institutions.

Conclusion

Everyone becomes disabled if they live long enough, but stigmatisation frames disability as abnormal and undesirable instead of recognising it as a natural part of the human lifecycle. Stigmatising disability, and the misappropriation of psychological conditions through words and expressions that perpetuate it, reflects and contributes to social and cultural norms that perpetuate ableist discrimination and all the damage it continues to do.

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