

Is it Time to Retire the Term Stigma?

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The term *stigma* has undergone a number of re-conceptualizations since it was first popularized by Goffman (1963) to refer to a mark of shame. Since that time, the term has become common parlance to refer to socially undesirable conditions or affiliations.

The term ‘stigma’ has been used throughout the academic literature to refer to a wide range of social and psychological processes ranging from cognitive and attitudinal processes (Corrigan, Markowitz, Watson, Rowan & Kubiak, 2003) to the structural elements that create and maintain social inequity and oppression (Link & Phelan, 2001). However, not everyone is comfortable with the term *stigma* or its connotations. Critics have argued that it places a heavy focus on the characteristics of the stigmatized and not enough focus on the social and structural mechanisms that create and maintain discrimination (Everett, 2004). Recently, several governmental and non-governmental organizations have called to retire the term stigma, instead favoring terms such as discrimination or social oppression. Following these voices, *Stigma Research and Action* called for papers debating this issue. In this issue we present four commentaries that address this debate from different perspectives. We hope that they will provoke thought and discussion.

Lynn and colleagues note that the stigma associated with mental illnesses is conceptualized differently than prejudice and discrimination based on race, ethnicity, gender, and other forms of difference. The theoretical frameworks of activists and academicians — particularly those emphasizing power dynamics—have not been incorporated fully into theoretical paradigms used in mental health. They argue for the use of oppression frameworks and critical theories to understand and change systemic mental health related oppression. From these perspectives, they find the term *stigma* to be inadequate to capture the power dynamics associated with social oppression. Thus, they argue for replacing the current stigma model with a critical anti-oppression paradigm.

Corrigan and Ben-Zeev remind us that, while many scientists may object to the political statement that stigma is a stigmatizing word, politics and science have

always been integrally related. However, they noted that the diversity among advocacy communities, and the lack of uniform support for any particular terminology, will make it difficult to retire the term outright. They argue that coming to a consensus on terminology is a small part of a larger battle and that, even more important, is the need to come together to eliminate the social outcomes associated with stigma and its proxies.

McCordic notes the lack of research examining the impact of language on stigma. He suggests that stigma has the capacity to reflect and also to create social meanings, so that it can be used to propagate prejudicial ideologies and justify institutionalized violence. Because this area of research has not been comprehensively assessed, McCordic suggests that it would be premature to retire the term.

In addition to these reviews and commentaries Cobigo and colleagues present a narrative review of the literature on social inclusion and identify the gaps in the scope and clarity of existing conceptualizations. They argue that a shift in the current understanding of social inclusion is essential in order to adopt a pro-active perspective that could lead to the development of tools to improve social inclusion. Stu describes a qualitative study of the stigma experiences of people with a bipolar disorder, and Samarasekara et al. investigate mental illness stigma in Sri Lanka among community mental health workers. Stevelink and colleagues systematically review instruments that measure internalized stigma and provide an assessment of their psychometric properties. Finally, in a letter to the Editor, George updates us on the activities of the Dutch organization Anoiksis to lobby the American Psychiatric Association to change the name of schizophrenia in their upcoming revision of DSM.

We hope that you will find this issue interesting and useful. We encourage you to share these publications with your colleagues and friends and continue to send your work to *Stigma Research and Action*.

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