

Interventions to Reduce Stigma in Clinical Practice

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Melbourne, 2010

Outline

- Defining stigma
- 'Stigma coaching'
- 'Hidden distress model of epilepsy'
- Current stigma reduction programmes
- Critiques and a suggestion
- A broad perspective
- Criteria of 'good quality care'

What is stigma?

- Stigma involves offences against norms of 'shame' (deviance against norms of 'blame')
- Stigma implies an 'ontological deficit' (deviance a 'moral deficit')
- We can distinguish between:
 - (a) enacted, (b) felt, and (c) project stigma

'Stigma coaching'

Conrad and Schneider used the term 'stigma coaching' to refer to the origins of felt stigma, particularly in children, in well-intentioned advice from parents, teachers, doctors and so on

'Hidden distress model of epilepsy'

1. People develop a 'special view of the world' which is predispositional and features felt stigma
2. First-choice strategy is one of concealment, which minimizes the risk of enacted stigma
3. Felt stigma is more disruptive of personal lives than enacted stigma

Stigma reduction programmes

- Optimum access to medical information, treatment & care (especially in early life)
- Legislation v prejudice and 'unacceptable discrimination' by employers and others
- Programmes to foster self-adequacy & self-esteem

Morrell, M (2002) Epilepsy and stigma.
Epilepsy and Behaviour 3 21-25

Critiques and a Suggestion

Critiques:

- Stigma typically echoes deeper social divisions
- Stigmatization is typically mixed with oppression, exploitation, etc

Suggestion:

- Adopt a broader sociological perspective

Sociological Perspective

Would encompass awareness of:

1. Aetiology
2. Medical labelling
3. Professional and experiential knowledge
4. Medical encounters
5. Coping
6. 'Shame' (and 'blame') in structural context

Criteria of 'good quality care' in clinical settings

1. Acceptance of co-participation
2. Acceptance of 'open agenda'
3. Holistic rather than biomedical orientation
4. Development of counselling skills