



Gender, status, and psychiatric labels



Amy Kroska^{a,*}, Sarah K. Harkness^b, Ryan P. Brown^c, Lauren S. Thomas^d

^a Department of Sociology, University of Oklahoma, Kaufman Hall 331, Norman, OK 73019, United States

^b Department of Sociology, University of Iowa, United States

^c Department of Psychology, University of Oklahoma, United States

^d Cedar Park, TX, United States

ARTICLE INFO

Article history:

Received 23 June 2014

Revised 1 June 2015

Accepted 25 June 2015

Available online 29 June 2015

Keywords:

Education

Gender

Modified labeling theory

Status

Stigma

ABSTRACT

We examine a key modified labeling theory proposition—that a psychiatric label increases vulnerability to competence-based criticism and rejection—within task- and collectively oriented dyads comprised of same-sex individuals with equivalent education. Drawing on empirical work that approximates these conditions, we expect the proposition to hold only among men. We also expect education, operationalized with college class standing, to moderate the effects of gender by reducing men's and increasing women's criticism and rejection. But, we also expect the effect of education to weaken when men work with a psychiatric patient. As predicted, men reject suggestions from teammates with a psychiatric history more frequently than they reject suggestions from other teammates, while women's resistance to influence is unaffected by their teammate's psychiatric status. Men also rate psychiatric patient teammates as less powerful but no lower in status than other teammates, while women's teammate assessments are unaffected by their teammate's psychiatric status. Also as predicted, education reduces men's resistance to influence when their teammate has no psychiatric history. Education also increases men's ratings of their teammate's power, as predicted, but has no effect on women's resistance to influence or teammate ratings. We discuss the implications of these findings for the modified labeling theory of mental illness and status characteristics theory.

© 2015 Elsevier Inc. All rights reserved.

1. Introduction

Psychiatric treatment programs can dramatically reduce patients' symptoms (Link et al., 1997; Rosenfield, 1997). Nonetheless, studies over the past three decades show that this official recognition of mental illness is linked to declines in material, social, and psychological well-being (Kroska and Harkness, 2006, 2008; Link, 1982, 1987; Markowitz, 1998; Markowitz et al., 2011; Rosenfield, 1997; Wright et al., 2000). According to modified labeling theory (MLT) (Link, 1987; Link et al., 1989, 1997; Link et al., 1991), these negative consequences develop through three interrelated processes. First, when individuals are diagnosed with a psychiatric disorder, negative societal conceptions associated with the new label (e.g., incompetent, dangerous) become personally relevant and damage feelings of self-worth. Second, a psychiatric diagnosis that is publicly known increases patients' vulnerability to negative evaluation and rejection. Finally, patients whose self-concepts have been damaged through the first two processes adopt behaviors aimed at warding off rejection: concealing treatment history, withdrawing from social interactions, and educating others about mental illness. But, rather than helping

* Corresponding author.

E-mail address: amykroska@ou.edu (A. Kroska).

patients, these defensive behaviors harm them by, for example, constricting support networks and limiting employment opportunities. Thus, according to MLT, diagnostic labels damage patients by producing a negative self-concept, increasing others' criticism and rejection, and triggering defensive behaviors that reduce social and employment success.

Although the first and third MLT processes have been investigated in recent studies (Kroska and Harkness, 2006, 2008, 2011; Markowitz, 1998; Markowitz et al., 2011; Rosenfield, 1997; Wright et al., 2000), the second step—the increase in negative evaluation and rejection—has received little attention in recent years, particularly with studies that use a behavioral measure of rejection. Our study begins to address this gap by offering a contemporary examination of the causal link between psychiatric labels and negative evaluation and rejection. Building on other work in this area (Lucas and Phelan, 2012), we focus on competence-based evaluations and rejections within dyads. We operationalize evaluations with perceptual indicators (ratings of a person's status and power) and rejection with behavioral indicators (rejecting a person's suggestions when working together to solve a problem). We go beyond the existing work by exploring the way that shared gender and shared education affect these outcomes.

1.1. A psychiatric label

We examine the effects of psychiatric labels on competence-based outcomes within the scope conditions of status characteristics theory (SCT) (Berger et al., 1966, 1972; Berger et al., 1977; for an overview, see Berger and Webster, 2006). According to SCT, when individuals in a group work together on a valued task, the diffuse status characteristics that differentiate them shape their expectations about how they and others will perform on the task. Diffuse status characteristics are culturally defined characteristics (e.g., gender) whose states (e.g., female, male) are given different degrees of esteem in the dominant culture. Those in the status advantaged group are expected to perform better than those in the status disadvantaged group, and individuals in both groups are expected to adopt these expectations. Consequently, the expectations function as self-fulfilling prophecies: individuals in the status-disadvantaged group, sensing that they have less to contribute than those in the advantaged group, participate less frequently and defer to those in the advantaged group more frequently, while those in the status-advantaged group, sensing that they have more to offer, participate more frequently and defer less readily. The differential expectations also shape the way performances are evaluated, with individuals perceiving the performance of the status-advantaged group as more valuable than that of the status-disadvantaged group, even when the performances are identical.

Individuals occupying psychiatric identities are viewed as less intelligent, less wise, and less powerful than those who do not occupy such identities (Francis and Heise, 2006; Nunnally, 1961; Olmsted and Durham, 1976), suggesting that a psychiatric diagnosis may function as a diffuse status characteristic. Yet, the empirical work examining these processes in task-related encounters suggests that mental illness may function as a status characteristic only for men. This line of research began in the 1970s with experiments conducted by Farina and his colleagues. In one series of experiments, participants were asked to make hiring recommendations after interviewing job applicants, decisions that were likely based on perceptions of the applicants' competence (Farina et al., 1973, 1978; Farina and Hagelauer, 1975). The male participants recommended hiring applicants described as psychiatric patients less frequently than applicants who were not described this way, a pattern that held for both male and female applicants, whereas female participants recommended hiring the psychiatric patients just as frequently as the non-patients, a pattern that also held for both male and female applicants. A related pattern emerged in an experiment wherein participants were asked to use electric shocks to help train another person of the same sex to learn a pattern of button presses (Farina et al., 1976). (Shocks were not actually administered.) Men in this study used lengthier shocks when they thought they were training a person with a psychiatric disorder, suggesting that they thought the patients needed stronger punishments to learn the patterns. Women, by contrast, used shorter shocks when training a person they thought had a psychiatric disorder, suggesting that they saw the psychiatric patients as more vulnerable or as able to learn with less punishment. Thus, experiments that examine competence-based assessments and rejections in task-oriented situations suggest that men treat psychiatric patients as less competent than non-patients, while women do not.¹

Yet, the studies from the 1970s are not fully in compliance with the scope conditions of SCT. Although they examine rejection in a task-oriented setting, in contrast to the SCT scope conditions, the participant and the confederate in these studies were not working together on a task. Recently, however, Lucas and Phelan (2012) examined competence-based rejection in a way that complies with SCT scope conditions: within the confines of a collectively oriented task group. In line with the studies from the 1970s, they find that men are more likely to resist influence from teammates with a history of hospitalization for "psychological problems" ($p = .040$, one-tailed test), whereas women's resistance to influence is unaffected by a teammate's psychiatric hospitalization history ($p = .106$, one-tailed test).² Thus, their findings suggest even more clearly than the studies in the 1970s that mental illness functions as a status characteristic for men but not for women.

¹ Sibicky and Dovidio (1986) did find that both men and women judged cross-sex conversation partners who were described as mental health clients as less competent than cross-sex partners who were not described this way (same-sex pairs were not examined). But, this encounter was purely social, suggesting that SCT scope conditions were not fulfilled. Moreover, the exclusive use of cross-sex pairs may have masked women's higher tolerance, given that male psychiatric patients are evaluated more negatively than female psychiatric patients.

² Lucas and Phelan (2012) did not report gender-specific p -values in their article, but Jeff Lucas gave them to us in an email on December 11, 2013.

Download English Version:

<https://daneshyari.com/en/article/955613>

Download Persian Version:

<https://daneshyari.com/article/955613>

[Daneshyari.com](https://daneshyari.com)