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978-0-521-79019-2 - Stigmatization, Tolerance and Repair: An Integrative Psychological Analysis of Responses to Deviance

Anton J. M. Dijkers and Willem Koomen

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CHAPTER 1

Introduction

1.1 Introduction

People are regularly confronted with a wide variety of features and behaviors in others that they may find undesirable or deviant, such as a bleeding wound, a missing leg, a harelip, depression, bullying, leprosy, cowardice, theft, unwillingness to work, low intelligence, or some threatening feature of a racial or ethnic minority or outgroup, to name only a few examples. Different deviant conditions may evoke different kinds of responses. For example, individuals who display selfish behavior such as hurting others, stealing property, or lack of motivation to cooperate, tend to be punished; others who are incapable of cooperating and contributing to group life due to illness or injury, usually receive care and medical treatment; and still others with abnormal facial features, may primarily evoke fear and avoidance rather than punishment or care and protection. Furthermore, the same deviant condition may also trigger widely different responses in different situations, historical periods, and cultures, ranging from extreme moral outrage and harsh physical punishment to “softer” treatment and forgiveness, and from extreme tenderness and care to “less soft” and more aggressive and authoritative forms of nurturance and therapy. Pretending not to be affected by a particular deviant condition, and the suppression and indirect expression of one’s emotional reactions to the condition, or the consistent avoidance of a deviant individual in order to prevent experiencing these emotions, may be considered as further variants of how individuals respond to deviance.

The main goals of this book on responding to deviance can be summarized in three words: classification, explanation, and application. The general goal of this book is to present a theory that enables us to classify the many deviant conditions that are possible, to explain people’s responses to them, and to indicate how this theory can be applied in influencing these responses. In our approach, classification and explanation are closely linked scientific activities. Specifically, in explaining responses to deviance, we will look for a limited set of

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universal psychological mechanisms that cause people to respond in the way that they do. For example, we will argue that some deviant conditions activate a psychological response mechanism that causes people to experience fear and hence motivates them to protect themselves against the deviant individual. In contrast, other deviant conditions may activate in people a mechanism for feeling tenderness and a tendency to protect and care for the deviant individual. We will use knowledge about these and other psychological mechanisms to classify the wide variety of deviant conditions in a psychologically meaningful and universal way. That is, we argue that in any relationship, social group, society, or historical period only a limited number of universal *types* of deviance are possible; and that different conditions that can activate the same (combination of) psychological mechanisms can be assigned to the same type of deviance. To put it differently, our psychological mechanisms can be seen as universal *concepts* that allow people to interpret and classify the wide variety of deviant conditions that are possible, and to provide meaning to the specific language that they use to describe these conditions and their reactions to them. For example, on the basis of the above mechanisms for experiencing fear and tenderness, people are able to distinguish a type or category of relatively uncontrollable and threatening conditions (e.g., madness, contagious disease, a strange group encroaching the territory) from a type of relatively uncontrollable and more passive or dependent conditions (e.g., various instances of illness and neediness).

Our explanation, however, does not only serve to develop a typology and semantic theory of people's representations of deviance, but also to account for variation in people's responses to deviance as a function of type of deviance, differences in personality, and situations or societies. The psychological mechanisms that we use to classify deviant conditions can be more or less strongly activated in particular individuals or societies. For example, some individuals tend to feel more easily threatened by a particular type of deviance (seeing more crime around them), and therefore respond with more fear and aggression, than others. In a similar way, situations, societies, cultures, and historical periods influence the likelihood with which relevant psychological mechanisms in people will get activated. For example, in some situations or societies, the psychological mechanism responsible for reacting with fear to a threatening deviant condition, may already be strongly "primed" or activated (e.g., due to famine, plague, warfare, more permanent structural and cultural features, or simply having seen a scary movie), increasing the chance that an encounter with that condition actually results in fear and defensive aggression. We will not only examine in detail how people respond to deviance in different

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situations, but also distinguish three characteristic ways in which societies tend to deal with deviance or engage in social control – repair, stigmatization, and tolerance.

Although we emphasize in this book the perspective of the perceiver who responds to deviance, we will also pay attention to the responses of the target. This will give a more complete picture of responses to deviance with their antecedents and consequences. Targets, for example, may affect responses of the perceiver, and they often have to cope with negative responses, which may determine their psychological and social fate. In addition, we add to the perspective of the target relevant elements from our perceiver framework, such as differences between types of deviant conditions.

In sum, the theory we propose in this book systematically explains responses to deviance as a function of type of deviance, individual differences, and contextual influences of situations, societies and historical periods. In addition, responding to deviance or social control is analyzed in terms of three major types of social control – repair, stigmatization, and tolerance. This theory not only integrates a wide variety of facts about responding to deviance, but also has important practical implications for developing interventions to influence people's responses to deviance. We start with introducing and discussing the main concepts and terms that have been used to describe and explain social responses to deviance.

1.2 Three types of social control: repair, stigmatization, and tolerance

Scholars from such diverse research disciplines as sociology, anthropology, history, evolutionary biology, and social psychology have used a wide variety of terms to describe and explain social responses to deviance, often without clearly defining them and distinguishing them from one another. To anticipate an important conceptual disagreement in this field of inquiry, some disciplines such as social psychology and sociology vigorously deny the usefulness of the term *deviance* – a term that we find essential as our book title suggests – and would like to replace it by terms such as *stigma* or *label*. These disciplines similarly advocate to analyze responding to deviance entirely in terms of *stigmatization* or *labeling*, rather than, for example, *social control*. In contrast, in other disciplines that have shown interest in describing how small communities respond to deviance, such as anthropology, we rarely encounter the terms *stigma* or *stigmatization*. So let us look in greater detail at the main explanatory terms in the relevant research disciplines, and try to unravel their different and common meanings.

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In order to organize this discussion, but also to introduce our integrative psychological approach to the subject, it is helpful to use the term *social control* as a general term for social responses to deviance, and distinguish three major types of social control, namely, repair, stigmatization, and tolerance. Social control can be defined as the process by which individuals and societies attempt to prevent or reduce deviant conditions or their consequences, induce and monitor compliance with their major values and norms, and hence maintain social order and morality (e.g., Black, 1984, 2000; Boehm, 1999; Campbell, 1982; Horwitz, 1990). Repair can be seen as the most basic type of social control that may, dependent on the circumstances, transform into stigmatization or tolerance.

Repair

A crucial type of social control is the *repair* of disturbed relationships or group life as a consequence of deviance, for purposes of continuing cooperative and reciprocal interactions with deviant individuals. Major strategies of repair are: punishment in order to change the deviant individual's behavior and mind; care, medical treatment, or therapy in order to cure the deviant individual; compensation for suffered losses to the victims of deviant behavior; forgiveness of deviant individuals, negotiation, reconciliation, and allowing and motivating permanently disabled individuals to adopt useful social roles and letting them re-integrate; and prevention of deviant conditions or their consequences by means of warning and education, or isolation of individuals if their conditions seem dangerous and uncontrollable (e.g., madness or contagious disease). As we will argue later, especially when preventive activities take place outside the safe environment of a group of closely related individuals such as a family or small community, they may easily result in stigmatization.

In considering repair processes, it is impossible to avoid using the term *deviance* to refer to the objective social problems that are caused by particular conditions or behaviors of individuals; and that other individuals or society need to notice, distinguish, and respond to in appropriate ways. For example, it is difficult to imagine a society in which individuals in general would not be able to distinguish crime from illness, and would not respond effectively to the former in more punishing, and the latter in more caring and nurturing ways. Thus the sociologist Goode (2003) argues that deviance is "a fundamental element in all social relations. It's there, it's real, it's important, it is in need of investigation" (p. 519). Goode further notes that our personal feelings toward particular responses to deviance, however justified according to

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our own values and norms, should be irrelevant to the objective study of these responses and the conditions that give rise to them. Although “some of us don’t like the way the word ‘deviance’ sounds” (2003, p. 520), it remains an indispensable concept for scientific inquiry.

Of course, the specific manifestations of crime and illness may vary across societies and cultures, as do the particular standards or norms used to “define” them as undesirable or deviant. Thus in the 1985-edition of the *Handbook of Social Psychology*, D. Archer usefully defines deviance as “a perceived behavior or condition that is thought to involve an undesirable departure in a compelling way from a putative standard. These behaviors and conditions are seen either as merely regrettable or as objectionable in the sense that they produce the belief that something ought to be done about them” (1985, p. 748). D. Archer further emphasizes that “deviance refers to behaviors or conditions that are the subject of *negative* imputations” (p. 747, our italics) and that the perception of deviance motivates efforts at social control and the emergence of social institutions that specialize in doing something about it.

Although in this book we pay great attention to cultural and historical differences in perceptions (or “definitions”) of, and responses to, deviance, we emphasize at the outset that deviance may have more objective and universal physical and behavioral manifestations than is usually recognized by sociologists and social psychologists. Thus some universal examples of crime are murder, adultery, and theft (Black, 1984, 2000; Horwitz, 1990; Roberts, 1979); some universal examples of physical illness or injury are weakness, lethargy, loss of interest, sleeping during normal periods of wakefulness, increases in temperature, bleeding, diarrhea, vomiting, or coughing (Fábrega, 1997, p. 56); and some universal examples of mental illness are excessive violent conduct, wandering around naked, or talking non-sense (Helman, 1994, p. 252).

Repair seems most characteristic for relatively small groups of closely connected and interdependent individuals, such as a family or small nomadic group of hunter-gatherers, which engages in face-to-face social control or “mutual monitoring” (Campbell, 1982). In order to see the distinction between this and other types of social control, it is important to emphasize that repair focuses on behavior or temporary physical or mental conditions or states (e.g., acute suffering and illness), rather than on persons and their entire configuration of deviant as well as non-deviant features. Furthermore, societies that engage in repair explicitly notice and clearly respond to deviance (even when apparently doing nothing for strategic reasons) until the normal pattern of cooperation and social order have been restored. The latter may happen, for example, when individuals associated with deviance actually change their undesirable condition or behavior, or society manages to

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socially accept and assimilate them without such changes (e.g., when disabled persons learn to cope with their condition and adopt useful social roles). We will argue later that repair is best characterized in psychological terms as a balanced way of responding to deviance; neither too harsh, nor too soft, motivating the parties involved to solve the problem and allowing sufficient room for mutual adaptations and negotiation. Sometimes, the ways of letting deviant individuals know that their behavior might be unacceptable may appear stigmatizing; for example, when it consists of staring, explicit withdrawal of social attention (ostracism), or gossiping (Roberts, 1979). Yet, as long as these patterns of response are aimed at changing the deviant's mind, behavior, or condition, in the service of prevention of deviance and re-integration, these social control strategies are different from stigmatization.¹

Stigmatization

In contrast to repair, *stigmatization* is a type of social control that does not distinguish between a person and his or her deviant behavior or temporary condition, and that is aimed at excluding the person from a relationship or society. Social control may turn into stigmatization when a deviant condition is increasingly perceived and responded to as a defining or essential attribute of the "whole" person or social group, or of the person's or group's reputation, character or identity. It goes at the cost of discovering the individual's or group's *non-deviant* and useful attributes, and treats the victim as "essentially" or morally bad, thereby withholding giving him or her a "second chance." More formally we define stigmatization as: the process by which an individual's or group's character or identity is negatively responded to on the basis of the individual's or group's association with a past, imagined, or currently present deviant condition, often with harmful physical or psychological consequences for the individual or group. The deviant condition may or may not actually be present; what is important is that the individual is *associated* with a past or present deviant condition and hence that the perceiver cannot but respond to the motivational implications of that deviant condition, imagined or not.

Stigmatization can be seen as a functional form of social control when repair would be desirable but is not possible; for example, when a deviant condition poses a relatively permanent threat to the community and is unlikely to change in response to repair. For example, in relatively large social groups or societies people need to identify and label particular individuals in terms of their (association with a) deviant condition in order to warn each other of these individuals' bad or

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shameful reputation or dangerous character. Probably the most characteristic feature of stigmatization is to *publicly* associate a person with a shameful deviant condition (or stigma), thus preventing the person from engaging in a repair process and from adapting his or her behavior. Of course, the deviant condition itself may increasingly lose its relevance or truly harmful consequences in this process. The latter is especially likely to occur when, in hierarchically organized societies, stigmatization is *used* by those in power in order to maintain and legitimize their power, mainly by publicly associating those who threaten their power and values with a bad reputation and exposing them as “bad examples” and objects of public punishment. Thus the history of the European Middle Ages is full of examples of the literal use of stigmas (e.g., badges for distinguishing the “worthy” poor who were allowed to beg, ear-boring or branding of recidivous rogues, and a wide variety of recognizing marks to be worn by heretics, Jews, lepers, and homosexuals; see Jutte, 1994; Moore, 1987), elaborate public floggings, tortures, and denigrations in which the dominated public is encouraged to take part and allowed to “displace” its aggression and “enjoy” itself (Foucault, 1975/1977; Le Goff, 1984/1987; Moore, 1987; Stiker, 1999; Vanhemelryck, 2004). More recent examples of such practices can be found in totalitarian systems such as Nazi Germany. Despite the obvious “misuse” of stigmatization under particular circumstances, we do not stipulate in our definition that a deviant condition with which a person gets associated needs to be “irrelevant” or even merely the product of prejudiced perceivers. As noted above, people may need to be warned about individuals with relatively permanent, immutable, and serious deviant conditions such as those with lethal and contagious illnesses, or those engaging in pathological forms of cheating and harmful behavior.

Our definition of stigmatization shares important elements with the common usage of the term. For example, Jones *et al.* (1984, p. 8) propose that “impression engulfment is the essence of stigma” and that when people specifically respond to a deviant attribute (e.g., a past psychiatric treatment) and do not make it “the most important single thing about his personality,” their response should not be considered stigmatizing. In other places these authors speak of the deviant attribute or “mark” having a “master status.” However, our definition adds a new and, in our eyes, fundamental element to current usage – the concept of *deviance* – thereby allowing researchers to explicitly address the similarities and differences between stigmatization and other types of social control. It sharply contrasts with efforts of social psychologists to downplay the role of deviance in stigmatization by, for example, maintaining (quite inconsistent with D. Archer’s definition)

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that deviance can also refer to something that is positively evaluated (e.g., Crocker, Major, & Steele, 1998, p. 506; Stangor & Crandall, 2000, p. 80) or by equating deviance entirely with rather trivial distinguishing features such as skin color. Crocker *et al.* (1998, p. 506) even mention the possibility that individuals such as women may be stigmatized in particular contexts without being deviant. We cannot think, however, of a single situation in which women would be stigmatized without the perception of some deviant feature or condition. Typically, in situations in which women are judged in terms of male standards (cf. D. Archer's definition cited above) and found to depart from these standards in an undesirable way (e.g., men may see women as unskilled at technical jobs, or unfit for leadership), they are seen as deviant.

Now, the consequence of stigmatization is usually that an individual associated with a deviant condition is also associated with a *stigma*; and it is this term in particular that invites researchers to ignore the role of deviance in stigmatization. A stigma refers to an attribute or symbol (e.g., a word referring to that attribute) that is known to be negatively evaluated by a social group or society, in such a way that individuals or groups associated with the attribute tend to be denigrated and socially excluded and hence stigmatized (Crocker *et al.*, 1998; Goffman, 1963b).² In principle, it should be possible to objectively verify if a deviant condition can be considered a stigma or not. That is, the more the condition is negatively responded to (in the sense of stigmatization) by a group of people or society at large, the greater the likelihood that the reputation, character, or identity of an individual being associated with that condition will be spoiled.³ If we realize that stigmatization can also be defined as the application of an existing stigma when perceiving and responding to another person, the definition of stigmatization comes very close to terms that emphasize the mental, subjective, or top-down aspects of the process, and the triviality of objective reasons or bottom-up aspects for negative responses. For example, stigmatization is used almost interchangeably with the social-psychological terms of *prejudice* or *stereotyping*.⁴ In addition, sociologists tend to use the closely related term of *labeling*, arguing that individuals primarily become deviant and a problem for social control once others and society have labeled and responded negatively to their ("primary") deviance; something these individuals in turn respond to with starting a "deviant career" and hence acquiring "secondary" deviance (Becker, 1963; Link & Phelan, 2001; Orcutt, 1983). Thus, according to common understanding, to stigmatize someone is to view and respond to a trivial attribute of the person in light of society's image, stigma, label, prejudice, or stereotype about that attribute, assuming that the stigma is somehow mentally available or represented in the subject's mind.

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In addition, *discrimination* refers to the behavioral side of this process; the unequal treatment of individuals on the basis of features that are considered irrelevant for the decision to deliver that treatment. Although there may be a strong consensus about the irrelevance of features such as skin color, sexual orientation, or religion, any doubt that is cast on their irrelevance will result in uncertainty about the correct application of the term discrimination.

It is our guess that the general unwillingness of social psychologists and sociologists to use the term *deviance* may be due to its being easily equated with *stigma* and hence with both the primarily subjective or mental aspects of stigmatization and the less benign aspects of social control in general. However, although stigma logically implies deviance, the reverse is not true: deviance does not logically imply stigma. For example, in the context of repair (but also of tolerance; see below), deviant individuals are not usually stigmatized, although under some circumstances, these types of social control may have stigmatizing side-effects.⁵

Although we recognize that stigmatization has important subjective and biasing elements, resulting in decreased attention to a person's non-deviant attributes, self-fulfilling prophecies, and "deviant careers" (cf. Becker, 1963), these are not sufficient reasons for us to dispose of the term deviance. Indeed, we maintain that deviance plays a fundamental role in social control in general (see especially our earlier discussion of the role of deviance in repair), and therefore also in stigmatization. First, unlike the often used example of skin color as being merely a trivial cue for categorization and differentiation between social groups, deviant properties are usually motivationally relevant and far from trivial. For example, it is obvious that a person sitting in a wheelchair cannot walk and requires (or "affords," cf. McArthur & Baron, 1983) assistance, and that the uncertain and careful behavior of a blind person motivates an even greater concern (for arguments against such a view, see Crocker *et al.*, 1998). Furthermore, even if stigmatization is focused on entire groups rather than specific individuals, it is usually not simply the "cues for categorization" such as skin color or other trivial ethnic attributes such as an Islamic head shawl, that are of interest to people. For example, groups may also respond to the specific cultural or ethnic differences that each of them actively advertises in order to be recognized and respected by the other (L. Brown & Lopez, 2001; Park & Judd, 2005). In addition, minority groups are frequently associated with a low socioeconomic but protected status, which implies a particular type of deviance that is related to perceived social parasitism and laziness (see Chapter 2). Finally, even if racial or ethnic features cannot be seen as deviant or conflicting conditions in the usual sense,

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intergroup relations frequently involve a situation in which a strange ethnic minority is potentially threatening and a problem for social control during the *initial* stages of contact. Especially when members of an ethnic minority enter the territory of a particular majority group or society (e.g., immigrant workers from North African countries arriving in Europe), acceptance of their presence may only be realized when these groups have carefully observed particular requirements that are related to fear reduction and the need to exercise control by the host country. Although these requirements are little recognized by social psychologists studying the benefits of intergroup contact, their importance can be derived from anthropological studies on stranger-incorporation rituals and general mechanisms of fear reduction that are addressed in Chapter 9. Fortunately, the dominant “color-blind” approach to interracial and interethnic relations does now seem to be waning (L. Brown & Lopez, 2001; Park & Judd, 2005).⁶

A second reason for allowing deviance to play an important theoretical role in stigmatization is that a failure to do so easily results in the error of equating stigmatization with social control in general rather than seeing it as a particular type of social control. For example, in a recent attempt to apply evolutionary theory to the explanation of stigmatization (Kurzban & Leary, 2001), relatively recent examples of stigmas are used to argue that stigmatization must have been an adaptive form of responding to deviance in our evolutionary past (i.e., increasing our reproductive success); thereby forgetting that other forms of social control such as repair probably might have been more adaptive for our human ancestors living in small groups of hunter-gatherers (see the next chapter, for a critical discussion). The practical implications of confusing deviance and stigma, and denying that deviance may exist as an objective social problem, are even more serious. That is, well-intentioned attempts to reduce stigmatization may then be similar to attempting to reduce social control all together; thereby ignoring and frustrating people’s need to respond to deviance (see below).

Tolerance

Let us finally turn to a third major type of social control: *tolerance* (or *toleration* as philosophers tend to call it). Although, since the Wars of Religion during the sixteenth and seventeenth centuries, tolerance is a frequently used word in modern Western society, it remains a difficult to define and much debated term (e.g., Heyd, 1996b). Furthermore, the term does not appear to exist in social psychology as an established psychological term around which a distinguishable research tradition