

The Nature and Consequences of Stigma Experienced by Injured Workers

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Stigma: Goffman (1963)

- the stigmatized individual is seen to be a person who possesses “an undesirable difference”
- society develops ideas on what constitutes “difference” or “deviance”
- society applies rules – results in notion of “spoiled identity”

Limitations of this View

- We must not allow stigmas to be perceived as marks or attributes of persons (sthg in the person)
- Rather, it is a designation that others attach to that individual
- Important to focus on conditions that produce exclusion from social and economic life

Stigma as a Social Process

(Parker & Aggleton, 2003)

- Stigma is linked to social inequality
 - Plays a key role in producing and reproducing relations of power and control.
 - Causes some groups to be devalued and others to feel that they are superior in some way.

Stigma and Injured Workers

“Discourse of Abuse” (Eakin, 2005)

- Institutionally-embedded expectation that IWs will violate or abuse entitlements
- Achieved through practices and bureaucracy of system
 - Eg physician validation of illness, forms for employers, special branch of WSIB for fraud
- Adds social injury to physical injury

Stigma and Injured Workers (Lippel, 2003)

- Quebec study interviewed 85 IWs
- More than half described the stigmatization, prejudice and stereotypes that painted all injured workers as fraud artists abusing the system.
- Video-surveillance: confirms the stereotype that injured workers are dishonest and should be treated as criminals.

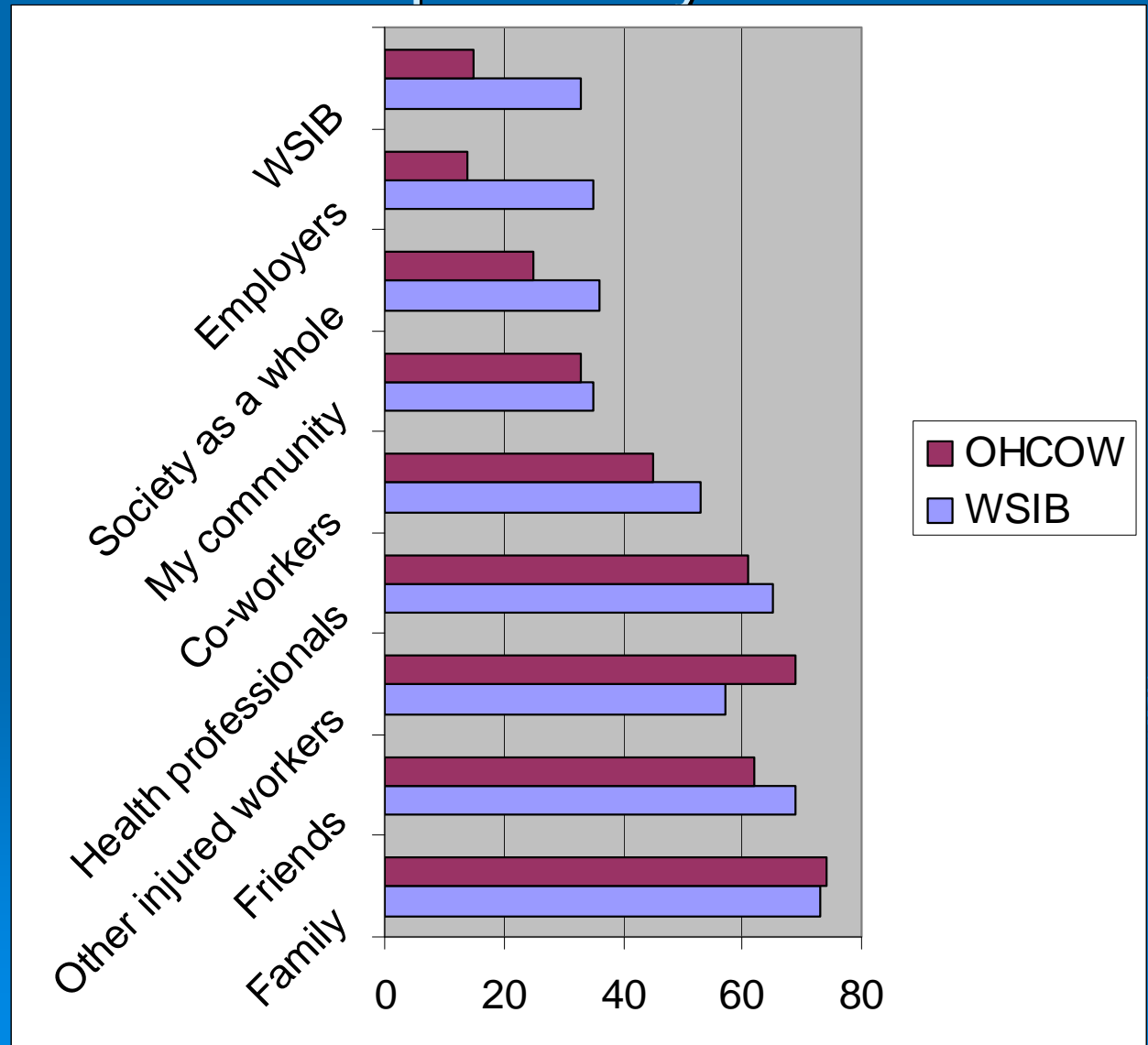
Shared Internationally: Concerns of IWs in Australia (Roberts-Yates, 2003)

- IWs felt need to justify injury to doubting employers, friends and colleagues
- experienced considerable emotional trauma and anxiety
- diminished sense of social status within the workplace, family and general community
- locked into vicious cycles of guilt, pessimism, uncertainty, low self-esteem, anger, extreme negativity, depression

Respect: Survey of Injured Workers (Kirsh & McKee, 2003)

% who felt respected by:

(n=290)



Victims Twice Over

(Beardwood, Kirsh & Clark, 2005)

- IWs treated with suspicion when injuries do not fit template of recovery
- are accommodated with difficulty or not at all
- become powerless
- victims twice over
 - First, victims of the workplace
 - Second, victims of a system that implies they are fraudulent and that, in their eyes, refuses them support and impedes their rehabilitation

Research Action Alliance on the Consequences of Work Injury (RAACWI) Project

PI: Emile Tompa, Steve Mantis



RAACWI Research Themes

- 4 themes: Legislation, Financial Security, History, Health and Well Being
- Health and Well Being Theme
 - Focus on Stigma and Effects on Mental Health

Hearing the Voices of IWs

- 4 focus groups in Ontario
- 2 focus groups in Thunder Bay
- Individual interviews with focus group participants (in progress)
- Transcripts coded, themes generated

Themes: Nature and Consequences of Stigma

- Doubt, Suspicion, Blame
- The Run-Around
- Intimidation
- Labelling and disrespect
- A shrinking social and occupational world
- Taking back control: Rights, advocacy, and help for others

Doubt, Suspicion and Blame

- Stereotype of IW as malingerer
- Assumption that it's all about “easy money”, IW is “set for life”
- Belief that injury is not as bad as it's made out to be
- Private investigators → Paranoia
- IWs WANT TO WORK!

Blame

That's the way life works, we have these social safety nets... hey we're developed, we live in this country .. as kids, we grew up in a time where this was actually taught to us, and... these things worked, and we believed this to be true and our friends believed this to be true. [But] we can't access it....So they think... what goes on in their mind, is 'what's wrong with you... oh you must be doing something [wrong]'

The Run-Around

- No straight or consistent answers
- Confusing, detrimental to mental health
- Creates anger, frustration
- Some abandon claim

The Run Around

So what more do you want from me? Last week, they sent a worker to my house, he asked me all the questions that I've already answered. And I'm sitting there saying, you have this information, why are you asking me? Why did you come all the way out here, to ask me the same stuff that, that you have in the office. Oh, I'm from a different section [he said].... So I said so now me and you did this, so now what's the next step, like can you tell me? He can't tell me nothing, right? So I'm at the point where I don't need you, cause you're just playing with my mind. I'm sitting here thinking that I'm going to be compensated for this, and in the meantime all you're doing is, is playing with me.

Intimidation

- Lack of full information causes anxiety, places power in hands of system
- Tactics such as investigators, threats of loss of benefits, instill fear
- IWs do not know rights, how to navigate the system, feel at a disadvantage
- “It’s like being in a fight that I’m not trained for”

Intimidation

They charged me criminally... for fraud and lying about my injury. I had tried to work in a [theatre] for two days, and I couldn't do it and I stopped working, they said... you didn't tell us... you had ten days to tell us, you're lying about your condition. That really put me in a, in a deeper hole... I was very scared ...I developed a phobia, I cannot even go to the park, I don't know why but it just developed, you know I was very scared. You start cutting off people around, you make your world small...

Labeling and Disrespect

- Psychological testing reinforces stereotypes
- Labels attached without knowledge of IWs
- Disrespectful and humiliating – disregards the person

Labeling

I was having my lunch, I decided to just read and do my own thing, not knowing the doctor was counting my time.. I was not allowed to get a report of his assessment, but I requested one... he mailed me the copy. When I read his assessments, he put I was an extremely slow reader.... And then he put on the thing, because of my cultural background, I'm illiterate.

A shrinking social and occupational world

- IWs fear participating in activity, lest they be “spotted”
- Social engagement declines due to pain, poor mental health, financial stress
- Supportive network shrinks, vicious cycle of isolation, depression, lack of control

Social Distance

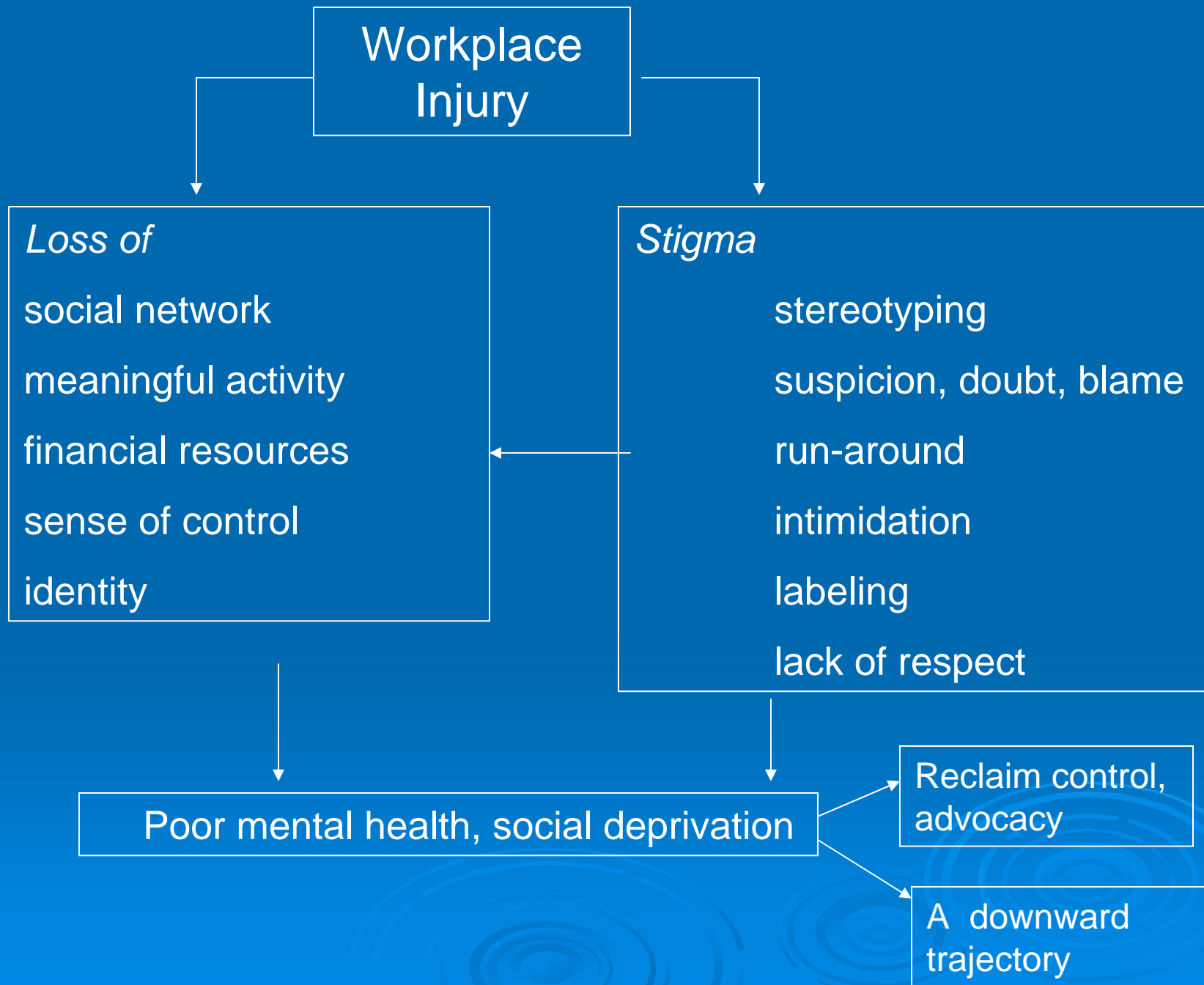
what really hurt me the most, being an injured worker was, my pre-injury circle of friends, I was well respected in the [sector] community, well respected as a labour leader in my community and once I got hurt, about a year or so later, those bridges start to dissolve and you're no longer seeing your old buddies, and you're not getting a call from Council people and Union people, and you're not meeting the same people at the bar for a drink or what have you. And somehow you get taken off the scope...and that's for me what it's like being an injured worker.

Taking back control: Rights, Advocacy, and Helping Others

- Many IWs gathered strength to research their rights, advocate for improvements
- Help from legal clinics, other experts helped a great deal
- Peer support, interaction, sharing strategies beneficial
- Participation in research seen as a duty to inform

Helping Others

It changed my perspective on life. What do I do with this type of injury, what did I learn, now I have this, I have to live with it for the rest of my life, but do I want to go on just fighting, fighting? Thank God there was a legal clinic where I felt a big weight off my shoulders, when I gave them my case, and they told me, you don't have to fight now, we are going to fight for you. Made a big difference and like now I feel like, there is a big role that we have to play as injured workers.... Trying to give back to the community, like if I meet someone I'm going to tell them if you get injured like let me know, I can help you. I'm trying to contribute now, and that's why, probably everybody's here, to, to share their experience. I have no idea how you know you'll make difference but through this.



Determinants of Mental Health

- Social Support
- Engagement in meaningful activity (leisure, work – sense of mastery, pleasure)
- Resources for living

- Rather than promoting these factors to restore mental health, IWs are forced to sacrifice them

What reduces stigma?

- Personal contact
- Increasing knowledge base (education)
- Changing language, terminology

(from mental health literature)



Other Steps to Address Stigma

- RAACWI has held several meetings with WSIB management and staff. These "blue sky" discussions have explored the issue of stigma, and how it has become embedded in the practices of the compensation system.
- Also discussed are possible steps that could be taken to minimize the negative image of injured workers.

Recommendations

- Continue to highlight and expose stigma and discrimination
- Study and address stigmatizing institutional practices and policies
- Involve IWs at all levels
- Research interventions that change attitudes and behaviours

Not the end...

If we could only get these people to realize that these are humans, these are people with flesh and blood. These are people who experience real pain and anguish. You were a healthy person, you get up, you go to work. A bright day like this, and you go there. So you get injured. That's not the end of your life. It shouldn't be. It shouldn't be.