

Stigmatisation of people as socially and morally unacceptable

[Experience](#), [Human Nature](#)



People who are stigmatised as socially and morally unacceptable will have a tendency to turn to further rule breaking in the future. Discuss using one or more of the major sociological theories covered in the module

Stigma theories explain the exclusion of stigmatised person's from normal social interaction. The author will focus on the social reaction theory (also known as labelling theory) and how influential sociologists have developed different theories. By examining how the labelling theory is applied to chronic illness and deviance. Therefore, the reader will understand. The reader will understand how people who are stigmatised as socially and morally unacceptable will have a tendency to turn to further rule breaking in the future. The author will look at the works of Edwin Lemert and Howard Becker's theoretical concept of labelling. Also, Erving Goffman and his study on stigma and the management of self followed by an example of Scrambler theory on epilepsy and finally looking at some of the coping techniques given by Goffman. But firstly, we need to understand exactly what the term stigma means.

The term ' stigma' was initially used to refer to bodily signs burnt or cut into the body to distinguish, criminals, and social out-casts as " contaminated" people, Goffman (1968). Also, Goffman defines stigma as difference between a virtual social identity – that is the stereotyped imputations we make in everyday life and actual social identity- that is those attributes which an individual does actually process. According to Goffman stigma is a special kind of relationship between attribute and stereotype and it is the process by which the reaction of others spoil normal identity.

In demonstrating the sociological ideas such as the interactionism theory of deviance by Becker (1963), stated that Social groups create deviance by making the rules and apply those rules to particular people and labelling them as outsiders. Becker then examined the possible effects upon an individual of being publicly labelled defining an individual as a particular kind of person. However, a label is not neutral: it contains an evaluation of the person to whom it is applied. It is a master status in the sense that it colours all the other statuses possessed by the individual. For instance; if an individual is labelled as a criminal, mentally ill or homosexual, such labels largely override their status in which people see them and respond to them in terms of those labels, and tend to assume they have the negative characteristics normally associated with such labels.

Therefore, since individuals self-concepts are largely derived from the responses of others, they will tend to see themselves in terms of the label which produces self- fulfilling prophecy whereby the deviant identification becomes the controlling one.

Becker identified possible stages in this process; Firstly, an individual is publicly labelled as deviant. This may lead to rejection from many social groups such as family and friends, loss of employment and possibly be forced out of their neighbourhood.

Secondly this may also encourage further deviance; for example; drug addicts may turn to crime to support the habit since respectable employers refuse to give them a job. And thirdly the official treatment of deviance may

have similar effects in which they have difficulty finding employment and are forced to return to crime for their livelihood. Becker stressed the importance of public identification of the deviance label that can lead to further deviance and can even change individual's self concept so that they came to regard themselves as deviant for the first time.

However, interactionism has been criticised on definition of deviance. Lemert and Becker argued that deviance was created by the social group who defined acts as deviant. Young, et, al (1973), however, claimed that this view was mistaken to them most deviance can be defined in terms of the actions of those who break social rules, rather than in terms of the reaction of a social audience. Furthermore, interactionism is deterministic it assumes that, once a person has been labelled, their deviance will inevitably become worse. The labelled person has no option but to get more and more involved in deviant activities and it fails to explain why individuals commit deviant acts in the first place.

On the other hand, the example of mental illness, Goffman (1968) suggested that people who are labelled mentally ill it's in the interest of others to label them so. For example Esterson's (1964) found a families claims that their daughter is suffering from schizophrenia but when he studied the home circumstances, he found that the parents had flatly refused to accept that their daughter was growing up and had themselves acted in bizarre and whispering behind her back and spying on her.

The daughter was experiencing the behaviour which parents claimed she had invented by imposing a definition of mental illness on their daughters actions and they successfully prevented her from gaining independence. As a result, Goffman (1968) stated that once someone is labelled as mentally ill, then others treat them differently. In this sense whatever actions the person undertakes will be evaluated with the knowledge that the person is mentally ill and therefore what they say or do cannot be taken at face value.

However, Gove (1982) argues that labelling theories approaching mental illness are both overstated and largely incorrect. Rejecting the view that most people respond to mental illness negatively, arguing instead that people around the mentally ill person are supportive for instance; family members and friends sometimes support their mentally ill patient.

Nevertheless, Helman (1986) found that illness with a negative moral label attached to it, such as lung cancer and obesity. The person who suffers from such a disease is regarded as blameworthy because aspects of their chosen lifestyle which are believed to have caused the disease. For example AIDS is linked to sexual activity, lung cancer to smoking and obesity to over eating and lack of exercise.

These images of illness can have a powerful effect upon how people with disease see themselves and how others see them. They may feel guilt for actually having the disease. Therefore, the resulting shame and the sense of being different and inferior have been examined by Goffman (1968) who

suggested that certain people who have undesirable differentness are stigmatized by others and regard them as tainted and discounted.

One of the major types of stigma relevant to the sociology of health and illness is physical deformity. Goffman distinguishes between a discrediting stigma such as a clear visible disfigurement or disability and a discreditable stigma where the negative undesired difference is not obvious and the person has the possibility of hiding it.

People who have discrediting attributes according to Goffman deal with their potential difficulties day to day interacting with others through impression management. This lowers the chances of humiliation or other problems. One of the techniques used is covering for example; the person will engage in most normal activities, but will seek to minimize the impact of their stigma by conforming as much as possible to standard norms of behaviour. People with discreditable attributes can seek to hide their attributes and avoid stigma, or undertake information management for example; controlling what they tell others. The two main strategies for the person with discreditable attributes are passing and withdrawal. Passing is seeking to hide the discreditable attribute and withdrawal is when the person withdraws from social contact wherever possible. For instance; this could affect for instance people living with HIV in two ways. firstly, it has been linked to delays and/or avoidance of care seeking because of fears of further stigmatisation, while others seek care to avoid chance meetings with neighbours, friends or other associates

Scrambler (1986) used Goffman's concept of stigma to study people with epilepsy. In which they made distinctions in the concepts of stigma by distinguishing enacted stigma and felt stigma. (enacted stigma) refers for instance to discrimination against people with epilepsy on the grounds of their perceived unacceptability or inferiority. Felt stigma refers principally to the fear of enacted stigma but also encompasses a feeling of shame associated with being epileptic.

However, People will respond negatively to those with epilepsy (enacted stigma) and

Individuals with the disease have found ways of managing it (felt stigma).
Scrambler,

Suggested that people will respond in at least four ways to felt stigma

Firstly; Selective concealment – is when people do not tell the majority of those with

whom they interact in the work place or leisure activities, schools and so on.
Usually

people follow a plan of disclosure, under what circumstances they can hide their

illness and in what situations they should let others know. Second is
Covering up –

the discreditable condition and keeping it secret. This runs a risk of being exposed.

Third is condemning the condemners where people challenge the enacted stigma often through political action and lastly, Medicalizing their behaviour to evoke sympathy.

However, Charlton (1998) criticized these approaches to understanding stigma, at least when applied to disabilities. He suggests that the reality for disabled people across the world is that they are poor as result of being excluded from decent employment, as well as because of stigmatizing attitudes.

In conclusion, looking at the sociological evidence of people who are socially stigmatised, the reaction theories, such as deviance and labelling attached to the mentally ill, epilepsy and chronic illness is that once a persons known to have the label attached to them, they feel contaminated in their community in which leads to further behaviour. Moreover, Goffman offered ways of coping in which people hide their identities as result of fear for disclosure and reaction from society. However, the sociological evidence is that people who are socially stigmatised fear more the reaction of society than the actual condition.