



Summary

Unmasking Misconceptions: Exploring Policy, Institutional, and Social Barriers Faced by Individuals with Multiple Chemical Sensitivity

Elaine Pietrantonio and Susan Yousafzai presented research conducted through ASEQ-EHAQ's *Empowering Community and Removal of Barriers* (ECRoB) initiative. The presentation explored the complex policy, institutional, and social barriers encountered by individuals with Multiple Chemical Sensitivity (MCS). Drawing from current literature and primary research, the presenters described MCS as a chronic, multidimensional condition triggered by everyday chemical exposures, which often affects multiple body systems. Despite the growing scientific recognition of MCS, the condition remains poorly understood and frequently dismissed as psychological, creating profound obstacles in accessing healthcare, housing, employment, and social support.

Using the social-ecological model as a framework, the study analyzed data from focus groups composed of Canadians living with MCS. The findings revealed that misconceptions about MCS are reinforced at multiple levels, including personal attitudes, institutional practices, commercial marketing, and government policy. Participants reported experiencing widespread invalidation from healthcare professionals, a lack of scent-free spaces, and resistance to accommodation efforts in public settings. Many also discussed the psychological and financial toll of managing the condition, including identity loss, social isolation, and the need to avoid most indoor environments.

The research highlighted how misinformation and a lack of institutional recognition contribute to the stigmatization of people with MCS. Participants described being told their condition was “all in their head” or facing disbelief from doctors unwilling to provide necessary documentation for accommodations. Compounding this problem are consumer norms and advertising strategies that promote the use of fragranced products while downplaying their health impacts. Such



normalization of chemical exposure makes it more difficult to advocate for inclusive spaces and fosters resistance to change at the policy level.

In response, the presentation emphasized the need for comprehensive public education campaigns, transparent labelling of chemical ingredients, and stronger enforcement of scent-free policies. Participants also recommended collaborative efforts across healthcare, legal, and disability sectors to reduce stigma and improve recognition of MCS as a legitimate health condition. The presentation concluded by calling for a reorientation of institutional policies and social norms to support meaningful inclusion and accessibility. With targeted policy reform and broader awareness, the barriers faced by individuals with MCS can be significantly reduced.

Citations

- Briones-Vozmediano, E., & Espinar-Ruiz, E. (2021). How do women suffering from multiple chemical sensitivity experience the medical encounter? a qualitative study in Spain. *Disability and rehabilitation*, 43(8), 1110-1120.
- Bruchard, W., Bajracharya, A., & Johnston, N. A. C. (2023). Volatile Organic Compound Emissions from Disinfectant Usage in the Home and Office. *Environmental health perspectives*, 131(4), 47701. <https://doi.org/10.1289/EHP11916>
- Driesen, L., Patton, R., & John, M. (2020). The impact of multiple chemical sensitivity on people's social and occupational functioning; a systematic review of qualitative research studies. *Journal of psychosomatic research*, 132, 109964.
- Gibson, P. R. (2005). Multiple chemical sensitivity: Stigma and social experiences. *Medical Anthropology Quarterly*, 19(4), 508–525.
- Gibson, P. R., Sledd, L. G., McEnroe, W. H., & Vos, A. P. (2011). Isolation and lack of access in multiple chemical sensitivity: a qualitative study. *Nursing & health sciences*, 13(3), 232-237.
- Gibson, P. R., Cheavens, J., & Warren, M. L. (2009). Multiple chemical sensitivity, chronic fatigue, and fibromyalgia: Short-term and long-term symptom severity and predictors of severity. *Journal of Chronic Fatigue Syndrome*, 16(1), 40–57. <https://doi.org/10.1080/10573320802708134>
- Johnson, D., & Colman, I. (2017). The association between multiple chemical sensitivity and mental illness: Evidence from a nationally representative sample of Canadians. *Journal of Psychosomatic Research*, 99, 40–44. <https://doi.org/10.1016/j.jpsychores.2017.06.002>
- Molot, J., Sears, M., & Anisman, H. (2023). Multiple chemical sensitivity: it's time to catch up to the science. *Neuroscience & Biobehavioral Reviews*, 151, 105227.



Schmidt, T., Cloete, A., Davids, A., Makola, L., Zondi, N., & Jantjies, M. (2020). Myths, misconceptions, othering and stigmatizing responses to Covid-19 in South Africa: A rapid qualitative assessment. *PloS one*, 15(12), e0244420. <https://doi.org/10.1371/journal.pone.0244420>

Statistics Canada. (2020.). *Canadian Community Health Survey - Annual Component (CCHS)*. Government of Canada. Retrieved April 4, 2025, from <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>

Steinemann, A. (2018). National prevalence and effects of multiple chemical sensitivities. *Journal of Occupational and Environmental Medicine*, 60(3), e152–e156. <https://doi.org/10.1097/JOM.0000000000001272>