

TO LABEL OR NOT TO LABEL?

Labels: Are they oppressive? A necessary evil? Empowering?

Few things have been more controversial in the helping professions than the use of labels. Some advocates and other professionals are opposed to the use of any kind of label for any reason, while others consider labels a necessary evil, and still others consider labels to be a valid therapeutic tool and encourage individuals who seek their services to adopt them. Individuals so labeled can have a range of reactions as well. Some find labels of any kind to be oppressive while others consider certain labels to be empowering or liberating.

Most will agree that labeling can have negative consequences, especially when misused. Here are some of the possible drawbacks:

- Perhaps the biggest negative consequence is stigma. People with certain labels may find it more difficult to obtain employment, housing or social acceptance.
- A label can lead to stereotypes. The person with the label often becomes “Other” in the eyes of those applying the label. People may start to underestimate the individual’s capabilities or intelligence.
- Once a person acquires a label, there is often a tendency for others to view everything the person does through the prism of that label. Everything the person does becomes pathologized. Duran (2006) refers to a DSM-IV psychiatric diagnosis as a “naming ceremony” in the negative sense. One survivor of multi-abuse trauma shares:

“Once you stick a label on me, it’s like the usual rules of human interaction don’t apply. Instead of the give and take expected of adult relationships, you can set yourself up as the standard and insist that I meet it, rather than meeting me halfway. You can lecture me to consider your feelings, but you don’t need to consider mine because my feelings are probably inappropriate anyway. The same behavior gets described in a completely different way depending on whether you do it or I do it. For example, if you don’t agree with me on some issue, it’s a case of honest disagreement. If I disagree with you, I’m ‘defiant’ or ‘oppositional.’ I’m not expected to meet you halfway, I’m expected to twist myself into a pretzel trying to be you.”

- Others may accuse the person with the label of using a “fad” diagnosis to avoid accepting personal responsibility for their behavior, or as a shortcut to privileges or entitlements, or to get attention or sympathy.
- Some argue that labeling promotes the formation of a negative self-identity, one that overemphasizes limitations and ignores strengths (Evans & Sullivan, 1995).

- Labeling may encourage individuals to think of themselves (and encourage others to think of them) as being only their disorder or their disease, and this may increase their exposure to the negative effects of the stigma still associated with these labels (Evans & Sullivan, 1995).

- A label often does not capture the full story about a person's experience. A survivor shares:

“We're not ‘serious mental illness’ individuals. The bottom line is, we were simply hurt as human beings. You can't attach labels or create words for someone who was totally wounded.”

However, some believe that labels can be beneficial under certain circumstances:

- A label can help an individual get needed services or accommodations. For example, insurance companies usually require a DSM-IV diagnosis before providing reimbursement for therapy or counseling services. People with disabilities must inform employers of their need for accommodations in order to invoke the Americans With Disabilities Act.

- In some cases, a label can actually serve to reduce stigma – for example, viewing alcoholism as a disease rather than as a moral failing. Evans and Sullivan (1995) argue that labeling is a universal human activity and will occur no matter what anyone wants. They point out that individuals who seek our services have already labeled themselves or have been labeled by others, in one way or another, as “bad,” “shameful,” or “weak.” These individuals may well feel that a diagnostic label is preferable to the labels they've already been getting, such as “lazy” or “stupid.” A survivor shares:

“I've spent a lifetime collecting some really negative labels. When I was a child, the labels were mostly screamed at me: ‘Stupid! Stubborn! Lazy!’ When I married an abusive man, he labeled me a ‘bitch,’ ‘whore’ and ‘slut.’ When I began using alcohol and drugs to blunt the pain, the labels changed to ‘lush’ and ‘druggie.’ When I was arrested for disorderly conduct following a series of domestic violence incidents, I acquired another label: ‘offender.’ I know there are people in the helping professions who would like to eliminate diagnostic labels, but I must say that being told I have ‘the disease of alcoholism’ beats the heck out of getting called ‘lush,’ ‘slut,’ ‘criminal’ and so forth.”

- Knowledge is power: A diagnostic label can help some survivors make sense of their experiences. For example, labeling a person's experience as “complex trauma” or “multi-abuse trauma” can help the individual see certain behavior as a coping mechanism rather than as an indication of defective character. Herman (1997) points out that traumatized people are often relieved simply to learn the true name of their condition because it gives them a language for their experience, and allows them to begin the process of mastery. Once a problem has a name, one can develop a plan to address it.

- A label can help clarify thinking and move people out of denial – either individually or as a society. Consider, for example, how societal reactions begin to change when people stop calling certain situations “a lovers’ quarrel” or “a date gone wrong” and start labeling them “battering,” “sexual assault,” and “domestic violence.”

So how does one resolve the issue of labels?

- Evaluate what function the label serves. Ask the survivor whether a certain label serves a useful function or not. The decision to use a label or not should depend on the individual’s needs and preferences.
- Distinguish between labeling a person and naming a problem. Naming the problem or issue or experience can be empowering and liberating. Labeling the person often oppresses and disempowers.
- Evans and Sullivan (1995) suggest that when stigma and stereotyping are attached to certain labels with a valid therapeutic purpose, the task is either to change the negative connotations of these labels or to adopt labels with a more positive but still realistic tone.

References

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