Medicalisation, mobilisation and Social Identity Theory

Ginny Russell & Jennie Hayes
Prevalence and medicalisation

How conditions and behaviours outside the medical domain and previously a part of normal social life, come to be considered medical conditions, or problems and thus become subject to medical diagnosis, prevention, or treatment (Conrad, 1992).

Feedback: An interplay of social movements, health institutions and scientific experts that creates and shapes how we view autistic people & ultimately what we understand autism to be.

1. Count!
2. Quantify!
3. Create Norms!
4. Correlate!
5. Medicalise!
6. Biologise!
7. Geneticise!
8. Normalise!
9. Bureaucratise!
10. Reclaim our identity!

Making up people
Social Identity Theory (SIT)

• We self-categorise with others who we consider are ‘like us’

• SIT suggests this is because our group memberships help us to define our sense of who we are and gives us a sense of belonging (Tajfel, 1979)

• It’s in our interest to display loyalty to our ‘ingroups’; conversely, it can lead to discrimination against ‘outgroups’

• Social identities make group behaviour possible (Turner, Hogg et al, 1987)
Positive social identity as a social and psychological resource

- Sense of meaningfulness, purpose and direction
- Social support – emotional, intellectual and material
- Sense of belonging
- Social influence

Group boundaries and identities

• Social identities are prioritized depending on saliency in any given situation (e.g. Haslam et al, 2011)

• Self categories can therefore be defined narrowly or broadly

• How the ‘outgroup’ is defined can determine permeability of boundaries

• The identity of a social movement helps to shape how we continue to ‘make up people’
Stigma and social identity

• Belonging to a negatively stereotyped group can threaten self-esteem

• Response can either be individualist or collectivist (Branscombe et al, 2012)

• Shared resources to mobilize and promote social change (Haslam, Reicher & Levine, 2012)

• But identification requires definition of an ‘entity’ – can lead to reification
### Resistance/Project Identity (Castells, 1997)

<table>
<thead>
<tr>
<th>Legitimising Identity</th>
<th>Resistance Identity</th>
<th>Project Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generates a civil society which reproduces the identity that rationalizes sources of structural domination</td>
<td>Constructed in response to exclusion, devaluation and stigmatization</td>
<td>New identity is built which redefines position in society</td>
</tr>
<tr>
<td>Made up of institutions and organisations in society which defines norms</td>
<td>Individuals build ‘trenches of resistance’ in opposition to the norm</td>
<td>Seeks transformation of overall social structure</td>
</tr>
<tr>
<td></td>
<td>Leads to communities of resistance, mobilisation and, potentially, social change</td>
<td>May be main potential source of social change</td>
</tr>
<tr>
<td></td>
<td>Reverses the value judgement whilst reinforcing the boundary</td>
<td></td>
</tr>
</tbody>
</table>
The means to Mobilise

Castells (2009)
There is a ‘transformational’ phase in social and political relationships, as ‘networks’ become fundamentally significant as a vehicle for ordering and shaping human lives.
Autistic activism

History

• Don’t mourn for us (1993)
• InLv (1996)
• Autistic Genocide Clock
• Autreat (1996) ANI
• Institute for the Study of the Neurologically Typical (2002)
• Aspies for freedom
• Declaration (2004)
• In my Language (2007)
• ND manifesto (now)
Problematizing neurodiversity

- Reductionist: brains = difference (Ortega) Absolution for behaviour
- Acceptance of violent traits?
- Divisive (Runswick-Cole). Identity politics: over-identification of one identity to the exclusion of others
- Representativeness: those who are able to speak are dominating discourse: NDM predominantly white, middle class
- Commodification: What starts as a creative revolt becomes co-opted as the latest way to make money
The future?