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

Anton J. M. Dijker and Willem Koomen

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## **Stigmatization, Tolerance and Repair**

Society is faced with a variety of undesirable behaviors and conditions such as crime, mental and physical illnesses and disabilities, that usually provoke different responses in people such as emotions of anger, fear or pity. In our evolutionary past, these emotions adaptively motivated the repair of interpersonal relationships, whereas more recently they may also result in other types of social control such as stigmatization or tolerance. Dijker and Koomen show, on the basis of elementary psychological processes, how people's responses are not only dependent on type of deviance but also on personality, situation, historical period and culture. They also examine the implications of these responses for the well-being and coping of people with deviant conditions or stigmas. This book provides conceptual tools for developing interventions to reduce stigmatization and offers a deeper understanding of the psychological basis of social control as well as opportunities to influence its potentially harmful consequences.

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*An integrative psychological  
analysis of responses to deviance*

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CAMBRIDGE UNIVERSITY PRESS

Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo

Cambridge University Press

The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press,  
New York

[www.cambridge.org](http://www.cambridge.org)

Information on this title: [www.cambridge.org/9780521793681](http://www.cambridge.org/9780521793681)

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First published 2007

Printed in the United Kingdom at the University Press, Cambridge

*A catalogue record for this book is available from the British Library*

ISBN 978-0-521-79019-2 hardback

ISBN 978-0-521-79368-1 paperback

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## Preface

How people respond to undesirable or deviant conditions such as illness or crime has always been of great interest to scientific disciplines such as sociology, social psychology, anthropology, history, or political science. Inescapably, the way these responses are studied and understood is influenced by prevailing explanatory concepts, and characteristic features of social control in the society in which scientists happen to live. Thus in modern Western society, the common and social psychological vocabulary used to describe responses to deviance strongly favors terms such as *stereotype*, *prejudice*, *labeling*, *stigmatization*, or *discrimination* to emphasize that these responses are primarily derived from mental constructions and malicious motives, and that deviant conditions themselves rarely pose objective problems for society and hence demand behavioral responses. These descriptions also reflect the fact that current Western society basically values tolerance or self-control as the major way of responding to deviance, while delegating the actual work of prevention, conflict resolution, punishment, or healing to formal institutions such as the police, court rooms, or centers for disease control and health promotion.

Although we believe that tolerance is a great good in our modern individualistic society, we have become increasingly concerned with certain theoretical and practical disadvantages when responses to deviance or social control are primarily analyzed in terms of modern forms of tolerance and its psychological aspects. From such a perspective, people's main business when encountering deviance seems to be to suppress their negative feelings, feel guilty about them, and intensify their normal degree of "civil inattention," to borrow an expression from Erving Goffman. Many social scientists consider perceptions and thoughts that directly address deviance, and failures to control successfully the associated negative feelings, as evidence for intolerance or stigmatization; whereas expressions of positive feelings tend to be seen as mere compliance with norms and insincere. Unfortunately, such a view prevents one from understanding the motivational implications of different types of deviance, and the social function of accurately

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perceiving and distinguishing them, and from attempting to classify the multitude of potentially deviant conditions in meaningful ways. Indeed, what we see is that deviant conditions are usually treated as interchangeable and merely as objects for illustrating general psychological processes (e.g., information processing) that seem to have little basis in the reality of everyday social control processes.

There also is a practical disadvantage of not clearly distinguishing tolerance from other types of social control, such as the repair of relationships on the basis of realistic perceptions of deviance, or stigmatization and social exclusion. Specifically, programs that are aimed at stigma reduction may violate people's basic needs to engage in repair and may also make certain functional forms of social control such as crime and illness prevention less effective. Conversely, programs focusing on improving the prevention and reduction of crime or illness may unwittingly increase stigmatization. For example, current health promotion efforts that use ill people or people "at risk" for certain illnesses as "bad examples," may need to reconsider their potentially stigmatizing strategies in light of the increasing number of people in society who are unable to stay healthy, such as the elderly or chronically ill.

In struggling with these theoretical and practical issues, we have found it useful to start our psychological analysis of responding to deviance or social control in a very basic manner, adopting an evolutionary perspective according to which deviance should be seen as a threat to fitness or reproductive success. Specifically, we asked ourselves what the basic types of deviance are that any society, from hunter-gatherer to modern Western ones, needs to adaptively prevent or reduce; and which psychological mechanisms would enable or motivate individuals to generate these adaptive responses. We arrived at a remarkably small number of universal types of deviance (e.g., relatively active ones such as crime or mental illness versus relatively passive ones such as physical illness or neediness) and of underlying motivational mechanisms related to experiencing anger, fear, and care/tenderness in response to these types. To our excitement, we discovered that alone or in combination, these mechanisms, in interaction with personal, cultural, historical, and situational influences, could very well explain the great variation in thinking, feeling, and behaving with respect to individuals associated with deviance.

Our psychological analysis also allowed us to better distinguish between three basic types of responding to deviance or social control that seem characteristic for different societies or cultures: repair (characteristic for small groups of individuals related through kinship or other affective ties), stigmatization (typical for hierarchically organized societies, and for serious and permanent forms of deviance within large

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societies), and tolerance (typical for egalitarian and individualistic Western societies). Practically, our approach implies that attempts to develop interventions to reduce stigmatization first have to establish what type of social control one would like to target (is there really evidence for stigmatization?), and with what type of social control it should be replaced (with more tolerance or repair of relationships?). What our classification of deviant conditions and distinction between types of social control implies for the well-being and coping of people associated with deviant conditions or stigmas is also examined.

Most studies discussed in this book are taken from the field of social psychology and psychology in general. However, in our endeavor to test the generality of our theory, we also cover material from many other disciplines such as anthropology, sociology, biology, and history. We cannot claim expertise in all those different fields and recognize that our use of sources from these disciplines may have been somewhat selective.

Because of its integrative nature, we hope this book will be of interest to students of a variety of scientific disciplines studying deviance, as well as to lay persons and practitioners desiring to gain a deeper understanding of the psychological basis of social control and of opportunities to influence its potentially harmful consequences. Although sometimes, our treatment of certain issues may be somewhat technical, we hope this will not discourage the reader from continuing until an impression is formed of the whole approach and its merits, including the practical implications outlined in the final chapter.

We finally note that in discussing the large number of physical, mental, and behavioral conditions that people may consider deviant, we tried to select descriptive terms that would be generally agreeable and non-offensive, sometimes using the different available terms interchangeably. However, as these terms quickly tend to change as a consequence of medical knowledge, normative considerations, or "political correctness," we may not have been entirely successful in adopting a vocabulary that is acceptable to all.

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## Acknowledgments

We would like to express our gratitude to the following persons who, each in their own way, have stimulated and facilitated the writing of this book. We thank Antony Manstead for encouraging us to continue with this project and for his patience and confidence in us, despite the many delays and broken promises to finish the book. We also appreciate his detailed comments on earlier versions of several book chapters. We also profited from the comments that were made on several chapters by Arjan Bos and Rob Nelissen. Anton Dijker thanks Maastricht University and especially Nanne de Vries, head of the Department of Health Education and Promotion, for allowing him to work on the book during a sabbatical leave. In addition to the sabbatical, however, Nanne has shown tremendous tolerance when it became clear that this period was too short for finishing the book, and while listening to the many excuses for not finishing “such a complex” book that were to follow. Willem Koomen thanks the Department of Social Psychology of the University of Amsterdam and particularly Joop van der Pligt, head of the Department, for hosting him, offering him essential facilities and making him still feel welcome after his retirement.

Tolerance was also shown to a great extent by our first editor at Cambridge University Press, Sarah Caro, who was frequently faced with our reluctance to complete and hand over our manuscript. We thank Cambridge’s present editors Andrew Peart, Carrie Cheek, Joanna Breeze and Sara Barnes for their help and support.

On a more personal note, Anton Dijker would like to express his love and gratitude to the most important contributor in both his work and life, Marianne van den Maegdenbergh. This book could not have been written without her tolerance for his deviant behavior such as using the weekends for writing and parasitizing on her love for cooking and nurturing, her willingness to accept his promises for future reparations, and her reluctance to stigmatize. Willem Koomen would like to thank his wife Gonny for her understanding, tolerance and care, particularly during the downs in the writing process. She missed some of the fruits that retired husbands usually can offer, but refrained from pointing to them.