

LABELLING HUMANITY: HOW PSYCHIATRIC LABELS WORK TO DEHUMANIZE

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Labels are society's attempt to explain a person's identity. Whether gender, sexual orientation, job position, or relation to loved ones, labels categorize people into measurable groups. As the field of psychiatry has expanded in the 21st century, there has been an increased use of labels to categorize people into certain diagnoses of mental illnesses. Although these labels can assist in delivering to patients the necessary treatment for their mental illnesses, the larger function of a label must be examined by society. In particular, schizophrenia is a diagnosis with immense social stigma, and thus its label is of great significance when attributed to a person. I will be using Michel Foucault's theory of biopower to discuss how psychiatric diagnoses such as schizophrenia categorize people so that they can be surveilled and controlled. In turn, categorization establishes a hierarchical system of humanity, where schizophrenia is deemed inferior, or less important, than others. In Foucault's theory of biopower, a hierarchy of this kind allows for certain populations to be optimized, while others ignored. Psychiatry then acts as a powerful tool that can be used as a weapon for the dehumanization of certain groups of people. An important aspect to note regarding the way I discuss schizophrenia in this paper is that I am not discussing the disorder and those who have the disorder, but rather focusing on the *label* of schizophrenia and those labelled to have schizophrenia. Labels must be reevaluated, as they have the power not only to categorize people, but to degrade the humanity of specific groups of people.

The schizophrenia spectrum of mental disorders is used in the Diagnostic and Statistical Manual of Mental Disorders to describe disorders involving psychosis (Nolen-Hoeksema 248).

Psychosis is a group of symptoms mainly involving "losing touch with reality" through abnormalities in thoughts and perceptions (Nolen-Hoeksema 248). Symptoms of psychosis include hallucinations, delusions, disorganized thinking or speech, uncoordinated or catatonic movement, and loss of ability to express emotion, socialize, or experience pleasure (Nolen-Hoeksema 248). The symptoms of psychosis are present in all disorders across the schizophrenia spectrum (Nolen-Hoeksema 248). Psychosis is not a disorder itself, but a group of symptoms often used to explain disorders on the schizophrenia spectrum.

The classification of schizophrenia includes both positive symptoms and negative symptoms. Positive symptoms can be described as behaviors in addition to a person's expected behaviors, and include delusions, hallucinations, disorganized thinking or speech, and uncoordinated or catatonic movement (Nolen-Hoeksema 241, 246). Positive symptoms must be present for at least six months for a person to be diagnosed with schizophrenia (Nolen-Hoeksema 248). Negative symptoms are defined as a loss of certain expected behaviors, and can include restricted affect, inability to experience pleasure, and avolition (Nolen-Hoeksema 241, 246). Negative symptoms do not need to be present for a diagnosis of schizophrenia, but they often occur alongside positive symptoms (Nolen-Hoeksema 248). The positive and negative symptoms of schizophrenia must cause significant distress and dysfunction in the patient's everyday life to qualify for a diagnosis (Nolen-Hoeksema 248). Modern treatment for schizophrenia involves antipsychotic medications alongside psychotherapeutic approaches like cognitive behavioral therapy (Patel).

Michel Foucault discusses the emergence of disciplinary power in the eighteenth century, describing various techniques of power that emphasized the individual (Foucault 242). These techniques include the organization, surveillance, and maximizing the efficiency of people in the workplace (Foucault 242). Foucault also discusses how biopower evolved in the second half of the eighteenth century, growing out of disciplinary power to organize and survey not just bodies, but populations as a whole (Foucault 242). Adopting Foucault's biopower model in relation to schizophrenia diagnoses, individuals labelled as schizophrenic become part of a population that can easily be surveilled and controlled by governmental forces. People with schizophrenia are organized as such, as they do not fit the social norm of how a person should behave and act. The state uses the label of schizophrenia to distinguish people as abnormal and to justify their surveillance and subsequent control. For patients diagnosed with schizophrenia, their surveillance often includes placement into psychiatric facilities and institutions, as well as the administration of medications to ensure they are adhering to norms and government systems. Surveillance serves to control those with schizophrenia, forcing them to abide by social norms through medications or hiding those who cannot adjust within the confines of a mental institution.

Foucault distinguishes biopower from disciplinary power by stating that in biopower, individuals become part of the mass, indistinguishable from one another (Foucault 242). The people within the category of schizophrenia are indistinguishable from one another in the eyes of the government. The state does not view individuals with schizophrenia as unique persons, but rather as a collective group marked by the same label. Using a label to diagnose someone with schizophrenia implies that they will become a part of the mass of those already diagnosed with the disorder and will immediately be treated and perceived as a person

with schizophrenia, even if this is not the case. Since schizophrenia lies within a spectrum, each person labelled with schizophrenia will experience symptoms with varying severity. Situating those with the label of schizophrenia under a single, massifying label, causes the experiences of those with less severe symptoms to be perceived as the most severe version of schizophrenia. The popular Rosenhan Experiment is a prime case of how these labels stick with a person. In the Rosenhan experiment, twelve patients feigned schizophrenia-like symptoms to a doctor: all were admitted to a psychiatric facility and diagnosed (Navidad and McLeod). Even after exhibiting "normal" behaviors within the facility, the diagnosis of schizophrenia was not removed, and the patients remained admitted (Navidad and McLeod). The Rosenhan Experiment explores an interesting aspect of psychiatry; once labels are applied to individuals, they are very hard to remove. The individual is seen not as a person or identity, but as the label itself. To remove a label like schizophrenia from a person forces society to reevaluate its entire understanding of that person. Society rejects this process due to how it challenges the concept of labels as a whole, showing that labels are not effective as a descriptor of one's identity. As described in Foucault's theory of biopower, labels such as schizophrenia go beyond allowing one to be organized and surveilled within a psychiatric facility but also force one to exist among a population in which they become their label, no longer able to be distinguished as an individual.

The diagnosis of schizophrenia categorizes people in a massifying way, while also situating schizophrenia within a hierarchy. In any categorization system, there is a creation of status in the public sphere between those categorized. The label of schizophrenia often has more severe stigma than other mental disorders due to symptoms of psychosis. As one of the most prevalent disorders with psychosis symptoms, schizophrenia is associated with "craziness" or "insanity". There is also an association between schizophrenia and

violent tendencies, creating the misconception that schizophrenia means a person has a “split personality”, or that “craziness” causes murderous behavior (Nolen-Hoeksema 247). These beliefs work to diminish and confine those labelled with schizophrenia to these stereotypes. People with schizophrenia are viewed as “crazy”, and thus their beliefs, actions, and emotions are all associated with these perceptions. The mere *label* of schizophrenia is associated with stigma, and like the biopower that Foucault mentions, it is massifying. Any person with schizophrenia, no matter how their behaviors manifest, is perceived as “crazy” by society. Those with schizophrenia are situated within a hierarchy of mental disorders through the labels’ categorization, and they are seen as less important to treat than other mental disorders. Although other mental disorders have stigma, the stigma associated with schizophrenia deems people inferior to others because of their supposed “insanity”. “Insanity” strays further from expected social norms than traits such as hysteria, sadness, or neuroticism. Thus, schizophrenia is situated in a hierarchy of mental disorders where it is inferior to most.

Michel Foucault discusses the effect of biopower on populations under its influence, and how biopower works to “optimize” certain populations while ignoring others. Biopower aims to control not just individual people of society, but their relations and environments; thus, biopower attempts to control life itself (Foucault 245). When biopower optimizes certain populations, statistical measures such as birth rate or life expectancy are manipulated to control how society lives (Foucault 246). These populations are being “optimized” to become more productive, live longer, and reproduce (Foucault 246). In this process, Foucault argues that biopower is “making live and letting die” (Foucault 247). What is meant here is that while biopower optimizes populations, it does so according to normative standards, and the hierarchy of categorization according to social norms is followed. Those who are superior in the hierarchy are optimized, or able to “let live”, while

populations deemed as inferior are not optimized, or are “left to die” (Foucault 247). When biopower “makes live and lets die”, certain inferior populations in the hierarchy are dehumanized. The populations that are not optimized are left without improvement, and the disparity between them and the optimized populations increases as the optimized progress. Schizophrenia is treated with harsh medications such as clozapine and often involves hospitalization or institutionalization (Patel). The population of people with schizophrenia are deemed inferior, and so they are separated from society and left stagnant, to not be “cured” or treated. In contrast, mental illnesses such as depression or anxiety receive more research, treatments, and mostly involve outpatient therapies. These populations are being optimized, as the treatments and “cures” for these disorders only progress. Although some may argue that schizophrenia is more severe than disorders such as anxiety or depression, severity is a concept subjected to normative standards. Is schizophrenia perceived as more severe because it involves more drastic distress, or is it because schizophrenia strays further from normative standards than most? Since schizophrenia strays further from normative standards than other mental disorders such as anxiety or depression, the population of those with schizophrenia are often “left to die”; their treatment is stagnant and often involves institutionalization—taking them out of society so that they are not a burden.

People diagnosed with schizophrenia are dehumanized by a social construction of them as inferior beings. The population of people labelled schizophrenic are perceived as “crazy” due to the situation of schizophrenia within a hierarchy, and their values and beliefs are discredited as being irrational. A person diagnosed with schizophrenia whose beliefs are not seen as valid or rational extends to the whole being; if the beliefs of a person are disregarded, the person themselves is disregarded. The dehumanization of people with schizophrenia was prevalent in the Soviet Union’s

authoritarian regime in the 20th century (van Voren). People who dissented to communist leadership were deemed “crazy” and involuntarily taken to a mental institution (van Voren). Beliefs that go against the norm, the norm in this case being the authoritarian government, can be labelled as schizophrenia, thus immediately discredited because of that label. During this time, the Soviet Union used the label of “sluggish schizophrenia” to diagnose populations that resisted the communist regime (van Voren). Sluggish schizophrenia was a label used to define cases with milder symptoms of schizophrenia and broadened the horizons of who the Soviet Union could label with schizophrenia (van Voren). The creation of sluggish schizophrenia served the function of diagnosing even more people with the label, discrediting their beliefs, and using the “craziness” associated with schizophrenia to justify their detainment (van Voren). Using the label of schizophrenia to suppress political dissenters was powerful, as it symbolized that beliefs against the authoritarian regime were “crazy” and powerless (van Voren). Labelling political dissenters with schizophrenia in the Soviet Union allowed the label to dehumanize populations. Even though many of these people did not exhibit symptoms of schizophrenia, the label alone discredited everything they said as “crazy” and justified their imprisonment within a mental institution.

The label of schizophrenia can also work to dehumanize people by creating a scientific justification for the inferiority of the population. People who are diagnosed with schizophrenia often have cognitive and behavioral deficits due to structural or functional abnormalities in the brain (Nolen-Hoeksema 248). Some biological factors of schizophrenia include genetic inheritance, excess dopamine, structural abnormalities of the brain, and prenatal exposure to viruses or birth complications causing abnormalities in brain development (Nolen-Hoeksema 257). The fact that people with schizophrenia have biological abnormalities, often more drastic than other mental disorders, is used to

justify the dehumanization of those labelled with schizophrenia. These abnormalities are used to justify the idea of schizophrenic people being “crazy”. Those with schizophrenia do not fit the norm of how a brain should function, but the social stigma associated with schizophrenia deems this abnormality inferior, rather than different, from the norm. People with schizophrenia are then seen as a biologically inferior population. The suggestion of a biological inferiority is extremely dangerous, as it suggests that people with schizophrenia are objectively inferior on account of their flawed brain structure and function; however, the scientific justification to make schizophrenia appear inferior is not objective. Although those with schizophrenia differ in their brain structure and function, it is society that deems their brain functioning to be inferior, rather than different, than “normal” brain functioning. The scientific justification dehumanizes the community of those with schizophrenia, since many of these people have such severe cognitive deficits that they are seen as incapacitated and helpless. Many people with schizophrenia are hospitalized or institutionalized; since they are not what a human should look like or function as according to the norm, they are put under the control of the government.

Psychiatry is a tool to subjugate those with schizophrenia, leaving them to be unoptimized in Foucault’s words, while continuing to optimize those who are more “human”. Psychiatry also functions as a tool of Foucault’s biopower, used to classify and monitor masses of people under different categories. Psychiatric labels have grim implications for the humanity of certain groups. Labels such as schizophrenia constitute populations meant to be controlled and institutionalized by the state. Once categorized, a social hierarchy of mental disorders is established, and biopower serves to optimize certain populations while those with the label of schizophrenia are “left to die” or dehumanized. Psychiatry has the power to dehumanize through the system of labelling and the function it serves to uphold biopower. We must

think carefully about society's current method of psychiatric diagnoses and ask ourselves how these labels serve a larger state function in surveillance and control.

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