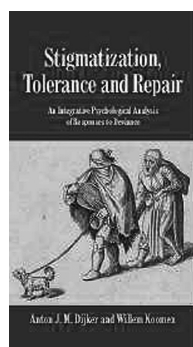


Stigmatization, Tolerance and Repair: An Integrative Psychological Analysis of Responses to Deviance

Anton J. M. Dijker and Willem Koomen
Cambridge, UK: Cambridge University Press, 2008
ISBN-13: 9780521790191 (paperback)
ISBN-13: 9780521790192 (hard cover)

John B. Pryor



This book represents one of the most comprehensive reviews of the social psychological literature on stigma currently available in print. For the student of stigma or for the researcher who wishes to examine the contemporary research literature on stigma, this is a must-read.

At its core, a stigma represents a form of deviance – an attribute that is negative and not typically expected among human beings. In Goffman's (1963), seminal analysis, he identified three basic types of stigma: moral flaws such as a criminal history, abominations of the body such as physical disabilities, and tribal stigmas such as racial and ethnic social categories. Dijker and Koomen take issue with Goffman with regard to the third type, tribal stigmas. They argue that social categories such as race and sex cannot be stigmas because they do not represent forms of deviance. Their argument seems to deny the importance of social context in determining deviance. For example, being an African American or

a woman might represent a form of deviance in social settings where African Americans and women are relatively rare, but not in social settings where they are more common. Thus, being the token Black or the token woman in a business setting might represent deviance and be stigmatising. In other social contexts such attributes might cease to be stigmatising.

Extrapolating from evolutionary psychology and other theoretical accounts of how human beings respond to perceived threats, Dijker and Koomen theorise that two basic psychological systems have evolved in reacting to deviance: the fight or flight (FF) system and the care (C) system. The FF system evolved from a basic need for self-preservation. The C system evolved from the basic needs of human offspring for parental care. Which system is activated is related to the type of deviance displayed. Dijker and Koomen classify deviance into four types using two conceptual dimensions: active vs. passive and high vs. low controllability. Active deviance represents a condition that threatens the fitness of others, while passive deviance represents a condition that threatens the fitness of the person possessing it. The conceptual dimension of high and low controllability borrows from ideas developed by Weiner (1993) and others. Highly controllable deviance represents a foreseeable consequence of a deviant's intentional choices. In contrast, deviance that is low in controllability represents a condition that simply happened to the target person. It was not brought about by the deviant's intentional choices. When these dimensions are cross-cut, they yield four types of deviance that Dijker and Koomen suggest are crucial in eliciting different reactions.

Generally active deviance evokes the FF system. Type I deviance (low controllability and active) evokes flight reactions (e.g., fear). Examples include mental illness. Type II deviance (high con-

trollability and active) evokes fight reactions (e.g., anger). Examples include criminal behaviour and other serious norm violations. Type III deviance (low controllability and passive) evokes caring reactions (e.g., sympathy). Examples include physical disabilities and other illnesses. Type IV deviance (high controllability and passive) evokes a mixture of caring and anger reactions. Examples include laziness and other parasitic behaviours.

Dijker and Koomen theorised that people respond to deviance with three basic social behaviours: *repair*, *stigmatisation* and *tolerance*. *Repair* implies activation of both the FF and the C systems. Repair can involve reacting negatively to deviance, with anger and perhaps fear, and then trying to help deviants to rehabilitate in some way. It also involves efforts to prevent deviance from occurring in the first place. Sometimes repair can involve forgiveness of deviant behaviour. For example, a criminal might admit wrongdoing, seek forgiveness for his transgressions, and try to be reintegrated into society. Repair is more likely to be a response to deviance among people in small interdependent groups who expect to have future interactions. *Stigmatisation* involves the social rejection of deviants, reflecting the activation of the FF system. They are shunned and ridiculed as not fit to be members of society. *Tolerance* involves trying to control one's negative reactions to deviants – this concept seems similar in some ways to what other social psychologists describe as motivations to control prejudice. Tolerant people still have negative feelings about deviance, but try to suppress them and refrain from acting upon them. This reaction to deviance seems to assume some inherent virtue in diversity. Each of these reactions represents a measure aimed at achieving social control – the function of which is presumably to minimise the potential harm of the deviant either to other people or sometimes to himself/herself. *Social control* harkens back to some basic evolutionary processes. Organisms have evolved to minimise threats to their fitness or survival coming from other conspecific organisms. The concept of *inclusive fitness* extends concerns about fitness and survival to others who might be genetically related.

Dijker and Koomen argue that each of these responses to deviance represents a form of social control that is moderated by both individual differences and socio-cultural factors. For example, ideological orientations such as authoritarianism and social dominance orientation are thought to moderate the functioning of the FF and the C systems, respectively. High authoritarians, characteristically fearing the crumbling of authority and conventions, may be prone to FF system activation. They tend to have highly negative reactions to Type II deviants such as drug dealers. Also, people high in social dominance orientation, characteristically concerned with the domination of their social group over

others, seem to be deficient in the activation of their C systems. They have less caring reactions to Type III deviance. In addition, men are thought to be more prone to FF reactions and women more prone to C reactions to deviance. Similarly, the value orientations of societies can moderate reactions to deviance. Combinations of egalitarian vs. hierarchical and collectivistic vs. individualistic societal values produce three basic society types. Societies with egalitarian and collectivistic values are thought to typically engage in repair processes when confronted with deviance. Societies with hierarchical and collectivistic values typically engage in stigmatisation. Societies with individualistic and egalitarian values are more likely to react to deviance with tolerance. The fourth potential type, combining hierarchical and individualistic values, is thought to be rare. Through an analysis of cross-cultural surveys of values and preferred responses to various forms of deviance, Dijker and Koomen garner support for these sweeping generalisations about the moderating roles of societal values.

To recap, the degree to which the FF or the C system is activated is related to the type of deviance plus individual differences and cultural factors that might moderate activation. While both systems might be activated simultaneously, their relative activation is theorised to be mutually inhibitory. In other words, greater activation of one system will result in the inhibition of the other. Interestingly, Dijker and Koomen suggest that the activation of each system is automatic. People spontaneously feel that they should flee from someone with Type 1 deviance, attack someone with Type 2 deviance, and provide care for someone with Type 3 deviance. These motivations are not the products of some deliberative process. Because people are also motivated by higher order cognitive processes, such processes can play moderating or controlling roles in the expression of these spontaneous motives. For example, people might be motivated to respond in a caring way to those who are mentally ill because they are pressured to behave in a politically correct way, even though their immediate inclination is to flee. Motives derived from deliberative processes can sometimes be at odds with automatically triggered motives creating dissociations between what people feel and what they say or do. Other times deliberative processes can coincide with automatically triggered motives resulting in unitary responses.

One point of criticism about the Dijker and Koomen analysis concerns the automatic nature of reactions to deviance. A recent review of the implicit attitude literature (Pryor, Reeder, Monroe, & Patel, in press) found that people generally have automatic negative reactions to all three types of stigmas identified by Goffman (1963) including what Dijker and Koomen categorise as Type 3 stigmas. While their postulated

C system seems consistent with other theoretical accounts of an alternative to the FF system in response to threat (Taylor, Klein, Lewis, Gruenewald, Gurung, & Updegraff, 2000), other theorists conceive of care responses as primarily confined to offspring or kin. When a threat is near, first protect the family. Caring or tending responses are also thought to be more characteristic of females than males. Perhaps stigma typically evokes a negative affective reaction and kinship typically evokes a caring reaction. In combination, a stigmatised kin then evokes ambivalence – two competing reactions. Alternatively, perhaps caring responses to stigmas represent the products of learned deliberative processes and are not automatic at all. For example, blame seems a crucial criterion in determining whether a stigmatised person is responded to with sympathy or with anger. Determining whether a stigmatised person is to be blamed for his/her condition has been found to require some conscious deliberation (Pryor, Reeder, Yeadon, & Hesson-McInnis, 2004). If a sympathetic response to a stigma requires thinking through the reasons for the stigma, then sympathy hardly seems like an automatic response.

Dijker and Koomen close their volume with an analysis of stigma interventions. They suggest four possible goals for stigma interventions: tolerance, repair, long-term care, and raising general awareness. Enhancing tolerance focuses upon reactions of non-deviants to deviants, whereas repair and long-term care engage both the non-deviants and deviants. Repair requires the deviant to be actively involved in rehabilitation efforts and long-term care creates a cooperative dependency between the deviant and other members of society. Awareness might be raised among non-deviants and deviants alike. In addition, because their theoretical model depicts different characteristic reactions to different types of deviance, Dijker and Koomen suggest that interventions should be tailored to the type of deviance. Whether one buys their analysis of the theoretical origins of these characteristic reactions to stigma or not, the Dijker and Koomen typology still provides a useful framework for considering the goals and structures of interventions. Overall, this volume makes a significant contribution toward a better social psychological understanding of deviance and stigma.

References

- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, N.J., Prentice-Hall.
- Pryor, J. B., Reeder, G. D., Monroe, A. E., & Patel, A. (in press). Stigmas and pro-social behavior: Are people reluctant to help stigmatized persons? Chapter to appear in S. Stürmer & M. Snyder (Eds.), *New Directions in the Study of Helping: Group-Level Perspectives on Motivations, Consequences and Interventions*. London: Blackwell.
- Pryor, J. B., Reeder, G. D., Yeadon, C., & Hesson-McInnis, M. (2004). A dual-process model of reactions to perceived stigma. *Journal of Personality and Social Psychology, 87*, 436-452.
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A. R., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review, 107*, 411-429.
- Weiner, B. (1993). AIDS from an attributional perspective. In J. B. Pryor & G. D. Reeder (Eds.), *The social psychology of HIV infection* (pp.287–302). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.