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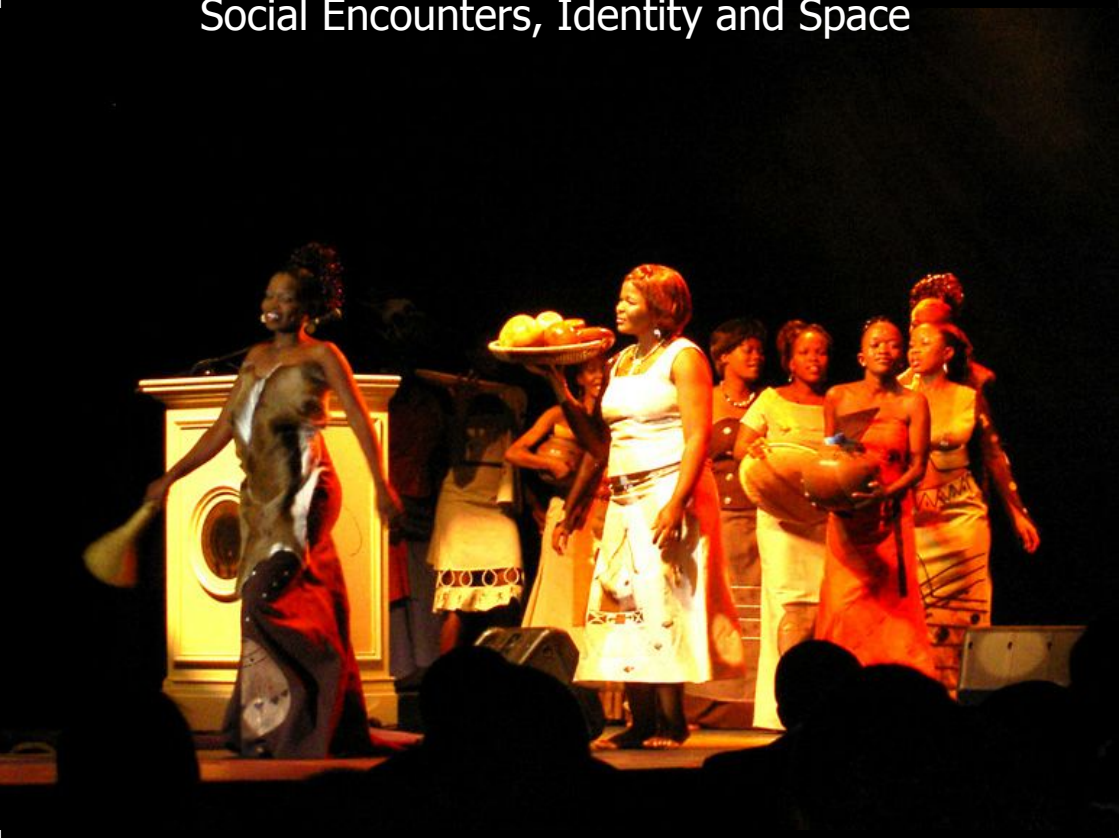
Stigma and Discrimination

Social Encounters, Identity and Space



A concept derived from HIV and AIDS related research
in the high prevalence country Botswana

Klaus Geiselhart

Back page of the print version:

How do social encounters conjure up stigma and discrimination? How do social identities emerge and how do people reject or integrate each other in local settings and social space? How do individuals affected build their self-identities and cope with the socially divisive effects of their stigma?

The book provides an unconventional view on the subject matter. It is based on empirical fieldwork on the social effects of HIV and AIDS in Botswana. A broad review of geographical, sociological, psychological and social psychological literature, as well as the consideration of works of applied sciences helps to lift the empirical findings to a more general and theoretical level. Different lines of theory are disentangled and integrated into a concept of stigma and discrimination. With its standpoint of pragmatist epistemology and the special focus on the spatial character of social distances the book is of interest not only for social geographers.

Both stigma and discrimination are socially highly relevant phenomena. They not only induce social segregation in such a manner that people are forced to subordinate themselves. Especially stigmatisation leads people to exclude themselves out of shame. People also refrain from seeking support from relevant services. It is therefore of elementary importance in many social fields (e.g. the public health sector, social work, etc.) to understand the processes of stigma and discrimination.

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Zusammenfassung

Während der empirischen Feldarbeit zu HIV und AIDS in Botswana wurden Phänomene beobachtet, die mit existierenden Theorien über Stigma nicht erklärt werden konnten. Stigma wird häufig als Abweichung von der gesellschaftlichen Norm gesehen, dann ist Stigma in einer Gesellschaft aber nicht veränderbar. Wie erklären sich dann regionale Unterschiede im Grad des HIV bezogenen Stigma? Wie sind die vielfältigen Bemühungen der Selbsthilfegruppen, Stigma zu reduzieren, zu bewerten? Neuere Ansätze sehen Stigma und Diskriminierung zwar als sozialen Prozess, bieten aber hauptsächlich Kategorisierungen, Messinstrumente und Interventionsstrategien gegen Stigma an. Sie bieten keine theoretische Grundlage für ein vertieftes Verständnis von Stigma. Wie entsteht eine von Stigma und Diskriminierung geprägte soziale Dynamik? Wie kommt es, dass Stigmatisierung in einem städtischen Armutsviertel höher ist als in den untersuchten ländlichen Gemeinden, in denen man doch eigentlich ein höheres Maß an sozialer Kontrolle erwarten würde? Warum perpetuieren Individuen Verhaltensweisen, die ihnen selbst offensichtlich nicht zum Vorteil gereichen? Wie lässt sich verstehen, was die Betroffenen mit „accepting oneself" benennen und als Bewältigungsstrategie beschreiben?

Auf Grundlage einer umfangreichen Literaturrecherche, die nicht nur geographische Arbeiten, sondern auch soziologische, pädagogische, sozial-psychologische, pragmatistische, sozial-behaviouristische Arbeiten, wie auch Arbeiten der angewandten Forschung mit einbezog, wurde eine Vorstellung von Stigma und Diskriminierung entwickelt, die eine Erklärung der Beobachtungen ermöglicht.

Die wohl wesentlichste Erkenntnisse dabei ist, dass Stigma und Diskriminierung immer zusammen betrachtet werden müssen, weil sie zwei Seiten einer Medaille sind. Während Stigma die Perspektive desjenigen beschreibt, der ein besonderes Attribut trägt, ist Diskriminierung die Perspektive desjenigen, der Jemandem begegnet, der dieses Attribut trägt. Eine Eigenschaft eines Menschen wird dann zu einem Stigma, wenn sie soziale Distanz erzeugt.

Diese Arbeit versucht der üblichen Täter-Opfer-Dichotomie zu entkommen. Stigmatisierung und Diskriminierung werden in dieser Arbeit nicht als prinzipiell negativ betrachtet. Sie sind alltägliche Phänomene, die immer dann auftreten, wenn jemand über seine Eigenschaften sinniert (Stigmatisierung) oder, wenn jemand eine Eigenschaft eines Anderen wahrnimmt (Diskriminierung). In einem weiteren Schritt ist dann zu fragen, wie sehr die involvierten Personen von diesen Vorgängen betroffen oder sogar beeinträchtigt sind.

Die geographische Perspektive wird besonders an dem empirischen Befund, dass sich Stigma an verschiedenen Orten unterschiedlich ausprägt, entwickelt. Die Arbeit zeigt, wie sich im lokalen Kontext Einflussgrößen auf Stigma und Diskriminierung identifizieren lassen. Die individuellen Entwicklungslinien der Untersuchungsorte werden nachgezeichnet und so entsteht ein Verständnis für die lokalen Unterschiede. Darüber hinaus gibt die Arbeit Empfehlungen, wie konkrete Maßnahmen zur Stigmabekämpfung an lokale Erfordernisse angepasst werden können.

Acknowledgement

Many people in Botswana gave permission for an interview, and first and foremost those people must be thanked for their frankness. Furthermore, I would like to express my appreciation to all those people who helped me during the fieldwork. First of all, Kerwele Gabautlwe, who, by her friendly manner, opened so many doors. Also Andrew Kiptoo was a great help in organising, he gave me insight into his professional work and it was a lot of fun to explore the internal mechanisms of Botswana's bureaucracy with him. Furthermore, great thanks go to all the interpreters and those who helped me otherwise: Doris, Pesa, JayJay, Keledi, Kakabalo, Zorah and Moshen.

The logistics of the research and especially the organisation of a workshop in Botswana required much help from local partners. It was especially, Prof. Raban Chanda, from the Department of Environmental Sciences at the University of Botswana, Dr. Herman Bussman from the Botswana-Harvard Partnership, and kgosi Gaoonwe, the traditional chief of Letlhakeng, who devoted a lot of help to support my work. The same applies to Lilli and Friedhelm Elias who were a great help for the project and my work. Thanks go also to Jasmin Schippler who assisted me in one of the research campaigns and together with Benedikt Birnmeyer helped at the workshop.

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Preface

1. About this Book

1.1. What is this Book About?

Both stigma and discrimination are socially highly relevant phenomena. Not only do they induce social segregation in a manner that forces people to subordinate themselves. Especially stigmatisation leads people to exclude themselves out of a feeling of shame and to refrain from seeking support from services that provide it. It is therefore of elementary importance for many social fields, such as the public health sector, social work, social services, etc., to understand the processes of stigma and discrimination. "Stigma" and "discrimination" are two terms that are frequently used, but their usage is often very unclear.

For "stigma" definitions range from the simplistic, such as a mark of disgrace, to normative notions, which regard stigma as a deviation from the norm (cf. Goffmann, 1990 [1963]), to very unclear notions that mix stigmatisation and discrimination and describe a complex of phenomena such as class categorisation, racism, sexism, social exclusion and other forms of differing or unfair treatment. The positive meaning of discrimination as being the ability to make fine distinctions is largely overlooked. "Stigma" and "discrimination" are thus highly associated with very negative emotions. First of all, this book aims at removing this emotional charge in order to open up the topic for academic analysis.

Stigmatisation is a topic that is largely neglected by analytical scholars today. Since Erving Goffman's book, "Stigma. Notes on the Management of Spoiled Identity" (Goffman, 1990 [1963]), his view has been largely adopted, even though his theory has frequently been contested, because of its assumption of a normative order (Weiss & Ramakrishna, 2001; Kusow, 2004). It was also criticised that Goffman's notion of stigma has a too narrow, individual-based focus and is not suitable for designing interventions to reduce stigmatisation (cf. Sayce, 1998; Parker/Aggleton, 2002; Jewkes, 2006). Nevertheless, Goffman's ontological deliberations have never been supplanted or even substantially enhanced.

Most recent works about stigma no longer try to reveal the internal processes of stigma; they concentrate on causes and effects and mostly derive from applied sciences. As these works agree that stigma should be defined as a social process, they will henceforth be referred to more generally as *social approaches* (cf. Nyblade et al., 2003; Kidd/Clay 2003;

Bond/Mathur 2003; Banteyerga/Pande, n.s. [2003?]; Ogden/Nyblade, 2006; Duvvury et al., 2006). These works are very helpful for intervention programmes but ultimately lack a common understanding of what stigma might be and how it can be defined in a way that provides analytical insights. This book aims at closing this explanatory gap.

After a consideration of authors who contest the common usage of the term stigma (cf. Sayce, 1998; Jewkes, 2006), it is easy to come to the conclusion that a notion of stigma is not enough to describe the social dynamics of social differentiation, segregation, exclusion or, even worse, ostracism and maltreatment of people who bear a special attribute. In addition, a notion of discrimination needs to be applied.

Discrimination is covered in much more detail in the academic literature, especially by social psychologists and in works about minorities. This automatically raises the question why some cases are approached in terms of stigma and others in terms of discrimination. It will be shown that no academic argument can be developed to justify the decision for only one of these approaches. This is taken as an argument that both processes, stigma and discrimination, evidently need to be regarded in terms of an integrative framework.

Stigma and discrimination are like the two sides of a coin and should always be considered together. Stigmatisation refers to the perspective of those who bear a salient attribute, and discrimination to that of those who become aware of a person bearing a salient attribute.

Furthermore, it will also be explained that processes of stigma and discrimination are interlinked on an inter-personal level. They can enhance each other and are interfered with by processes on higher levels. By revealing relevant mechanisms, this book identifies possible entry points for intervention and aims to further any approach that deals with the social effects of both phenomena.

1.2. How Should the Book be Read?

The main chapters of this book are arranged as follows. They are divided into two different types. Some chapters outline *inexplicable examples*. These passages describe phenomena uncovered in the course of empirical research that cannot be explained using existing theories. These phenomena provide the impetus for developing a new concept of stigma and discrimination. Each of these *inexplicable examples* is then followed by a theoretical chapter, of which there are three.

In the first theoretical chapter evidence must be provided to explain why a new concept of stigma and discrimination is necessary. The second theoretical part moves from

explanations on the individual level to social dimensions and finally presents the resulting concept in *Conclusion #2*. The third theoretical part places the concept in the context of spatial theory. *Conclusion #3* then puts the integrative concept in a broader context to show why it might be helpful in assessing real-life situations and how it can be combined with other lines of theory.

A final chapter will close the book by *explaining the inexplicable* examples with the help of the previously developed framework.

This book is designed to allow the readers three different ways of reading it. Firstly, they can confine their attention to the *empirical evidence* outlined in the following section, *Relevance of the Empirical Background*, the *Inexplicable Experiences I* to *III* and the concluding analysis of the Botswana case study, which is entitled "Explaining the Inexplicable".

Secondly, it is also possible to briefly assess the outcome of the theoretical work by reading the *Overview* in the *Introduction* and then the sections *Conclusions # 1 - # 3* in their sequential order. These sections do not simply summarise the theoretical parts but put them into a broader context. These passages also link what was developed to "common sense" or societal discourses and are deliberately written in a more concrete manner than the purely theoretical parts.

Thirdly, this book can be read from the beginning to the end. In this case it would present a comprehensive and theoretically well-founded perspective of the phenomena stigma and discrimination developed by a systematic upscaling of the topic from the individual level, via the interpersonal level to the level of society.

But at the very outset this preface explains the background of this work and some of the core assumptions behind it. It starts with an explanation of why a field study about HIV and AIDS in Botswana, of all things, can help to develop a theoretical concept of stigma and discrimination. To this purpose, the specific conditions in the country need to be outlined briefly. Next, we will explain more about the angle from which this survey approached the issue and the resulting ideas will be summarised. Finally in this preface, the methodology of the study will be outlined. This is the work of a geographer and it is intended as a contribution to social science. It was developed with methods of qualitative social research that were combined with a specifically geographical method: the comparative analysis of rural and urban sites.

2. Relevance of the Empirical Background

2.1. HIV and AIDS in Africa and the Provision of ARV

HIV and AIDS in Southern Africa conjure up worst-case scenarios. Any attempt to visualise the concrete effects of such a tremendous HIV prevalence[1] must fail, because our imagination can only picture extensive decimation of the population and a breakdown of social life. But so far this has not happened. People are dying in large numbers, and many are infected and must fear for their lives; however, a normal traveller in these countries will hardly notice this. Public life seems to continue almost unaffected. Societies in Southern Africa seem to be very resilient to this life-threatening scourge even if it affects broad sections of the population. What measures are being taken to ensure that social and public life do not cease? This is what this survey aims to reveal, using a multilevel approach. The focus was on the ability of people, both infected and affected, to cope with HIV and AIDS, and the aim was to analyse their behaviour in reference to local, national and international structural ties. The major target groups were HIV and AIDS self-help initiatives. Their members were interviewees and their activities were subjects of observation. With this focus, questions of stigma and discrimination appeared to have an intense influence on PLWHA[2]. Stigma and discrimination not only impair their psychological well-being, they also interfere with their livelihoods and thus affect their socio-economic status.

However, not only micro-scale actors were assessed. The environment was also considered, because it influences people's behaviour with regard to HIV and AIDS issues. The environment was understood in its social, institutional and political facets. Against all prejudices and lurid media representations, the governments of the countries in Southern Africa are taking measures to respond to the HIV and AIDS crisis. Among them, the case of Botswana stands out. Generally, high prevalence rates are equated with developing countries, and there have been many attempts to assess whether the provision of antiretroviral (ARV) medication free of charge is suitable for such countries. Treatment with antiretroviral drugs is the only medical therapy that can effectively delay the outbreak of AIDS in a person infected with HIV. At the end of the 1990s, the affordability and efficiency of ARV programmes were discussed. Experts calculated costs and sometimes advised against implementation:

1 According to UNAIDS almost every country in Southern Africa exceeds prevalence rates of 15% (UNAIDS, 2006, p. 14).

2 People Living With HIV and AIDS

> *The large costs associated with therapy, in combination with the number of people eligible for such therapy, appear to make provision of ARVs unaffordable in many parts of the world at present. However, ARV therapy does appear affordable and cost-effective in high-income countries." (Floyd/Gilks, 1998)*

Even for middle-income countries, ARV treatment did not seem to be affordable (cf. Prescott, 1997). The experts either weigh the social and economic costs and benefits of the therapy (cf. Forsythe, 1998) or calculate several sorts of treatment in such economic terms (cf. Prescott, 1997). Others regard the question of whether antiretroviral therapy should be provided in terms of human rights and define it as a question of good will (cf. Thomas, 1998). A worldwide movement has brought about a change in this appraisal. Since 2000, the UN and some pharmaceutical companies have declared their intention to provide ARVs worldwide. The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) was established in 2001, and in 2003 the WHO launched the "3 by 5" initiative, which aimed at serving 3 million patients with ARV treatment by the end of 2005 (cf. Hardon, 2006, p. 26).

Botswana was the first HIV high-prevalence country where antiretroviral therapy was provided nationwide and free of charge. Combined with the high prevalence rates, this has triggered unique social dynamism with regard to the perception and handling of HIV and AIDS. The field-work was carried out in Botswana between 2004 and 2006, and an ambiguous situation was found, as will be explained in the following.

2.2. The Botswana Case and its Contribution to a Theory of Stigma and Discrimination

Botswana leads the list of countries with high HIV and AIDS prevalences. Depending on the source consulted, one can find nationwide figures of 35.5–39.1% (WHO, 2005) or 33.4% (MOH, 2005, p. 73). Generally such data are related to the age group of 15-49 years. Data differentiated per health district show peaks in the towns in north-east Botswana, which have prevalence rates of up to 46.5% (Selebi/Phikwe) and 42.3% (Francistown), followed by the areas surrounding these towns. Gaborone, the capital of Botswana, also shows a high prevalence of 34.2% (cf. figure 1, p. 6; MOH, 2005, p. 73). Normally high prevalence rates are regarded as being restricted to developing countries, but Botswana is a middle-income country. Its wealth derives from the fact that the world's finest gemstone diamonds are mined there. Botswana has developed very rapidly since gaining independence in 1966. Since then, the highly fluctuating growth rates have mostly been far higher than the rates of industrialised countries and, due to good governance, the wealth benefited most people in Botswana. As far as medical services are concerned,

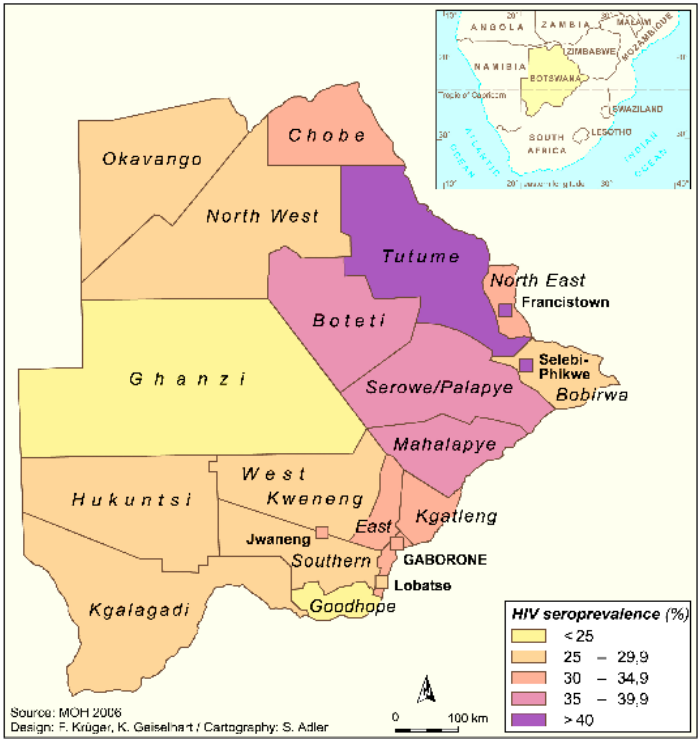

Figure 1: HIV prevalence rates among adults in Botswana per health district

the government has successfully established a nationwide public health system (cf. figure 2, p. 9). The population density is very low, with 1,680,863 inhabitants in an area of 581,780 km² (CSO, Census 2001). Botswana consists largely of drought-prone Kalahari scrub savannah, which covers almost 70% of the western and central land surface. Because of the very poor conditions for agriculture; this area is sparsely populated; and the development of infrastructure is very challenging. That attempts have been undertaken to reach even the remotest places can be taken as proof of the intention to allow everybody in Botswana to benefit from the wealth gained. Botswana has made efforts to support the rural population and has established several policies to alleviate poverty. Examples of this are a drought relief programme, an old-age pension scheme, and the provision of *food baskets* for the destitute. As income diversification is very difficult in rural Botswana, where neither industry nor even smaller companies provide

formal employment, the government has tried to subsidise agricultural activities through several schemes, in order to make sure that people do not simply rely on public welfare but continue with their rather unprofitable subsistence farming.

The government of Botswana has always aimed to diversify the national economy; however, apart from diamonds, only the export of beef to the European Union constitutes an important source of income. The government is still the most important nationwide employer and thus has a great influence in every realm of life. It is very much present, even in the most remote villages. This needs to be understood because it gives an idea of how the country has, always been developed in a special Botswanan way. Due to its wealth, Botswana has always been relatively independent of any external influence and thus able to develop in its own individual way. Botswana has always maintained high foreign currency reserves.

As Botswana made the transformation from a British protectorate to an independent democratic state, the constitution it adopted ensured that the pre-independence hierarchical order was effectively integrated into the constituency-based modern polity (cf. Gulbrandsen, 1996, p. 8 et seq.). According to Gulbrandsen, Botswana's political stability and the high degree of inequality within society can only be balanced by "paternalistic caretaking and social control" which socially reproduce the cultural legitimacy of inequality.

> *"The cultural premises inscribed in the [sic] these hierarchical relationships discourage social protest, and integrate the political and economic elites, as members of local communities, into a single social order." (Gulbrandsen, 1996, p. 9)*

But this should not be misinterpreted. Botswana is a constitutional democracy that holds free elections and allows open public debate and freedom of expression. In addition, corruption is also very low. Apart from the question of whether the Tswana[3] identity is authorised to be the leading culture for all people living in Botswana, this practice always guaranteed that special "African" demands are also considered. Botswana has always made reference to its traditions when implementing new policies. This is important with regard to the programme that has tremendously changed the face of HIV and AIDS in Botswana in recent years.

3 The authorities of the Tswana tribes were always the negotiating partners of the British Empire during the period when Bechuanaland was a British protectorate. These traditional authorities also led Botswana into independence, and the chief of the biggest tribe, Seretse Khama, became the first president. The Tswana culture is regarded today as the leading culture in Botswana.

In 2002, the government of Botswana established a nationwide antiretroviral (ARV) scheme within the public health system. Every citizen of Botswana who is infected with HIV and who meets certain requirements regarding his or her health status[4] that make him or her eligible for the programme is given ARV treatment for free. The programme is called "Masa", which is a Tswana expression that means "a new dawn". Before the therapy was available, the diagnosis HIV-positive was associated with impending death and was thus taken as a death sentence. Now PLWHA[5] have gained hope and can again anticipate leading a more or less normal life. In a society where nearly everybody has experience with AIDS and its formerly fatal consequences, it is obvious that this programme has an intense impact on the perception and the handling of HIV and AIDS issues. At the end of 2005, the programme served almost 55,000 patients nationwide (cf. figure 2, p. 9). Its implementation was only feasible because Botswana already maintained a well developed health system. Nevertheless, challenges remain. At present, the system is under great strain, especially in the major urban areas, and there is a lack of skilled health workers, such as nurses and doctors. The implementation of the programme was also only possible because Botswana's welfare state model foresees equitable access to such a programme. The expenditure on the programme is high, about 1,000 US dollars per person and per month. According to a WHO estimate, 85,000 people are in need of antiretroviral therapy (WHO, 2005). Furthermore, the treatment has to be taken for life. In spite of the country's wealth, Botswana cannot meet the financial requirements alone. The ARV therapy was made possible through the founding of the African Comprehensive HIV/AIDS Partnership (ACHAP), a public-private partnership with the government of Botswana, the *Bill and Melinda Gates foundation* and the *Merck* company (cf. Druce et al., 2004).

The ARV therapy changed the perception of HIV and AIDS. People observed how individuals who appeared to have been bound to die came back to life. As a result of this experience and the help of a very people-centred education programme, which translated the functioning of the therapy into local imageries (cf. figure 9, p. 235), ARV treatment quickly gained acceptance. It was rapidly implemented even in the remotest villages, as soon as the infrastructure was ready to provide the medication and all required accompanying services were established.

4 CD4 count less than 200 or AIDS-defining illnesses.

5 People Living With HIV and AIDS

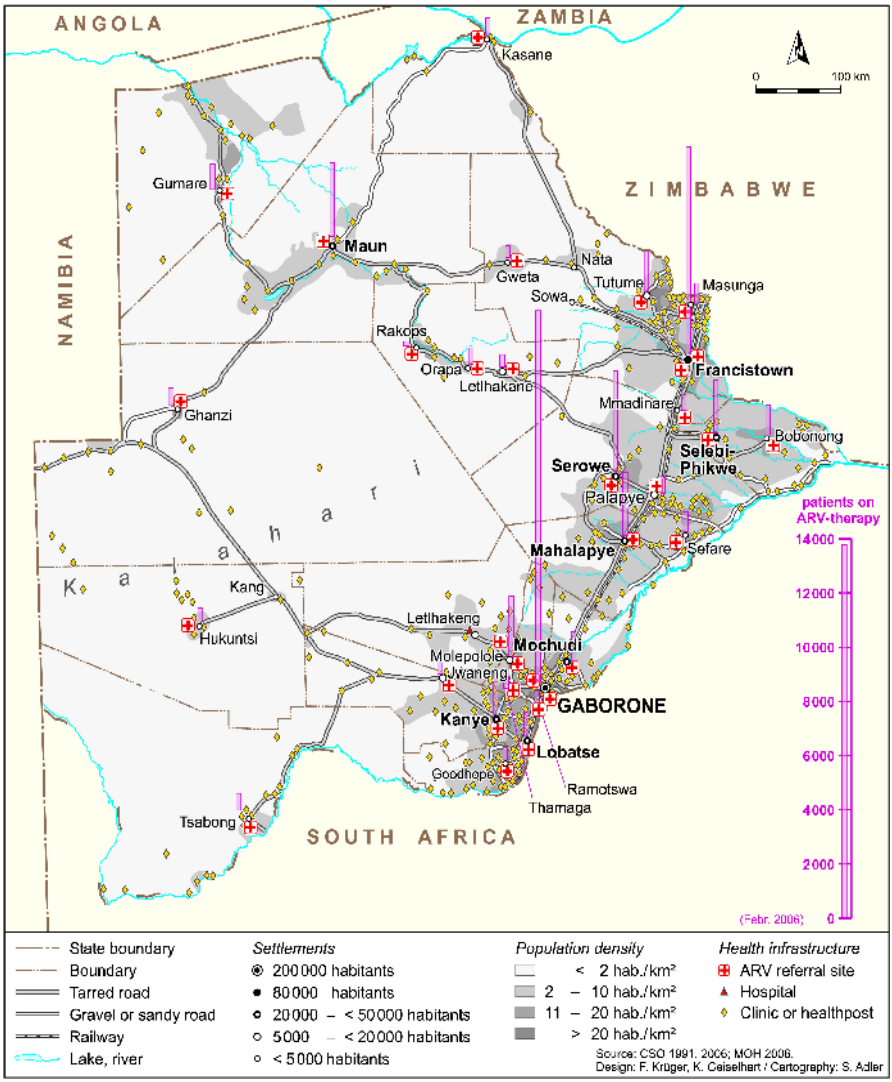

Figure 2: Public-health infrastructure and ARV distribution in Botswana

2.3. The Onset of the Study

To recap, the following factors meant that the special HIV and AIDS situation in Botswana provided good conditions to study questions of stigma and discrimination.

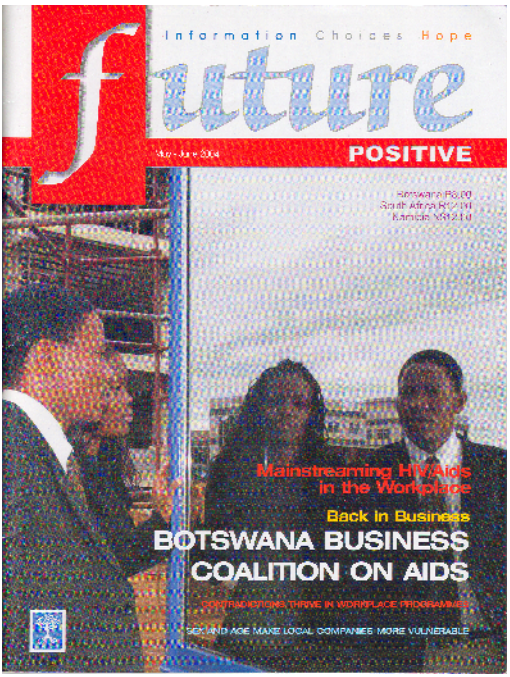

Figure 3: The journal "future positive"

First of all, the high HIV prevalence meant that the attribute that is stigmatised or discriminated against is not only an attribute of a small minority. With high prevalence rates of more than 35%, on a quantitative basis, PLWHA cannot be regarded as a minority. With almost one third of the population infected with HIV, one can imagine that almost the entire population is somehow affected by HIV.

The fact that almost everybody had experience with HIV and AIDS, combined with the new opportunities that derived from the ARV therapy, resulted in an ambivalent reality of change in Botswana. The people were relieved to some extent from the heavy burden of illness and death and began to find a more relaxed manner of handling HIV and AIDS. An HIV infection was beginning to become a "normal" thing, an "illness like each and every illness", as was often mentioned. HIV and AIDS began to be discussed openly and freely. Solidarity, equality of rights and integration of HIV-infected persons were proclaimed in public communication. But this "normality" was not very deeply rooted. Especially when it came to elementary things, such as jobs or personal relationships, HIV-affected people often kept their status a secret out of fear of rejection. This is understandable because in these cases "outing" might evoke extreme results. It could either cause relief from the burden of secrecy or, on the other hand, the biggest loss, for example, of one's loved ones or job.

In this situation of change, activist and support groups focussed on stigma because it was seen as the most influential factor in the lives of PLWHA. Most interesting was a journal called "Future Positive" which advertised with the subheading "Information, Choice, Hope" and addressed HIV-infected people. The journal reported on everyday questions surrounding ARV therapy, adherence, nutrition, nutrition supplements and mental support. Furthermore, it took every chance to display HIV-infected persons as normal persons and to show their achievements in life and work. The journal was designed as a commercial product, including printing the price on the cover, but in fact it was handed out for free. It must have appeared especially interesting to any social researcher to ask whether such projects of de-stigmatisation could be successful and to analyse the determinants and processes that take place in this field.

Under these conditions of transition, many aspects evolved that can improve the existing knowledge about stigma and discrimination. Secondly, the introduction of ARV therapy replaced standard procedures with a new way of dealing with the infection and the illness. In this ongoing situation, old and new perceptions were accessible to empirical research and this - as mentioned - revealed many *inexplicable experiences*.

3. Introduction: The Perspective on Stigma and Discrimination

3.1. Overview

3.1.1 Stigma and discrimination

The framework of stigma and discrimination described in the section *Conclusion #2* (p. 144) extends beyond existing theories of stigma. This introduction only explains how the perspective is broadened, not the resulting framework itself.

According to various theories (cf. Part I, p. 38) the following interdependencies between stigma and discrimination are often conceived. They are often perceived as a vicious circle. The bearers of a stigma experience rejection on the part of those who do not bear a stigma. This might lead to further stigmatisation if the bearers take such observations as proof of their initial self-assessment, which originated in an adaptation of the common view of their attributes. As a result, they will be tempted to hide their attributes and, if they cannot hide their attributes, they will possibly isolate themselves. Such behaviour is observable by the non-bearers, and in turn might confirm initial stereotypes and prejudices. In the end, people do not feel comfortable in the presence of each other. They might be tempted to avoid social interactions.

It is a basic insight of this book that stigma and discrimination largely derive from such lived experiences of impaired social interaction and become manifested when people avoid meeting each other in the future because of such experiences. Social differentiation derives from such avoidance behaviour and can in severe cases lead to hostility and perhaps result in ostracism and maltreatment.

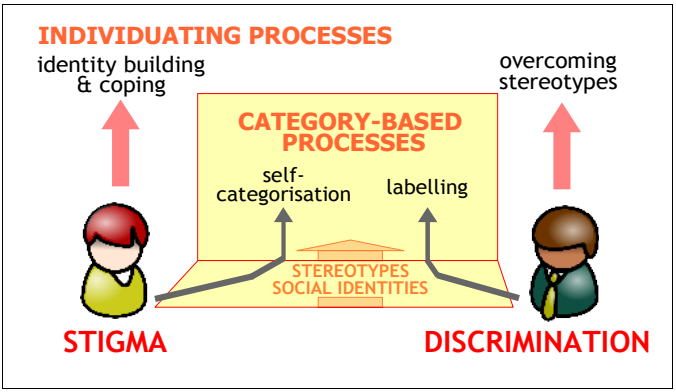

Figure 4: Inter-personal processes of stigma and discrimination

This also reflects what Goffman says about stigma, but from a different perspective. Goffman's role-oriented notion of stigma is included in the concept developed here (cf. Goffman, 1990 [1963]). Goffman is committed to the idea that bearers of a stigma internalise the roles that society, with its mores and norms, assigns to them, the "stigmatised". But this is a prototypical perspective regarding only the continuity of social conditions. In this notion, it is not conceivable that roles change. A norm is a fixed idea in a given society and can hardly be changed. Such thinking does not fit the interpretive paradigm of *symbolic interactionism* (cf. Wilson, 1973) and more recent constructivist approaches to stigma (cf. Weiss/Ramakrishna, 2001; Kusow, 2004).

The basic framework, as it is outlined here (cf. figure 4, p. 12), offers a perspective that reaches beyond Goffman's assumption of a normative order. It does not derive stigma from the norm but from interpretive processes of the people involved. With this addition, the framework provides the option of breaking the cycle. Interpretations are theoretically changeable and it will be a challenge to explain why this is so difficult that scholars like Goffman considered stigma to be static.

A main distinction is made between *category-based* and *individuating processes*. The category-based processes contain interpretations that are made on the basis of pre-

existing stereotypes and social identities; this area reflects the mechanisms that propel the vicious circle of *self-categorisation* and *labelling*. The *individuating processes* show the way out of the circle. Bearers of a stigma can commit themselves to a process of identity building and coping. Non-bearers can learn more about the individuals who bear an attribute and improve their impressions of people who are often labelled. In this manner they might *overcome stereotypes*. The *individuating processes* are thus the key to social change in the field of stigmatisation and discrimination. It is a change that is induced from the "bottom up", by people aiming at changing societal conditions which they experience as unbearable, divisive, or intolerable. They try to change conditions by reflecting the way they interpret and deal with stigmata.

The framework will be presented in the conclusion to Part II, p. 144 in an extended version (cf. figure 9, p. 147). It also helps to explain the spatial differences with regard to stigma revealed by this study as well as the main coping strategy of PLWHA[6] in Botswana: 'Accepting oneself'. Furthermore, Part III will explain how different actors on different levels can influence the inter-personal processes of stigma and discrimination. It can be seen how they either propel category-based processes and thus enhance social differentiation or how they foster the gentle plant of integration by encouraging individuating assessments of stigmata.

3.1.2 Theoretical points of reference

As this book develops a consistent upscaling of the topic, from the individual to the societal level, it seems appropriate to apply theories that interconnect these levels, such as Anthony Gidden's structuration theory (cf. Giddens, 1984). Actually, this book will often refer to this theory, but it was found that the structuration theory did not fit the topic completely, as will be outlined in the next sections.

Many terms used by Giddens also appear in this book, but to explain the topic at issue some of them needed intense reconsideration. This was done especially with regard to "social encounters" and "human agency". This is mainly because the differentiation between different forms of consciousness which Giddens derives from Freud's psychoanalysis is replaced here by a more social psychological approach. Giddens will thus be a permanent companion on the reader's way through this book, but it should always be born in mind that some terms here have elementarily different meanings. Nevertheless, the structuration theory and thus also the social geography of Benno

6 People Living With HIV and AIDS

Werlen (cf. Werlen, 1995, 1997) remain in the end an important point of reference on which the perspective of this book relies.

The special conditions in Botswana provided a situation of transformation; hence it is crucial to obtain a perspective that can deal with questions of *social change*. With regard to this issue, there is another major difference between the approach of this book and the structuration theory. While Giddens conceives social change more as a *top down* process, people affected by stigma and discrimination aim at inducing a change from the *bottom up*. In its empirical work this study focused on self-help initiatives and thus needed to include the perspectives of the persons who are affected. The question of methodological individualism needs to be raised in order to identify the influence of individuals on their structural ties. On the *individual and inter-personal level* this book will largely deal with theories of symbolic interactionism, social behaviourism, pragmatism and social psychology to describe the way individuals can deal with societal conditions and their own social imprinting. "Agentic capability" will be described as a key term to identify such abilities of individuals (cf. Bandura, 2001).

On the *local and societal level*, questions of "identity" and "space" come into play. Both terms were subject to intense discussions in the discourse about post-modernity. Post-modern theories revealed many important insights to which this book needs to be related. Consequently, on the local and the societal level this book discusses stigma and discrimination-related processes in the light of these theories.

"Identity" indicates that narratives exist about how people are and what their distinct natures are. These images are asserted by and negotiated in society. This is directly linked with stigma and discrimination because the way in which individuals construct self-images is very much influenced by how their community or society at large sees them. According to the perspective outlined above, this book will differentiate between "identity building" as a self-related task of individuals and "social identities" as explanations or labels prevalent throughout society.

"Space", however, provides the scope in which any interaction takes place. Space is thus a precondition for all social processes and has an intense impact on the way interaction takes place. It is a precondition for places to develop their distinct unique characters so that post-modern multiplicity as different expressions of human life can emerge (cf. Massey, 1995). By identifying important influences and their effects on the local conditions of stigma and discrimination it will ultimately be possible to evaluate interventions against stigma and discrimination, such as the "Miss HIV Stigma Free" beauty contest.

3.2. Social change and the individual

3.2.1 Social structures and methodological individualism

As many theories in the social sciences only describe static states of society by assessing its stratification or organisation, the question of how processes of transformation can be integrated into social sciences has often been asked. When social sciences assess social reality and observe social change, the question automatically arises as to which forces drive that change. The crucial point is the relationship between the individual and society. The question can be raised in two ways, either: how does society influence individuals and, vice versa, to what extent do individuals have influence over societal change? These questions are as old as the social sciences themselves and have entered into various discourses. While in philosophy they ultimately boil down to the question of free will, sociology views them as being about the relationship between social structure and individual action.

Just as the philosophical answers to the question of free will range between two poles, between total determination and total freedom of thought, the sociological approach can focus on two aspects. Firstly, it can be of interest why people maintain *social structures* even if they obviously suffer under the prevailing arrangements. This is a perspective that observes how people become adjusted to social conditions. The human ecology of the early Chicago school of sociology identifies an assimilation of individuals into communities under the pressure of social competition. Marxists would emphasise the power of capital. In contrast, the oeuvre of Pierre Bourdieu suggests that socio-cultural factors of socialisation also need to be regarded in order to understand how social stratification is perpetuated by people developing a *habitus* in accordance with their social origin. Another prominent position claims that people should preferably be regarded as role players. People adjust their behaviour to unwritten rules of society and follow role models. Erving Goffman initially invented this notion in several works, and Ralf Dahrendorf is known for having introduced it to German sociology with his elaborations on *homo sociologicus* (cf. Dahrendorf, 1959).

The second way of thinking about the relationship between structure and the individual is in terms of *methodological individualism*. This shifts the focus to human action, which is usually understood as intentional conduct. Such an approach focuses on what individuals do and on why they do things the way they do them. This can be done according to Max Weber, who advocates an interpretive sociology that regards society as being constituted by "the single individual and his action as the basic unit, as its 'atom,' if a questionable

analogy is allowed here" (Weber, 1981 [1913]; quoted in: Udehn, 2002, p. 485) or, according to Karl Popper, who claims that "we must understand and use to explain all social phenomena in terms of individuals, and of their aims, beliefs, attitudes, expectations, actions, and interactions" (Popper 1961 [1957]; quoted in: Udehn, 2002, p. 487).

It is not self-evident that individuals or groups of individuals have a certain ability to alter social preconditions, but methodological individualism supposes that individuals are endowed with a certain social efficacy. An individual who opposes a given social structure is endowed with rationality and might thus be capable of inventing undermining strategies. Human action accordingly appears to be at least theoretically capable of altering social structures or even overturning regimes.

3.2.2 Social change and the agentic capabilities of the individual

At first sight, it appears unusual that a very prominent representative of a social change-oriented approach, Giddens, rejects a standpoint close to methodological individualism (cf. Giddens, 1984, p. xxvii). The reason for this is that Giddens focuses on large-scale social change. His focus is on the transition from tribal cultures via class-divided societies to modern nation-states. With regard to such large-scale changes, the influence of the individual obviously has to be regarded as limited. Even if some individuals appear to be influential in this process, Giddens would argue that this is only possible because of the particular conditions which allow a particular individual to act in a timely way. Giddens sees social change as largely deriving either from power, when people are in charge of deciding certain developments, or from what he calls the "double hermeneutic" of the social sciences. According to him, the social sciences assess society and analyse it; conversely, society perceives the academic findings, reflects itself, and thus changes.

> *"Consider, for example, theories of sovereignty formulated by seventeenth century European thinkers. These were the results of reflection upon, and study of, social trends into which they in turn were fed back. It is impossible to have a modern sovereign state that does not incorporate a discursively articulated theory of the modern sovereign state." (Giddens, 1984, p. xxviii)*

Social change appears to a large extent to be an effect of either administrative decision-making or the history of thought and thus in both cases a matter of rationality. The point to be made in this introduction is that, despite all of the restrictions Giddens assigns to the rationality of human agency, he ultimately regards social change as an effect of actions

that were intended and rationally designed. According to Cloke (1991), the opinion Giddens holds about action is very common among social scientists:

> *"Not all action is guided by clearly thought-out purposes the individual concerned has in his or her mind at the time the action takes place. Instead, Giddens suggests that much of the action of interest to social scientists is purposive, by which he means that action can be motivated by the individual who is liable constantly to examine what he or she is doing and the circumstances in which he or she is doing it" (Cloke et al., 1991, p. 99).*

Of course, Giddens takes into account unconscious day-to-day behaviour and *routinisation*, but, for him, these result from social structure and are, in turn, forces that perpetuate the structural conditions. Giddens also considers unintended consequences of action, but they largely remain neglected side-effects. In this notion, social change ultimately derives from *rational choice*. But, in the case of stigma and discrimination, failing day-to-day conduct and routines that cause impaired social interaction become the focus, and it is important to see that incentives for social change derive from these dysfunctions.

The social change that was observed with regard to stigma and discrimination in Botswana was more about small-scale interferences between the community, and the individual and as a result of this the question of methodological individualism is of high relevance. Even if people are not capable of altering social conditions on a broad basis, in the cases of stigma and discrimination, the people affected often wish they could. However, the field-work ultimately shows that they can alter conditions in a smaller sphere. Gidden's *structuration theory* appears to be too generalised for the purpose of the work presented here, and the question of *human agency* needs to be reconsidered. According to Giddens, *human agency* is elementarily dependent upon the degree of power the respective individuals have to assert their ideas (cf. Giddens, 1984). In contrast, in a social psychological sense *human agency* refers to the control of individuals over their behavioural attitudes (cf. Bandura, 2001). In this respect, social chance can in principle emerge when for any reason people begin to change their behaviour. An example could be when they mobilise their ability to come to terms with the experience that their day-to-day routines repeatedly fail. This is especially relevant in the case of HIV in Botswana, where it can be assumed that about one third of the population has experienced day-to-day inference with their life.

3.3. The individual and the inter-personal level

3.3.1 How rational choice theories fail to explain stigma and discrimination

For most social and economic approaches, even simple theories of rational choice are adequate, but the topic of *stigma and discrimination* very easily leads to the point where even more detailed explanations no longer reflect social reality.

Among the theorists propagating extended notions of rational choice, Hartmut Esser's (1996) theoretical approach is prominent. Esser combines *rational choice* theory with notions of *framing* and the concept of the *definition of the situation*. What he includes is the insight that rational choice can only be conducted on the basis of assumptions about the underlying conditions for the planned activity. Esser describes different modes of assessing such conditions for action in a given situation. In accordance with Giddens, Esser also focuses on the persistence of social structure. When considering non-rational actions, only everyday behaviour comes into focus. Such behaviour is regarded as unconscious because it does not need rational reflection; it is conducted without any thought and is successful in the sense that it accomplishes things that need to be done. The practical effects of such conduct confirm to the individual that the actions are appropriate behaviour.

But as the field-work indicates, everyday behaviour is clearly not necessarily successful in situations where stigma and discrimination occur. What was found was situations in which normal everyday life does not work or does not work anymore, and in which appropriate models of action are either not available or cannot be invented by the people who are afflicted. Of course, people make rational plans, but they are not capable of proceeding with these plans because of personal constraints. Inadequate reactions occur in situations where rational strategies were planned. What was found was a perpetually ongoing series of failed routines, failed day-to-day life, and failed strategies and actions.

The following example is given to explain that *coping with a stigma*[7] is not simply a matter of rational choice, because it requires a basic change in someone's attitudes for behaviour. Many PLWHA describe *accepting oneself* as a major coping strategy. A later analysis will show in detail what this conception entails. This is just a brief note to gain a basic understanding.

7 In this work "coping with a stigma" refers only to the process of coming to terms with the socially divisive effects that constitute an attribute as a stigma. It does not refer to the fact that each attribute might bring other effects and consequences, which also need to be coped with.

A P*erson*LWHA has to tone down his or her attitudes towards the virus and the illness, which initially are highly charged with emotions. He or she needs to overcome fear and despair. Also, PLWHA ask themselves where and why the infection occurred. They have to overcome self-reproach and the impulse to blame others. Furthermore, they have to develop strategies for behaving in the community when issues of HIV and AIDS are brought up. Last but not least, they need to create at least a private circle in which they are accepted with the virus in order to "live positively".

The following quotation is drawn from an interview with Leabaneng Masedi, who is public about her HIV-positive status. As an activist, she is used to responding to common reactions of the community.

> *Leabaneng: "You can't accept yourself once. You find that you have accepted yourself today or this three month back. Then another person is going to ask you a question which you can't say that it is what or what. You are going to get shocked. And you have to answer this person." (39 Intv PLWHA OldNa)*

She explained how normal interaction fails because the question that the other person asked referred to the stigma of being HIV-positive or she interpreted it as doing so. Actually it was not the lack of a strategy that made the interaction fail, because she confessed to having successfully followed the strategy for the last month. The *framing* also seemed to be clear because it was obviously an encounter between a P*erson*LWHA and a non-affected person. What Leabaneng described cannot be regarded as an intended action, but it would also be too simple to apply only a simple model of behaviour to this case, even if the described shock seemed to be an affective response to the stimulus of the question asked.

What she referred to is the feeling of being insulted that resulted from the way the person expressed his or her attitude towards her and her attribute of being HIV-positive. The process of accepting herself had brought the conviction that PLWHA are as worthy as HIV-negative people, and this notion had been proven in many situations. She thought that she had invented routinised reactions to such confrontations; but now, in this particular encounter, her conviction was threatened. What the other person did appeared to be an affront against the social legitimisation of the individual concerned. The conclusion from this example can be that the situation was clear and the strategy was also well planned and habitually established. However, the social stimuli of the other person's behaviour triggered Leabaneng's attitude to stigmatise herself. Theories of rational choice fall short of explaining such findings.

3.4. Behaviour and rationality

Besides sociological theory, a review of social psychological and behaviourist literature was also necessary to understand why behavioural mechanisms often overwhelm rational plans. In answering this question, the main focus was on revealing the *agentic capabilities* of the individual, in accordance with the initial question of methodological individualism. To what extent are individuals able to deliberately influence their own attitudes towards behaviour? How capable are individuals of controlling their behaviour and what confines their rationalities? How can they bring out a change in their social environment?

3.4.1 People's influence on their routines

As Giddens draws the distinction between *consciousness* and *unconsciousness,* he emphasises that deliberate action is motivated and partially designed by unconscious incentives. But the question needs rephrasing for the purpose at hand. It is not only important to ask how unconscious processes induce or regulate actions, but also how rationality might alter dispositions for acting.

People can do many things quite automatically while processing totally different tasks in their minds. For example, people can drive cars and automatically react to traffic signs while they talk on the telephone about another topic. But the high incidence of accidents caused by this behaviour also shows its limitations. An unusual occurrence can immediately overwhelm practical ability. Obviously there is a mode of the self in which a person can process complex tasks without thinking about them. Such an ability is the result of proper training and experience, like driving lessons and driving practice. Learning processes are undergone by learners but are not totally reflected upon. The student has to understand the message, not necessarily the didactics. In turn, because it is based on a long history of training and reflection, the resulting behaviour is highly accessible to the consciousness, if need be. People who have unthinkingly gone through a red light immediately know what they have done. The insight that such behaviour can lead to tremendous danger can make the driver reflect upon the reasons why he did so. He might then be able to avoid such behavioural mistakes in future.

The example shows that people are not only driven by their unconsciousness, as Giddens assumes in accordance with Sigmund Freund's psychoanalysis, from which he derives his ideas. People also have the ability to work on their behavioural attitudes. This can be better explained by a combination of social behaviourism (cf. Mead, 1934), a pragmatist concept of experience (cf. Dewey, 2004 [1939], 2005 [1934]) and social psychology, which is based partly on cognitive science (cf. Bandura, 1993, 2001; Kahneman, 2003).

3.4.2 Roots in social behaviourism

The main orientation is offered by George Herbert Mead's *social behaviourism* (Mead, 1934). As Mead describes the imprinting of society on individuals and emphasises the necessity of society for any self-awareness, his work is seldom perceived as entailing a perspective of the individual's agentic capability. But Mead's social behaviourism is not only a notion of determinateness, even if he mainly reveals the social ties of the individual and aims to explain where people's willingness to maintain social structures is derived from.

Mead's distinction between the "me" and the "I" as phases of the self can be extended to a notion of a rational and a behavioural mode of the self. Mead conceptualised the "me" as a set of attitudes that make up a person. The "me" is the behavioural mode of the self which reacts to situations. In contrast, the "I" is a reflective mode, and Mead describes the "I" as being aware of the "me" (cf. Mead, p. 173). Even though Mead does not explicitly emphasise that the individual can extricate himself or herself from social conditions and create new ideas, he never denies such a notion. However, his explanation of *significant symbols* and the development of language indicates a rational ability of man. Significant symbols are communicative gestures that effect similar reactions within different individuals.

> *"Only in terms of gestures as significant symbols is the existence of mind or intelligence possible; for only in terms of gestures which are significant symbols can thinking – which is simply an internalized or implicit conversation of the individual with himself by means of such gestures – take place." (Mead, 1934, p. 47)*

Mead even claims that human knowledgeability derives from the ability to process significant symbols in the mind, which is an ability of the "I". This notion is close to what Giddens calls the *discursive consciousness.* But Mead's notion of the "I" does not refer to the body as the physical existence of a person, as Giddens claims (cf. Giddens, 1984, p. 43). Giddens claims that if a person uses the term "I" it is a speech act through which the speaker refers to himself. Such a linguistic argument should not be applied to Mead's "I". Mead clearly conceptualises the "I" from a holistic point of view to describe a mode whereby individuals reflect on worldly objects or themselves. This mode can also be regarded as an intentional, intelligible and reflecting intellectuality.

3.4.3 Human conduct

To recap, human conduct will subsequently be regarded as being processed according to two modes: a behavioural mode and rationality, which is a rational and intellectual mode[8]. The behavioural mode reacts while the latter thinks, and together they act. The behavioural mode is a set of attitudes gained through social experience and is thus a product of social life, which is indirectly a product of social structures but proceeds in distinct local contexts. In contrast, the rational/intellectual mode is the self-referring agency of the individual, which is the individual's ability to reflect about and rationally/intellectually influence his or her behaviour.

Based on the elaboration in Part IIa.2.2 (p. 92) the following interdependencies between the behavioural and the intellectual parts of the self can be summarised. The behavioural mode of the self provides the individual with motivational incentives, general beliefs and assumptions. The intellectual or rational mode can bring these things to the foreground of consciousness but does not necessarily need to do so. Day-to-day life can normally be conducted without doing so to a large extent, but might also cause surprises. This calls forth rationality, which observes the self and reflects on the behaviour of the self. The intellectual mode can extract information from the memory of the time traces (history) of the self, and from the present set of attitudes, which constitutes the behavioural mode of the self. The intellectual mode can compute such information and try to develop strategies to control the behavioural part.

3.4.4 Notions of man and their empirical accessibility

According to Giddens, decisions of rational choice are matters of the *discursive consciousness,* or of what is called here intellectuality or rationality. Such deliberations on the part of an individual can be assessed by empirical methods, such as questionnaires and standardised, semi-structured or qualitative interviews. These methods address the level of discourse, which means that they try to assess discursive considerations of opinions, assumptions, argumentations and conclusions about which questions can be asked.

However, what Giddens contrasts with *discursive consciousness* can hardly be assessed by such methods. In reference to Freud, Giddens assumes the *unconsciousness* and the *practical consciousness* to be the set of abilities with which an individual is equipped. Each person has his or her own individual traits and peculiarities. According to psychoanalysis,

8 "Intellectual thinking" is more a way of thought that uses metaphors, while "rational" points towards logical ways of inference or strategical or ethical target orientations.

such personal qualities derive from the repression of experiences that were gathered during the preceding life course. This unconscious can only be assessed by the distinct method of psychoanalysis.

Psychoanalysis has of course developed into a scientific approach that aims at comprehensively describing the human mind, but it is not the only way to do so. Social psychology, which in newer works relies on cognitive science, is another approach and it appears to be a matter of principle, whether to subscribe to the one or the other. Here the latter approach with its roots in social behaviourism is followed, because it is considered to allow greater empirical accessibility of the topic at issue.

In contrast, this book regards the incarnation of individuals as a process deriving from socialisation, social interaction and rational thinking that interferes with these factors that shape behaviour. These are genuine topics addressed by the social sciences, which can be assessed by empirical methods that are usually used in academic disciplines such as sociology, human geography and pedagogy. By assuming a *behavioural mode of the self*, more extensive empirical access to what lies unconscious in the individuals can be gained. Behaviour can be observed using a phenomenological approach. Behaviour can either be directly observed or people can be asked about their observations of the behaviour of others. If the phenomena observed are regarded as the result of social conditioning, they can be further analysed by interpretive methods.

3.4.5 The demand for connectivity

There is another argument that supports the opinion that a perspective based on social behaviourism, pragmatism, and social psychology might be more suitable than psychoanalysis.

The notion suggested here can easily be connected with many existing approaches, such as behavioural approaches to human geography, humanistic geography and also theories of rational choice. The idea of the rational mode is furthermore highly connectible to semantic or discourse approaches, because they all focus on rational communication strategies.

3.5. Social encounters as tamers of rationality

Consequently, this book suggests how models of behaviour and models of action can be combined by involving a notion of *social encounters* (cf. figure 8, p. 123). A crucial point is that the rational mode of the self is active to different extents at different points in time. There are periods when rationality is very active and times when people undergo

experiences more passively. *Social encounters* will now be explained as regulators of the rational and the behavioural parts of the individual.

Everyone has certainly had the experience that ultimately, when the time for a planned activity has come, plans do not work out as expected. The conditions might not have been ideal or other people might not have reacted exactly as anticipated. The stream of incidents might have proceeded faster than one was able to reflect about them, and it is possible to be driven by these factors more than being able to control the situation. It thus happens that a person can only reflect about the situation at a subsequent point in time. It is a characteristic of the rational mode of the self that it can only assess behaviour in hindsight.

For cases of failing strategies like those to be regarded here, it would be better to talk about *social encounters*. The word "encounter" better reflects the possibility that unexpected conditions can occur than the word "situation". People can have the best plans and intentions. They can also firmly resolve to realise these plans, but these tasks can easily be corrupted by unforeseen interference. Sometimes simply a change in a familiar order can cause slight irritations, but social encounters can even severely interrupt people's day-to-day routines.

People are so much social beings that gestures made by others can immediately provoke a tendency to react. Especially when a social setting turns out to be a little bit more complex, unexpected occurrences cannot be excluded by cautious planning. As a result, the task is not simply to enact a rational plan within the encounter, it is also to repress undesired reactions towards unexpected occurrences. In private, people can think almost freely, apart from basic beliefs they would never question. In social encounters, the extent to which people can repress their impulsive reactions is dependent on their ability of self-control.

Social encounters can be regarded as tamers of human rationality in two senses. On the one hand they might tame the wild and boundless thinker. They might keep individuals - who by virtue of their imagination were guided to imagined realities - from putting their wildest thoughts into practice by rebinding them to their social roots. On the other hand social encounters might corrupt mutual understanding. A well-thought out attempt to solve a conflict by rational intermediation might be thwarted when it comes to the point when two persons face each other and are confronted with each other's gestures.

Different settings might allow or constrain rational influence to different degrees. It is obvious that rational thinking takes up more room in conferences than in an emergency.

But it is nearly impossible to gain an immediate understanding of complex settings while being involved. Social interaction binds a lot of cognitive capacity, and within a social encounter the rational mode of the self is confined to the role of an observer with reduced ability to control behaviour. This observer can only give snapshots of self-assessment and perhaps conduct rough course corrections. A detailed reflection of the proceedings is limited to a point of time after the social encounter. This represents a well-known experience. Which person has never been upset at the way in which he or she acted in a *social encounter*? In retrospect, we always know what the best response would have been.

Furthermore, it is conceivable that if a person's set of attitudes is developed accordingly, rational thinking can effectively conduct actions. Such cases are the ones that we usually regard as being successful, whereby good training (vocational, educational, academic) helps to accomplish remarkable tasks. In these cases, theories of rational choice seem appropriate for the analysis. The strategies applied can be assumed to be rationally reflected, at least because the utilised knowledge and capabilities are highly accessible for the mind to reflect upon. But it must also be remembered that the required skills are acquired during a social process of education and repetitive exercise. At the moment when they are enacted they can thus be only partly conscious and are conducted largely automatically. The behavioural mode of the self is highly trainable in standardised tasks, and it is also very persistent in performing in a certain way once it has been trained. In a second stage this might be the reason why even good ideas sometimes need a long time to gain credence.

3.6. The local and the societal level

The reader may excuse the introduction of a totally new argumentation at this point. It is now the question how what was developed so far can be put into a broader context that interests social sciences.

3.6.1 Post-modern diversity, pluralism and multiplicity

As explained, on higher levels of abstraction this book will largely deal with post-modern theories. Post-modern scholars have revealed essential points that should not be disregarded in any current social academic work. Among these points is the recurring claim that nowadays social realities should not be understood by means of theories that claim to be omnipotent. Social sciences today should be aware of the fact that a multitude of different expressions of life exist. *Diversity*, *pluralism* and *multiplicity* are the

headwords. This opinion derives from a deep disappointment resulting from the failure of so many theories, often referred to as "grand theories", that were proven to be too narrow-minded.

Much confusion emerges when dealing with questions of diversity and multiplicity, and these terms may sometimes appear to be place-holders for things that cannot be explained. Nowadays, seemingly contradictory phenomena can be observed in many realms of life. For example, in the wake of globalisation individuals can carry on conversations around the globe at the click of a mouse. On the other hand, localised places are thought of as becoming more and more important, this often being referred to as "glocalisation". According to David Harvey, place-bounded identities have gained importance in post-modern times because all other explanations lose their coherence (quoted in Massey, 1995). This is only one example of how the universalising effects of latter-day developments, such as globalisation, time-space compression, informatisation, individualisation, worldwide communication, or international migration are counteracted by many reverse developments (cf. Harvey, 1990; Giddens, 1991; Castells, 1996, 1997; Beck, 1986; Hall, 1992; Massey, 1999; a. o.). Spatial, cultural or even intellectual units that have been conceived as coherent have started to merge, interweave and permeate each other. What ultimately remains from the post-modern discourse is a notion that things are complex and that any object of social research needs to be regarded as diverse, pluralistic or as entailing a multiplicity of perspectives that might not fit into one single explanation.

This book is not concerned with the question of whether this multiplicity is a new phenomenon. Boundaries where cultures, ideas and imaginations merge have existed throughout history. It is probably only the case that western societies are experiencing this phenomenon today to an extended degree (cf. Massey, 1995, p. 52). But even if the world has always been a melting pot of different identities or cultures, it is a desirable goal for academic work to meet the demands of such post-modern multiplicity. Consequently, this book does not treat post-modernism as a new phenomenon but rather as an approach that helps prevent oversimplifications and as an incentive to integrate a perspective of diversity, pluralism or multiplicity.

3.6.2 The deconstruction of space, place and identity

This book will consider post-modern ideas especially with regard to questions about *identity* and *space*. Both terms concern the topic that is at issue here. "Identity" denotes the social phenomenon that individuals create images about themselves and compare

themselves with already prevailing images. "Space" is simply a precondition for any social interaction to take place and thus predetermines the local specificity of what is happening in different places. In this respect multiplicity can only emerge through space. Both of these terms are also major points in post-modern debates because they seem to have undergone tremendous changes in recent years; they seem to be losing the coherence they were said to have in earlier times.

Identities, once considered as consistent representations of individuals, are being deconstructed and transmuted into exchangeable, unstable and flexible mental representations about individuals. Today they appear to be composed of different fragments, which might even be contradictory. It will be explained that works on identities, especially if they look at actually given identity-constructions, always have to juggle between two demands. Firstly, it is necessary to reveal which images and narratives are purported to be identities. This is a constructivist perspective about who tells what kind of stories about whom. Secondly, the relevance of such explanations needs to be proven. To what extent do such images influence people's lives and behaviour?

As with the concept of identity, it seems that the concept of space can no longer be defined simply in terms of a three-dimensional plane of existence. Many ideas about what space might be have evolved, but all have been subjected to the same process of deconstruction that the concept of identity underwent. The appeal to "think relationally" (cf. Allen, 1999) is a hint that space today is mainly understood as consisting of relations (cf. Massey, 1999), rather then being an absolute system of ordering.

The post-modern discourse has virtually left a *tabula rasa* on which no single theory has remained valid; however, all theories that have ever been written on this tablet are still readable because they have left scratches on the surface that cannot be erased completely. This book will identify the most inspiring ideas within the post-modern discourse and then try to connect these ideas on the basis of appropriate well-established theories. As a result, this work will suggest a system of terms that is capable of covering questions of stigma and discrimination on the part of individuals, with reference to the self, the individual, the subject, identity, social identity (cf. Part IIb.4.1.3, p. 135) and space (cf. Part III).

A spatial perspective on stigma and discrimination

In more recent social theory, space has assumed a prominent position, a trend that some scientists even identify as a "spatial turn" (cf. Soja, 1999). According to theorists ranging

from Bourdieu to Giddens to Soja, the emphasis on space results from a firm conviction that all that is *social* evidently relies on *space* and vice versa.

The framework of stigma and discrimination that is developed here is mainly on the individual level. But with the sphere of action and interaction it extends into the local level. As the framework describes processes and not static conditions, it is further possible to identify which influences at different places shape the local dynamism of stigma and discrimination so that it becomes unique. This can be done in the form of a multi-level approach (cf. figure 18, p. 218). International, national and local influences reach down onto the inter-personal level and form the specific conditions of stigma and discrimination in different living locations. Actors can be identified and their activities can be evaluated.

But the framework cannot only be utilised for multi-level approaches. Inspired by Bourdieu, this book will explain how stigma and discrimination can be understood as spreading social dimensions (cf. Part III.Conclusion #3, p. 208). Individuals, dependent on whether they bear a stigma or not, can be considered as obtaining different positions on these dimensions. The labels that are applied to the possible positions on these dimensions can further be understood as means of considering and negotiating social distance. The corresponding behaviour can thus be understood as establishing social distance.

This book concludes its ideas with the notion of *lived worlds* (cf. Part III.3, p. 220), inspired by Soja's ideas about *lived space* (cf. Soja, 1999) and the sociology of Alfred Schutz (cf. Schutz/Luckmann, 1973). Lived worlds are conceived as similar social practices, as observable and tangible phenotypes of how people deal with their attributes and their social positions. The notion of lived worlds relies on the assumption that people who bear certain attributes, and furthermore treat these attributes in the same way, will develop somewhat similar perspectives on the world and thus similar expressions of life. The notion of social dimensions and the conceptualisation of lived worlds will be explained as *epistemic vehicles* that might help guide an analysis of processes of stigma and discrimination.

4. Methodology

As this book is based on a case study, it is important to ask what insight case studies can provide in theory. Of course, a case study can give a detailed description of the situation found in a certain place at the time when the study was carried out, but it would be a false conclusion to assume that a case study can provide a general analysis that is valid in other contexts. This cannot be accomplished even if the topic at issue was carefully

observed and seriously interpreted. The transferability of such an analysis is highly questionable and this is not the intention of this work.

Nevertheless, in a way case studies can contribute to theory. It needs to be seen that at any one time the academic community already shares several theories about any subject of research that can be at issue. A case study can find a role in comparing these theories with the concrete realities of the research sites and assessing the degree to which that which is observed matches the theoretical descriptions. The focus should be on examining the aspects in which the theories cannot be applied. It is vital to understand that an affirmation of existing theories through a case study does not provide many new insights. Theories, by nature, never match realities exactly. It is thus suspicious when the research findings totally confirm the theories. In such a case it can be assumed it can be assumed that the researcher had a too narrow perspective. A qualitative study accordingly needs to look for inconsistencies and contradictions.

The most striking output would be if the theory could be clearly falsified. According to Popper this is the only way to qualify knowledge, if existing theories are proven to be wrong (cf. Popper, 1969). That would be the case if the observations obviously contradict existing theories, but even if such obvious contradictions cannot be found, the question arises as to whether the explanations that can be derived from existing theories are acceptable in their practical implications. Existing explanations may, from a holistic standpoint, appear to be somehow correct, but when consequences are derived from them, these may turn out not to meet the demands and needs of the people actually involved. Hence it is important to ask which practical directives can be inferred from the theories and reflect whether these are appropriate. Furthermore, the explanation derived from a holistic theory may turn out to be arrogant or even ignorant on an inter-personal level. This was the project of this study.

4.1.1 Data Collection

During three field campaigns in Botswana (2004, 2005 and 2006) approximately 85 qualitative interviews were held with members of HIV self-help organisations, of which 73 (52 women and 21 men, ranging in age from 20 to 84 years) could be identified as PLWHA[9]. The basic idea was to conduct biographical interviews with PLWHA, which included semi-structured parts. Some of those interviewed were visited more than once. All interviews were recorded and transcribed.

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Because of the sensitive nature of the topic and the demand for confidentiality, I worked with PLWHA who were known in the respective support group as intermediaries. When necessary, they also acted as translators and interpreters. As leaders of their respective groups, these people often attempted to showcase their organisation, which was not acceptable in the framework of the study. Sensitive situations arose when it appeared that these interpreters needed to be changed. It is easy to imagine that this was a delicate matter, because the termination of the collaboration could easily be regarded as an infiltration of the group's organisational structure. The corresponding interpreters were afraid of losing their influence, and others who wanted to support me seriously were afraid to insult the former interpreters. These conflicts appeared at first to be a disadvantage but later turned into an advantage. Later I discovered the value of the behaviour of the support group functionaries, because it explained much about the structural ties within which support groups were confined and also provided insights into the explanations that were used to legitimate the support groups. However, I was not able to identify this as an advantage until I had managed to gain the trust of some members of the support groups who were very honest in their attempt to help me to reveal the views of the other members.

As the research process was standardised to a certain degree, the main challenge was to remain alert. Whenever an interview partner was willing to express more private issues, he or she was listened to. Of all sources of information, the people who were directly affected by HIV were the most important. Fortunately, I was given the chance to become acquainted with PLWHA who were very open and who allowed me to conduct intensive interviews. Once I had found people who trusted me, I got the chance to see a deeper level of the support groups. I was given the chance to talk to people who live in denial of – or secretly with – their HIV-positive status. I also got the chance to talk to people who were terminally ill.

With the snowball sampling technique I used, I had little opportunity to choose my interviewees randomly. In a later stage of the survey, as my partners gained more trust in me, it was possible to ask for certain interviewees who, I hoped, would be able to provide me with additional, in-depth information. This approach corresponds to "theoretical sampling" as a concept of empirical field-work, in which further interview partners are chosen deliberately according to analytical considerations (Glaser & Strauss, 1967).

The processes we are mainly concerned with here take place secretly. Stigma and discrimination can seldom be observed directly. To a large extent, they can only be assessed through secondary sources, such as interviews, narratives or biographies. As the

experiences people gather in this area are very personal, their stories seldom reflect their experiences exactly. This is a big challenge for empirical research that can only be met by diversifying the methods applied and counterchecking the findings deriving from the different methods. This method of procedure is frequently discussed as *triangulation of methods* (cf. Flick, 2004).

The fact that I spent a lot of my time in the support groups also gave me the chance to engage in participatory observations of many everyday situations. These were recorded as field notes. In addition, 16 experts were interviewed. These were mainly staff members of HIV and AIDS support services (e.g., a youth counsellor), but also included individuals who were based in the community, representing either religious denominations, non-governmental organizations (NGOs), or the city council. Another important source of information was the presentations and discussions at a workshop that our research group organised in Gaborone in March 2006. This workshop focused on the social transformation processes following the introduction of the nationwide antiretroviral treatment schemes. Participants came from the government, from medical care services, from scientific institutions, support organisations and self-help initiatives. All speeches and discussions were recorded and made available for transcription.

HIV and AIDS are a schizophrenic topic. On the one hand, it is omnipresent; on the other, it is invisible. People working on this topic, surrounded by the daily routines, conversations and laughter together with PLWHA, might well start to underestimate its severity. But HIV and AIDS are unpredictable because they come back to mind unexpectedly, for example, when you learn that someone you knew well has died suddenly over the weekend. This is also a result of the ARV therapy and good health infrastructure. People can conceal their illness for a long time. They seem to be quite healthy, but AIDS can set in suddenly and then quickly lead to death. But HIV and AIDS also provide hope, as the following example might show. I came back for my third visit and found a woman from a support group whom I did not recognise at first. During my previous stay I had visited her in her bedroom as a terminally ill patient. She was very thin and weak at that time and had such severe liver problems that the ARV therapy had to be stopped. Everybody expected her to die within the next few weeks, but this time she appeared before me as a totally different person. She was very happy to see me and told me the story of her recovery in detail. This anecdote shows how personal many experiences with regard to HIV and AIDS are and that a researcher who enters this area must be prepared for many surprises.

The background of the study was explained here to give an idea of how in different phases the field-work had varying degrees of success and was sometimes confrontational.

A lot of very useful information thus did not originate in the large number of interviews done with PLWHA but is derived from the dynamics of the field-work.

4.1.2 Data Analysis

All qualitative interviews were transcribed. Because English is not the native language of the Batswana, some of the interview partners did not speak English very well. For the print version of this survey their language was corrected slightly. This was done in consideration of the fact that mistakes in written language are much more obvious and thus can give the impression that the person being quoted is not very intelligent. The corrections were done with the intention of preserving the original character of the interview.

All transcriptions, field notes, and other material (e.g. flyers, advertisements) were coded and analysed with "atlas ti", a computer program designed for qualitative data analysis. This program employs the principles of the *grounded theory* (cf. Glaser & Strauss, 1967). The procedure is such that the materials, which can include interviews, transcriptions of observations, field notes, photos and audio recordings, are repeatedly coded. In order to create a theory which is ultimately "grounded" in empirical data, descriptions and categories need to be developed that should successively reach more abstract levels. The software is constructed to provide support for the different procedures, according to the methods outlined by Glaser and Strauss. There are tools, for example, for accessing the data, browsing the data and codes, retrieving quotations, processing logical queries, writing memos and exporting data to SPSS for further analysis. The core of the programme is a tool for creating network views of quotations, codes, memos and logical queries. It is possible to create figures representing the object of research in which relations can be defined. According to Glaser and Strauss, the effort to abstract should be made in order to reach a higher grade of analysis, not simply to create a descriptive narration. As a result, every knot in these network views, which later constitute the different parts of the theory, is connected to quotations and thus relies on empirical data. According to the demands of data triangulation, I made sure that every important node of the framework was not a univariate result from a single source in the data structure. This would be the case, for example, if the answers always derived from the same question in the interviews. I ensured that every important component was supported by different research methods and data. As a result of this process, a rough framework was developed for describing how processes of stigmatisation and discrimination develop depending on local conditions, at first restricted to HIV and AIDS in Botswana.

The review of the literature conducted in advance of the field-work was very important for realising that there was no existing theory that was able to cover all of the observations made during the field-work. As already explained, *inexplicable experiences* were encountered. In order to explain these, it was necessary to return to the literature. This time, the evaluation was guided by the codes and topics resulting from the analysis of the empirical data and thus led deeply into different fields. I performed a broad review of geographical, sociological, pedagogical, and social psychological literature and incorporated findings from the applied sciences. Various lines of theory on the subject matter were disentangled and finally integrated into a concept of stigma and discrimination that can cover the explanatory gaps.

Inexplicable Experiences I: Miss HIV Stigma Free

Photo 1: Competitors in the Miss HIV Stigma Free beauty contest

On the 6th of February, 2005, a grand event was held in the ballroom of the Grand Palm Hotel in Gaborone, Botswana. Many people came and they were well-dressed, making the evening very festive. On previous days it was hardly possible to obtain tickets and if you had not bought one in advance, you were out of luck because it was impossible to get one that evening. There were several newsmen among the guests, not only from the local press, but from TV stations and the international press as well. Plenty of sponsors had given donations, including highly reputable companies, such as Air Botswana, Barclays Bank, De Beers, and leading fashion houses from Botswana. The evening's programme was a beauty contest, but one of a special kind. It was announced as "Miss HIV Stigma Free 2005" and the special thing about it was that only HIV-positive women were allowed to compete. The presenters encouraged the audience to shout out the slogan of the day: "Down with stigma, down with discrimination".

What at first sight seemed to be a great success was actually double-edged. In the local newspaper, "Mmegi" Brad Ryder, Communications and External Relations Officer at the

"African Comprehensive HIV/AIDS Partnership" (ACHAP), complained about a lack of interest on the part of national authorities and an unbalanced media response. "Ryder expressed disappointment that no government representatives were present and said that the local media had also not taken as much interest in the event as the international media."[10] While there are a number of possible explanations, I would like to put forward the following: Whereas the international press regarded the "Miss Stigma Free" contest more or less as an oddity and thus attended the event in large numbers, the response from inside Botswana was poor because the event was not particularly welcome. It was treated rather with the politeness of political correctness. Reservations about the beauty contest were not expressed openly but in private and people were not sure about how to understand the event.

However, the international press was for the most part also unable to handle the news adequately. An article in the German magazine "Focus" for example was titled "Miss HIV's Good Fortune"[11]. The official title of the contest was reduced by leaving out the words "stigma" and "free"[12]. The following quotations from this article exemplify an insensibility that is widespread. The contest definitely did not bring "AIDS on the stage"[13] nor is it true that the contestants "all have AIDS"[14] as the author stated. None of the participants actually had any symptoms of AIDS, they were just HIV-positive. This is a common mistake which can deeply insult PLWHA[15] (cf. box 1, p. 36). Moreover, the main message of the evening, the call to fight stigma and discrimination, was totally neglected by the article. It can be assumed that the absence of the word "stigma" in the entire article derives from an inability to handle the idea of stigma. This applies not only to this article, it is symptomatic of the common use of the word "stigma", and, moreover, that what it represents is seldom clearly defined. There appears to be an intuitive understanding of the term, but this hardly withstands any theoretical consideration. Even in academic discussions, "stigma" is often used in such indefinite ways.

10 Mmegi: 01.03.2005, p. 13

11 Own translation, original title: "Das Glück der Miss HIV", Focus: 13/2005, p. 96 - 101

12 This also applies to other media responses, for example: "Botswana. Afrikas Musterländle" Weltspiegel vom 25.07.2004; "'Miss HIV' in Botswana" http://www.outbackafrica.de/blog; "In Botswana wird Miss HIV gewählt" http://www.aerztezeitung.de/docs

13 Focus: 13/2005, p. 97

14 Focus: 13/2005, p. 96

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The human immunodeficiency virus (HIV) can cause the acquired immunodeficiency syndrome (AIDS). AIDS is a condition whereby the immune system successively begins to fail. The result is that the patients suffer from opportunistic infections that normally would not harm an unweakened body. In the wake of HIV and AIDS some illnesses return, which have already been regarded as mostly conquered, like TB or pneumonia. These infections that normally can be medicated easily can become life-threatening to someone who suffers from AIDS.

The virus can be contracted by the transfer of body fluids, such as blood, semen, vaginal fluid, or breast milk. The three major routes of transmission are:

- sexual intercourse,

- transmission of blood e.g. blood transfusion or usage of contaminated needles,

- transmission from an infected mother to her baby, either in the womb, at birth or through breast milk.

Hygienic standards and screenings of blood products have largely eliminated non-sexual transmission of the HI-virus. In addition, programmes for the prevention of mother to child transmission (PMTCT) have been established quite effectively. Sexual intercourse thus remains the main route of transmission. This is most evident for an exploration of issues of HIV/AIDS related stigma and discrimination.

Once infected with the HI-virus one can live for many years without developing any symptoms of AIDS. This is a major challenge to efforts of prevention because people can live a long time before even recognising that they are HIV-positive. As a person who lives with HIV is aware that it is very likely that he/she once will develop AIDS, it is very insensitive to refer to someone as “having AIDS” while he/she is in the stage of being HIV-positive.

Box 1: Basic facts about HIV and AIDS compiled from: CDC, 1999; NAT, 2003

Stigma has become the most influential factor on the lives of PLWHA in Botswana. With the introduction of ARV-therapy, the threat of an impending illness or death due to AIDS has been largely countered. PLWHA can look forward to more or less normal lives. They can therefore develop confidence and aspire to life goals again. Stigma, instead, has become the limiting factor. It affects all kinds of relationships, the use of health services, the mental health status, as well as the economic livelihoods of PLWHA. The fight against stigma has become the major focus of any support initiatives in Botswana. But hardly anyone can explain stigma in detail. Even the Miss HIV Stigma Free 2003 Kalalelo Ntsepe began to stutter when she was asked about stigma:

> *"You know... I don't know how I can describe stigma, because it is... There are many words for describing stigma. Because some people... they just say... when some people they reject you. Ahh, some people, they just accuse you. So that's what I just can say. That's my understanding." (74 Interview PLWHA COCE)*

Of course, not all activists or PLWHA might be so speechless when asked to explain stigma. But most responses to the question of how stigma can be described are explanations about discrimination rather than definitions of stigma: Stigma is often described as the experience of rejection or social exclusion.

Stigma is a term used in political campaigns. Furthermore, it is used in self-help initiatives and counselling services in manifold, and often inconsistent, ways. As mentioned mentioned, this inconsistency also applies to academic approaches. It seems as if current approaches have simply agreed on the formula: "Stigma is a social process" and beyond that define many forms and expressions of stigma individually. As will be shown in the following chapter, the epistemic question of what stigma is is rarely asked these days. It is usually replaced by the question "Where does stigma come from and what does it affect?".

Part I: Stigma and Discrimination. Towards an Integrative Concept?

1. Introduction: Reasons for a New Concept for Stigma and Discrimination

1.1. Notes on the common use of 'stigmatisation' and 'discrimination'

The words "stigmatisation" and "discrimination" are often mixed up in meaning. Both are attached with unpleasant emotions and reservations. When it comes to issues related to stigma and discrimination, people use language casually which does not really help to illuminate the points of academic interest.

The term "stigmatisation" is normally used very generally. It is common to say that something, a certain behaviour or attribute, is "stigmatised throughout a certain community". This reflects a widespread notion of stigmatisation. A distinction is drawn between the majority of the community and an inferior minority group of people. Who belongs to the minority is indicated by an attribute which is mostly regarded as being "discrediting" (Goffman, 1990 [1963]), which thus is a stigma. Mentioning that something is "stigmatised" usually implies that the way society reacts towards those people who are separated from the majority by the distinction is not beneficial.

However, this description is perhaps more a case of "discrimination". It meets all characteristics that are mandatory for discrimination because people are excluded by reason of an attribute they bear. The answer to the question why "stigmatisation" is often used rather than "discrimination" might be that "discrimination" is probably seen to be a too negative term, and due to its association with particular exclusion mechanisms. The word "discrimination" is largely associated with racism. In our mind it is often connected with the oppression of people of African descent in America or the apartheid system of South Africa. It is considered to imply actions against deprived people, for example, maltreatment, ostracism, lynching, injustice, or even sadism.

As "discrimination" has been used in the fight against racism, the term has, to a large extent, become a political term. "Discrimination" was used to accuse the perpetrators. It is thus easy to imagine that no one will readily apply the term for something that happens within his or her own sphere of living. Against the etymological roots of the word, its political baggage leads to very negative connotations. If we admit that something is discriminated against in our community, we reinforce the impression that our social system contains common habits, institutional settings or groups of people who take actions against minorities. Putting our behaviour in such terms would put us under moral

pressure to counter these grievances. Therefore we would probably avoid saying "something is discriminated against" and instead say "it is stigmatised". Because "stigmatisation" is much more broad and undefined, the blame is assigned not directly to us as members of the community which is at issue, but instead to much more abstract things like beliefs, mores, or social norms. In contrast to "discrimination", "stigmatisation" is largely regarded as a matter of cognition. It is thus thought of as being located in the imagination and attitudes of individuals, not of action.

In this usage the word "stigmatisation" can gloss over things in two ways. Firstly, in contrast to discrimination, which is closely associated with maltreatment of innocents, stigmatisation, following this logic, does not necessarily result in negative treatment. If people reject others only in their minds, it is not as condemnable as if there were solid effects of injustice. Secondly, the replacement of "discrimination" through "stigmatisation" releases us from the obligation to respond. It is a commonly accepted opinion that people should be allowed to think the way they want as long as they do not harm others. Furthermore, stigmatisation then appears as a matter of morality, norms and beliefs and thus is often regarded as being beyond the scope of an individual's influence.

When "stigma" is simply set in place to avoid "discrimination" this can be seen as an avoidance strategy of words, done in order to ease the distressing notion that could derive from the usage of the latter. Such usage of the terms is not only against the etymological roots of the words "discrimination", which is not necessarily negative (cf. Part IIa.2.4, p. 103). It also fails to divide both terms in a way that is eligible for academic approaches, because it is more a disguising synonymity than a clarifying dichotomy.

Liz Sayce (1998) seriously contested such an understanding of "stigma" as being a matter of cognition rather than action. If unfair treatment happens only in the minds of the people, why can those who are stigmatised not cope easily? Sayce claims that the impression arises that there is something wrong with the so-called "stigmatised", in that they are believed to be different to the norm. Used in such a way, "stigma" shifts the attention from the perpetrators to questions of self-perception and self-image. The word "stigmatisation" itself then becomes be stigmatising. Sayce thus suggests that "[d]iscrimination" might be much more useful for analysing processes of social exclusion because "terms such as 'stigma' render the act of unfair treatment invisible." (Sayce, 1998, p. n.s.)

This book will suggest a distinction whereby "stigma" and "discrimination" can be used as terms that complement each other but each indicate a different perspective. As will

become clear, both perspectives always need to be regarded. "Stigma" and "discrimination" will be combined to a framework of *people interpreting attributes in social encounters*. This requires the reconsideration of several concepts that can be found in relevant literature. It is thus necessary to examine the discourses of stigma and discrimination to find similarities, differences and conceptual shortfalls of the varying explanations.

1.2. A brief review of the discourse about stigma and the detection of a conceptual gap

The point where this book started from was the empirical finding that there were inconsistencies between what existing theories tell about "stigma" and what can be observed in fieldwork. The following section should thus explain the point of departure by shortly recapping discourses on stigma.

In his famous book "Stigma. Notes on the Management of Spoiled Identity" Erving Goffman 1963 reveals the grievances of people who are socially segregated. The term "stigma" is "used to refer to an attribute that is deeply discrediting" (Goffman, 1963, p. 13). Goffman analyses stigma from the common point of view whereby stigma is seen as an attribute that is contrary to existing norms. Goffman lays the foundation for an understanding of how salient attributes may lead to processes of social exclusion. His theory gives an insight into how the "stigmatised" exclude themselves, anticipating rejections or discrimination, thus finally taking on the role that society, or as Goffman says the "normals", provides for them. From his viewpoint, stigma appears as a concern of people who bear special attributes. It is furthermore important to mention that Goffman does not consider that norms may be flexible.

The first author to approach stigma from a more society-focused angle was Susan Sontag (cf. Sontag, 1990 [1977/ 1988]). In her first essay, "Illness as Metaphor", she explored issues of cancer. In "AIDS and its Metaphors", first published 10 years later in the 1980's, she extended her thoughts to the newly discovered illness AIDS. She emphasises that each illness has its own complex denotations. Sontag does not write directly about stigma, but she emphasises that the way people talk about illnesses influences people's attitudes and their behaviour in questions related to that illness.

> *"For it was my doleful observation, repeated again and again, that the metaphoric trappings that deform the experience of having cancer have very real consequences: they inhibit people from seeking treatment early enough, or from making a greater effort to get competent treatment." (Sontag, 1990 [1977 / 1988], p. 102)*

Sontag provides an understanding that the perception of an illness is a social construction, and, furthermore, that such constructions may be very influential on domains that were previously thought of as only matters of biomedical explanation.

As mentioned above, more recently, the main trend in discourses on stigma is to avoid deeper epistemic questions and aim at describing only the social relevance of stigma. Many studies do not dare to completely skip the question "What is stigma?" and it is interesting to see that some fall back on Goffman's theory.

Medical-sociological works on stigma aim at advocating a consideration of processes of stigmatisation in public health programmes or general policies. First of all, such works had to establish the idea that stigma related to illnesses can be relevant in biomedical or societal realms (cf. Goldin,1994). But this idea today has largely asserted itself. Works tend to fall back on Goffman, especially when the hardship of stigma is emphasised (cf. Visser/Mhone 2002[2001]).

Socio-psychological approaches concentrate their analysis largely on deviance and focus on the notion that stigma is mainly a human perception of attributes that present people as different (Ainley/Faye, 1986; Ainley, et al.,1986; Crocker/Lutsky, 1986). This focus on deviance is largely agreed upon, also from other disciplines. It raises the question of the constitution of in-group and out-group affiliation and the resulting consequences. This perspective will also be covered in the following.

Regarding deviance, the sociological notion that certain attributes might be capable of stratifying communities and societies arises (cf. Becker, 1986; Coleman, 1986). Questions of power and social control are discussed in the works examined here to different extents and the role of culture comes to the fore (cf. Becker/Arnold, 1986; Stafford/Scott, 1986; Herek/Mitnick, 1996). Culture is regarded as the underlying sociocultural context and is seen to consist of structural conditions formed by historical processes (Wailoo, 2001; Solomon, 1986).

Mostly uncritically with regard to Goffman's theory, Falk (2001) invented a typology of 13 forms stigma for the US American society. Falk follows Goffman's main distinction between essential and achieved stigma and shows different social groups in the way they are perceived as "outsiders". Other sociological research has aimed at revealing ongoing social processes of exclusion or stratification formed due to specific single attributes, such as illnesses, race, nation, religion, disabilities etc. (cf. Barbarin, 1986). This focus includes a consideration of possible "reversal effects" (cf. Killian, 1985). Killian, for example, claims

that people do not simply subordinate themselves under the view of a majority but also have their own notion of those people who discriminate against them.

In these approaches, Goffman's work is contested to different extents. Some authors intensively contest Goffman's concept of stigma because of its assumption of a normative order (cf. Kusow, 2004). Some critics argue that Goffman analyses stigma with a too narrow, individual-based focus (cf. Weiss/Ramakrishna, 2001). Nevertheless, Goffman's explanations have never been replaced or even substantially altered. There is also the insight that views on stigma which regard stigma as referring to social norms might not be suitable for designing measures to reduce stigma (cf. Jewkes, 2006; Sayce, 1998). If stigma is regarded as referring to a norm, then it must also appear as determining because social norms cannot really be altered.

In reference to the latter objection, many more recent studies use an almost utilitarian approach that only regard the causes and the effects of stigma for the purpose of identifying possible entry points for intervention (cf. Parker/Aggleton, 2002, S. 9; USAID, 2005, p. 3). Consequently, they do not refer to Goffman any more and create broader definitions of stigma. These definitions do not meet the explanatory gap the other theories of stigma leave open, but define stigma on a more general basis that is considered suitable for planning interventions against stigma. Normally stigma is defined as a process constituted by social life (cf. Nyblade, 2003; Nyblade et al., 2003; Kidd/Clay 2003; Bond/Mathur 2003; Banteyerga/Pande, n.s. 2003?; Ogden/Nyblade, 2006; Duvvury et al., 2006). Accordingly, such approaches will be called "social approaches" in the following. The definition below may be regarded as a representative example.

> *"Stigma is a social process or related personal experience characterized by exclusion, rejection, blame, or devaluation that results from experience or reasonable anticipation of an adverse social judgment about a person or group." (Weiss/Ramakrishna, 2001, p. n.s.)*

Weiss and Ramakrishna claim that "the historical concept of physical stigmata and the sociological framework of deviance and social interactions fall short as a guide to public health interventions" (cf. Weiss/Ramakrishna, 2001, p. n.s.). They, among others, also refer to Goffman's stigma theory when they contest describing stigma as an anomaly. When such a manifested difference is assumed, stigmatisation appears as an inescapable effect. Consequently this means that if the attribute cannot be altered, stigma cannot be altered.

But obviously there is a change in how certain attributes affect their bearers. Becker and Arnold, for example, describe the development of more open behaviour patterns towards people of other race or health status or towards the role of women throughout US American society since the 1960s: "A dramatic shift is occurring in cultural values, trends and perceptions of social groups that experienced much greater stigma in the past" (Becker/Arnold, 1986, p. 54). But the authors of the works examined here differ in their estimations as to whether a society can become stigma-free or whether old stigmata will just be replaced by new ones (cf. Coleman, 1986, p. 228 et seq.).

The question whether stigma can be mitigated or not is of great interest when looking at interdependencies of stigma and matters of public health. When the aim is to enhance the efficiency of health services through reducing stigmatisation, the view normally focuses on a short-term implementation period and a fast impact is desired. Stigma, and some authors additionally cover discrimination, is regarded as deriving from actual social life. That implies that the reasons and the effects of stigma and discrimination are results of action undertaken on the basis of the prevailing social conditions. This notion provides many entry points, either on the part of the individuals involved or the ground determining conditions (cf. Brown, et al., 2001; Letamo, 2004; Link, 2001; Veena, 2001). The altered definitions of the social approaches do not solve any conceptual shortfalls, but the yield is obvious because they are successfully utilised in stigma intervention campaigns.

Besides the effect that stigma does not appear as an inescapable fate, *social approaches* also entail disadvantages. Besides the acquired knowledge about manifold mechanisms or circuits of cause and effects, the lack of an underlying explanatory concept leads to confusion in terminology. Depending on what the respective author regards as stigma, the number of factors that cause stigma vary. The range of indicators also varies. USAID, for example, is not sure whether 17 or 21 items should be considered (cf. USAID, 2005, p. 3 et seq.). The resulting ideas about stigma often conflict in various aspects, which is not very beneficial for a academic understanding of stigma.

The aim of this book is to create a simple analytical framework that integrates the findings of the works on stigma and to provide a terminology for issues of stigma and discrimination, which is analytically clear and socially non-judgemental. The question „what is stigma?" will not be raised again in order to avoid essentialisms. Nevertheless the angle should not be reduced to "Where does stigma come from and what does stigma affect?" Ultimately, the focus of interest is on: "How does stigma work?" and "Which

definition is worth following for its distinction between matters of stigma and matters of discrimination?"

2. Works on Stigma: Achievements and Shortfalls

The following paragraphs are intended to outline some important works about stigma. They will be discussed in their most important points of criticism but also their main achievements should be identified so that they can be borne in mind.

2.1. Erving Goffman and the normative approach

It is evident that any contemporary work on stigma is hardly possible without considering Goffman's concept. This is simply because his concept of stigma is the one and only existing theoretical discussion of stigma. Goffman must therefore be considered an authority on this subject and hence his work has to be considered, even if only as a basis from which research might branch off in a different direction. This can bear curious fruit as the following example will show.

Visser and Mhone base their report about the needs of PLWHA[16] on a quotation from Goffman's work (cf. Visser/Mhone 2002[2001]). The survey was intended to support the Botswana self-help initiative COCEPWA[17] and Goffman is cited to reinforce the survey. This is curious, because, as will be shown later, an interpretation of self-help organisations with Goffman's theory would not be very favourable for the organisations. The way in which Visser and Mhone cite Goffman corresponds to a common perception of Goffman's work: He is often perceived as a "good guy" among the sociologists, because his work gives insight into the situations and the hardships of socially excluded people. With regard to stigma, he also describes processes that can perpetually aggravate the situation of stigmatised individuals. Goffman's theory is often perceived as speaking on behalf of the "stigmatised". The way he illuminates the misery of excluded people is often regarded as giving them a voice. But there is one point that must be clearly distinguished. If the focus of the analysis lies on processes that perpetually reconstitute a grievance, only a notion of how the status quo is preserved can be gained by following Goffman's approach. Finding ways to alter the greivance is another thing. Describing a grievance by constructing a vicious circle might well increase the public's awareness of social inequalities but is not necessarily helpful in altering the situation.

16 People Living With HIV and AIDS

17 Coping Centre for People Living with HIV and AIDS

According to Goffman, stigma is a deeply discrediting attribute. Stigma emerges in "mixed contacts" whereby the bearer of an attribute meets someone who does not bear that sign. The interaction within a "mixed contact" will be clouded by the inability to handle the deviance. In Goffman's notion, a stigma is a discrediting attribute which causes damage to the social identity of its bearer. This is described as a deviance between the actual ability of a person and the way the person is perceived intuitively on account of the presence of the stigma. The bearers of a stigma have to experience that they do not meet the role of the "normals". Consequently, the stigmatised person will continuously anticipate rejections in any social situation. Ultimately, the bearers will have to accept that the only chance of living within that community will be to take on the role the "normals" provide for people of their kind. For example, a handicapped person will always be forced to meet the role of someone who is helpless and ultimately there is no escape from the expectations of the community. According to Goffman, the "stigmatised" furthermore have no influence on such stereotypical notions applied to them. As the whole community seems to share norms, even if they are never met and everybody slightly diverges from them, they appear as entities and the "stigmatised", finally, must share them as well.

> *"The normal and the stigmatized are not persons but rather perspectives. These are generated in social situations during mixed contacts by virtue of the unrealized norms that are likely to play upon the encounter." (Goffman 1990 [1963], p. 163 et seq.)*

Goffman, by citing many examples, gives clear evidence of the social pressure bearers of special attributes continuously face.

According to Goffman, "stigmatised" individuals only have three possible ways of reacting to their "stigma". They are outlined in two passages of his book (Goffman 1990 [1963], p. 154f and 19ff). The first possibility is that a "stigmatised" person could attempt to correct his or her stigma. If a direct correction by eliminating the respective attribute is not possible, the person can try to indirectly correct his or her identity. This could happen if a stigmatised person aims at gaining respect in realms which are ordinarily restricted to people without such a shortcoming. Secondly, the "stigmatised" can avoid mixed contacts. This can be accomplished by avoiding appearances in places where such contacts can be assumed, but also by "covering" and "passing". If the stigma is not visible, the "stigmatised" person can try to bluff and act like any other person, which is considered to be "covering". Or if the person cannot hide the stigma, he could learn to behave as if he did not bear the respective discrediting attitude, which is considered to be "passing". The

latter does not visibly cover the shortcoming but the adjusted behaviour diminishes the counterpart's awareness of it.

As the proceedings of the "Miss HIV Stigma Free" contest do not meet these two responses, the third way of handling stigma, if Goffman is followed, is the one that needs to be applied:

> *"Finally, the person with a shameful differentness can break with what is called reality, and obstinately attempt to employ an unconventional interpretation of the character of his social identity. The stigmatized individual is likely to use his stigma for 'secondary gains', as an excuse for ill success that has come his way for other reasons." (Goffman 1990 [1963], p. 21)*

Reading this passage without having a special example in mind, one might be tempted to agree. But with the background of certain individuals in a specific situation in mind, it appears strange. Consequently the participants of the "Miss HIV Stigma Free" contest have a shameful differentness, which is HIV. They are obstinate because they claim to be beautiful, which is an unconventional interpretation of the fact of being HIV-positive. Furthermore, they want to take the publicity they earn as a secondary gain, as compensation for the fatality of being HIV-positive.

In this description, the whole inadequacy of Goffman's approach becomes apparent. It is the terminology that creates a distressing notion of the way people living with an extraordinary characteristic try to cope with it. Furthermore, this notion is also very defamatory. It is questionable whether it really is the difference that is "discrediting" or rather the language that is used. Goffman claimed that the "stigmatised" could not escape the role the "normals" provide for them. But his argument could also be inverted, and it can be said that Goffman was not able to escape the discrediting terminology of the "normals" to whom he belonged.

With regard to Goffman's work, the second thing to be rethought is his assumption of normative order.

> *"It can be assumed that a necessary condition for social life is the sharing of a single set of normative expectations by all participants [...]." (Goffman 1990 [1963], p. 152)*

Kusow (2004) plausibly demonstrates that Somalian immigrants living in Canada do not regard their cultural identity as less worthy compared to that of Canadians (cf. Kusow, 2004). So there is obviously a different set of normative explanations which have currency within each of these two groups, and social life obviously does not cease. Kusow claims

that Goffman's theory does not consider cultural or historical developments or the effects of social stratification. This does not only apply to very heterogeneous communities even within a largely close-knit group, for example, a group of friends, it is highly contestable if all members have similar normative ideas. If the group seems to be homogeneous, it is probably just because differences in ways of thinking and beliefs do not emerge. Perhaps ideas of what might be a norm are simply not objects of discussion.

A key for criticisizing Goffman's stigma theory can be found in Wilson's distinction between the *normative* and the *interpretive paradigm* (cf. Wilson, 1970). What he called the *normative paradigm* obviously applies to Goffman's theory of stigma.

> *"[I]nteraction between actors is governed by the role-expectation of their respective statuses [...], and questions concerning interaction are treated primarily in terms of the relation between the actors' dispositions and role expectations, role conflict, conformity and deviance, and sanctioning or reinforcement processes." (Wilson, 1970, p. 698)*

Goffman examines behaviour and strategies of people who bear certain "stigmatised" attributes. Even if he claims that norms will always be "unrealised" (Goffman, 1963, p. 164), they seem to be obligatorily anchored as fixed notions in a particular mental sphere of society. In the same manner, role models for certain categories of people seem to exist as entities. This contradicts a core assumption of symbolic interactionism because, according to Wilson, symbolic interactionism is based on the *interpretative paradigm*.

> *"It is apparent that in the interpretive view of social interaction, in contrast with the normative paradigm, definitions of situations and actions are not explicitly or implicitly assumed to be settled once and for all by literal application of a preexisting culturally established system of symbols. Rather, the meanings of situations and actions are interpretations formulated on particular occasions by the participants in the interaction and are subject to reformulation on subsequent occasions." (Wilson, 1970, p. 701)*

According to this, a consistent interpretive analysis should focus on the change of meaning and on the existing variety of meaning rather than objectifying a universally valid interpretation of "normality". In this sense, it becomes questionable to include Goffman among symbolic interactionists (cf. Helle, 1998), which is usually the case. Of course, Goffman analysed processes of interaction and he was also a colleague of Herbert Blumer and a representative of the *Chicago School of Sociology*. But he did not consider the premises Blumer demands for a symbolic interactionistic methodology.

> *"The first premise is that human beings act toward things on the basis of the meaning that the things have for them. [...] The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with things he encounters." (Blumer, 1969, p. 2)*

Goffman's normative approach might be adequate for assessing minorities. For a short-term assessment of the situation it may appear suitable to simply disregard the possibility of change in the societal perception of the stigma. Such change can be the result of long-term activism by self-help initiatives and associated lobbyists, and it could be argued that this is another point of interest. But it is also understandable that Goffman's notion of stigma is not suitable for an assessment of the situation in an HIV high-prevalence country such as Botswana, where in some regions nearly 50 % of the 15 – 49 year old inhabitants are HIV-positive and nearly everyone has experienced the illness or the death of a relative or friend. The perceptions and interpretations of HIV and AIDS have altered tremendously over the last few years and the last milestone was the introduction of the ARV therapy.

Summarising, with regard to Goffman's theory, two major points need to be reconsidered. Firstly, it is necessary to overcome the impression that stigma simply derives from norms and, secondly, it is essential to create a neutral terminology for the processes of stigma and discrimination.

2.2. Social approaches to stigma

Doubtlessly the most important result of approaches that focus on stigma as a social process is the conviction that stigma can be influenced by external intervention. For example, Brown et al. have shown that HIV and AIDS-related stigma can be mitigated.

> *"While it may be unrealistic to think that we can eliminate stigma altogether, the studies reviewed here show that we can do something about stigma." (Brown, et al. 2001, p. 1)*

More recent studies about stigma mainly aim at revealing the specific conditions and effects that go along with certain attributes. In many cases the attribute in question is an illness, for example, HIV and AIDS, or a mental disorder. Another focus of such studies can be the use and acceptance of social welfare programmes or public health services. Many people refrain from consulting health services, and mental health services in particular are often associated with shame.

It is obvious that studies with such a focus presume a kind of "neediness" within the group of people they assess. In a later section (cf. Part IIa.2.1, p. 81) it will be shown that, to a large extent, academic approaches use the term "discrimination" when there is plenty of evidence that the attribute in question, following normative conventions, should not be a cause of distinction. This applies to attributes where social movements and laws have set up moral pressure to regard bearers of those attributes as equal, for example, race or religion. In contrast "stigmatisation" is largely used with attributes that suggest that the bearers themselves suffer from a particular condition or illness. It will be argued that such a distinction is not legitimate.

At this point, it is the aim to illustrate the outcome of social approaches to stigma. As these approaches often focus on illnesses, the works on HIV and AIDS-related stigma, on which this section will concentrate, can be regarded as exemplary.

It is difficult to identify when the *social paradigm* first occurred. In 2001 Weiss and Ramakrishna already claimed that stigmatisation in general should be regarded as a social process (cf. Weiss/Ramakrishna, 2001). Concerning HIV and AIDS issues, it was probably Parker and Aggleton in 2002, with their demand for a new framework for stigma, who started a very fruitful movement that recently peaked at the XVI International AIDS Conference 2006 with a special symposium under the title "AIDS Stigma Threatens Hard-won Progress".

> *"However, current thinking largely focuses on S&D [stigma and discrimination, annotation by the author] as individual processes - or as what some individuals do to other individuals - rather than as social processes. The dominant definition describes stigma as a "discrediting attribute" and stigmatized individuals as those who possess an "undesirable difference", and ignores aspects that describe stigma as something that is socially constructed (Goffman 1963; Marshall 1998). This has resulted in the notion that stigma is a static individual feature or characteristic, limiting analysis of the underlying causes and possible responses to HIV/AIDS-related S&D. We need to move beyond current thinking toward a conceptual framework that is based on an understanding that S&D are social processes and that, consequently, S&D can be resisted and challenged by social action." (Parker and Aggleton, 2002, p. 9)*

The list of authors that follow that paradigm is long (cf. Nyblade, 2003; Nyblade et al., 2003; Kidd and Clay 2003; Bond and Mathur 2003; Banteyerga and Pande, n.s. [2003?]; USAID, 2005; Ogden and Nyblade, 2006; Duvvury et al., 2006). Given that HIV and AIDS-related stigma is a major threat for prevention programmes as well as for public health services, the authors aim at revealing sources and effects of stigma. With the focus on a

special attribute, for example, HIV and AIDS, it is possible to identify factors that affect stigma. These factors could be common cultural or religious beliefs, norms about sexuality, common prejudices, widespread lack of knowledge, and other more specific factors such as the fear of contagion or death (Nyblade et al., 2003). Such an approach creates an understanding of how deep-rooted the causes of stigma might be within society.

People are rarely aware of acting in discriminatory ways. Accordingly, social approaches also look at structural preconditions that might have an influence on stigma. It was found that HIV infections of poor people are interpreted in a different way than HIV infections of rich people (cf. Nyblade et al., 2003, p. 22 et seq.). It is also possible to identify special risk groups such as young people or women. "In every country, young people are identified as being most at risk of HIV because youth are highly attracted to money, material goods, and sex" (Nyblade et al., 2003, p. 24).

According to Nyblade et al., the result of stigma is that PLWHA are treated differently. They have to face gossip, voyeurism and taunts. Once people are identified as HIV-positive, their social role changes as well as their social identity. They have to experience a loss of access to resources and a worsening of their livelihood. On the part of the individual, self-stigma causes PLWHA to possibly feel guilty and suffer from self-deprecation. They might lose hope, life aspirations and may isolate themselves (Nyblade et al., 2003, p. 28 et seq.).

The assessment of the specific conditions of one single stigmatising attribute also opens the perspective for what is called "multiple" or "layered stigma" (cf. Bond/Mathur, 2003; Nyblade, 2003; Nyblade et al., 2003; Stuber/Schlesinger, 2006). It means that people can bear more than one stigmatising attribute. In such cases, the effects can overlap and influence each other. It follows that people can be affected in many ways.

With the notion that stigma can be addressed, a lot of effort is being made to mitigate stigma. Brown et al. give an overview of various stigma intervention programmes (cf. Brown et al., 2001). A working group of USAID recently presented an agenda to measure stigma through multi-factor analysis (cf. USAID, 2006). This attempt is made to give a tool for evaluating stigma intervention programmes in order to identify effective models. It should also help to compare stigma across contexts. Furthermore, some very powerful tools which can be used to combat HIV and AIDS-related stigma have been developed through these social approaches (cf. Kidd and Clay 2003; Duvvury et al., 2006).

To sum up, it can be said that the social approaches are highly helpful because they are very close to the practical needs of development organisations as well as social and health services. The only point to be criticised is that the terminology is not clear. For example, the expression "stigma and discrimination" is often used as if it were a single term, or the words "stigma" and "discrimination" are used as synonyms. This might be due to the conviction that they can only be mitigated together as a pair, but it is more likely that it derives from the lack of a meaningful differentiation between the two words. Furthermore, social approaches use a terminology whereby "stigma" and "discrimination" include a rather negative connotation. They use a language of negative metaphors. The "stigmatised" are treated as victims of social processes. Sontag has indicated what consequences could result from this (cf. Sontag, 1990 [1977/1988]). Do these approaches possibly help to manifest and reproduce stigma when they find that prejudices exist and do they perhaps induce maltreatment?

It is also interesting that many authors restrict their view to questions of roles and role-expectations on the part of the community. For example, Kidd and Clay have designed their stigma intervention tool kit as a collection of methods that can be used to address stigma in processes of participatory learning ((cf. Kidd/Clay, 2003). In exercises, role plays, discussions and other activities, local conditions of HIV- and AIDS-related stigma are assessed in their social dimensions. PLWHA are advised to address their "stigma" in manifold ways. Stigma is described as occurring in many different social situations, and people are encouraged to reflect on such situations. Furthermore, they should be encouraged to "move from awareness to action" (Kidd/Clay, 2003 p. iii). PLWHA should be encouraged to take charge of their situation. They are ascribed a certain influence.

With the question about the agentic role of the individual, this was identified as an special interest of this book (cf. Preface 3.2.2, p. 16). It was also mentioned that individual based approaches to stigma can easily turn out to be "victim-blaming" (cf. Sayce, 1998, p. n.s.). When the stigmatised are in charge of their situation, any responsibility for negative effects is easily ascribed to only the ones who are stigmatised. In the logic of Kidd and Clay's tool kit, this objection can be countered by examining the discriminatory role of the community.

The social approaches thus give a glimpse of how stigmatised people can contribute to their mental and social well-being, as the following quotation from a tool kit for HIV stigma intervention programmes shows.

> *"BUILDING SELF-ESTEEM*
> *Ask participants to sit on their own and answer the following questions:*
> *- Make a list of things that make you proud of yourself and your achievements.*
> *- How do other people see you?*
> *- How do you want other people to see you?*
> *- What do they expect you to do?*
> *- How do these expectations and the way people see you affect how you feel about yourself?*
> *Then ask participants to pair off and share what they written [sic]." (Kidd/Clay, 2003, p. 99)*

The self-related task of someone who bears a special attribute appears as the challenge to overcome the prejudices of the community. Even if Kidd and Clay trust, to a large extent, in rational understanding and emphasise that stigma needs reflecting, their intervention tool kit also contains methods of training and exercising. These aspects will be the subject of the next theoretical chapter. *Accepting oneself* - which is often mentioned as a coping strategy - will be described as a rationally induced and monitored process of undergoing an experience in order to reorganise the set of attitudes which constitutes the bearer of a stigma. Furthermore, *accepting oneself* is the task of influencing one's social environment and make others part of the coping process. Only by comprehensive efforts can the complex configuration of one's individual social relations, social imprinting and social experiences be changed. As already mentioned in the introduction, in order to explain issues of stigma and discrimination, models of action need to be combined with models of behaviour (cf. Preface 3.3.1, p. 18).

3. Works on Discrimination

In analogy to social approaches to stigma, many analyses of discrimination are confined to a certain attribute that is discriminated against. This applies to much sociological research about discrimination that assesses, for example, race or sex. Furthermore, such studies often regard their need to explain to be fulfilled by assessing the interdependencies of their subject with other social phenomena. One could also classify these approaches as holistic in contrast to individualistic approaches, because the focus is on social conditions and structures rather than individual fate. Similar to the approaches to stigma, many of these works which carry the word "discrimination" in their title could be regarded as advocacy for the social groups they are examining. They are often more or less socio-political programmes of applied sciences.

As explained, it is the aim of this book to trace the social phenomena of stigma and discrimination back to general processes and mechanisms on the individual level where processes of social life are rooted. This should provide a deeper understanding of the foundation of stigma and discrimination in the way humans behave and how they rationally take action. This study also advocates the necessity of a micro-foundation of stigma and discrimination as social phenomena on a level that spans individuals. Accordingly, the following review of literature concentrates on works that integrate at least some aspects of methodological individualism. An examination of the literature about discrimination shows that it is possible to find much more effort made in bridging the gap between structure and action, or, in other words, between the macro and micro-perspective, than in the literature on stigma.

3.1. The theories of 'social identity' and 'self categorisation'

In the early 1970s, Henri Tajfel came up with experiments about intergroup discrimination. He wanted to find out whether pre-existing conflicts or other pre-existing values are really necessary for acts of discrimination. Several people were chosen as subjects for his "minimal group" experiments. These trials were designed to eliminate all pre-conditions that could cause a pre-judgement or other emotional reservations towards the members of the other groups. The subjects were assigned to group categorisation which were extremely abstract. Furthermore, membership was anonymous to make sure that there were no personal relationships which could influence behaviour towards other in-group or out-group members. Only the subjects themselves were aware of their group membership. They were asked to decide between alternative assignations of credit points (later translated into awards or penalties in money). Each alternative contained two amounts to be attached to two individuals. The subjects did not know the individuals they applied the credits to. They only knew whether he or she was a member of their own or the other group. It was striking that the subjects acted in a way that did not try to maximise the profit of their own group. The subjects in fact tried to maximise the difference between the benefit of their own and the other group.

The findings of the experiments are valued as a sign that formal processes of establishing groups are a very influential component of social life, even if the basis of the distinction is very trivial.

According to Tajfel, there is a basic tendency among people to create social categories. Regardless of the meaning of social categorisation, the simple fact of affiliation is

important. Social relevance derives from the mere fact that people are affiliated to one or another category, regardless of what kind of category it is.

> *"The child learns not only whom he should like or dislike in the complex social environment to which he is exposed but also something more basic. An individual constructs his own 'web of social affiliations' by applying principles of order and simplification that reduce the complexity of crisscrossing human categorizations. Perhaps the most important principle of the subjective social order we construct for ourselves is the classification of groups as 'we' and 'they'" (Tajfel, 1970, p.98)*

Tajfel states that the act of comparing one's group with another relevant group is by itself sufficient to cause unequal treatment. "Apparently the mere fact of division into groups is enough to trigger discriminatory behavior" (Tajfel, 1970, p. 96). A further assumption is that people are intuitively tempted to compete with each other.

> *"It is our hypothesis that minimal ingroup favouritism is an example of social competition between groups." (Turner, 1978, p.105)*

Tajfel and Turner assume that members of social groups try to gain self-esteem by enhancing the commonly shared image of their group. But in-group favouritism does not necessarily result in actions against out-group members or inter-group conflict. Turner, who later invented the self-categorisation theory (Turner, 1987), initially emphasised that there must be an additional proviso for social categorisation to be a source of inter-group conflict. There must be a notion about one's own group that is capable of giving the members a clearly shaped identification: The categorisation needs to be related to a *social identity* (Turner, 1978, p. 139; Turner, 1987). According to Tajfel *social identity* is:

> *"conceived in its limited sense as a background variable in intergroup behaviour. The notion only applies to those aspects of an individual's image of himself - positive or negative - which derive from his membership of groups that are salient to him." (Tajfel, 1978, p. 8)*

The term "social identity" should not explain the "complex issues of self and 'identity'"(Tajfel, 1978, p. 8) but the theory implies the expectation that a *social identity* is more than an individual mental representation. A *social identity* is expected to be a widely spread notion of what it means to be a member of a respective group. This notion is also expected to be largely shared and valid within a broader community. According to Tajfel and Turner, people attempt to gain self-esteem through processes of categorisation. Wagner and Zick's objection that this assumption of a general motive might be questionable should not be specified here, but only mentioned to indicate that there is criticism regarding this point (cf. Wagner/Zick, 1990, p. 323).

The theory of social identity and the self-categorisation theory both assume that people diligently try to enhance the image of their own group while they attempt to devalue the other group. As a result, social processes on larger scales tend to create manifest groups that are in opposition to each other. Social competition, furthermore, leads to the situation that some groups are widely accepted as being "superior", and thus also that "inferior" groups exist. But Tajfel further states that all these social categorisations, as products of social construction, are in any case unsound because they "can only be preserved if social conditions of distinctiveness are carefully perpetuated" (Tajfel, 1978, p.88). As an effect, social categorisations always are insecure.

Dependent on the group someone belongs to, different strategies and desires are applied. The ones who regard themselves as belonging to an inferior group are tempted to think that they can "pass" to another more desirable category. Tajfel emphasises that the chances of doing so are mostly overestimated. Alternatively, members of an *inferior* group can try to enhance the image of their group. In contrast, those who belong to a *superior* group are supposed to attempt to secure their status and try to hamper social change. As a result, they will take measures to stabilise or enhance the distinctiveness of the groups.

This assumption of established opposite groups might apply to many areas where research about stigma and discrimination takes place. Despite the clarity of the theory of social identity and its power of persuasion, it should not be forgotten that in most of the real cases the fronts are not that clear. Only in the minority of cases are the participants of social encounters members of opposed social groups. This would further only apply to open ostracism, but in the majority of situations, discrimination is not open and rather more subliminal. Referring to Blumer's explanation about the development of race prejudices, it has to be borne in mind that manifold actions need to be undertaken for a certain social group to be ultimately socially excluded (cf. Blumer, 1958). Efforts can also be made to mitigate social separation. Tajfel's notion of discrimination should be regarded as an option rather than a necessity, a "can" not a "must". It should be born in mind that forming social categories is obviously a general human tendency. It also needs to be recognised that this tendency can easily be abused to achieve political or economic goals.

Nevertheless, this book will also cover the manifold attempts to deliberately combat such processes before they even arise to be that influential. People also have multiple notions of their identities and the relevance of social categories. Someone may think that elderly people are not as capable as young people, but at the same time can cherish "grandma's" ability to look after the children. Tajfel himself also stated that "in each individual's life there will be situations in which he acts mainly as an individual rather than as a member

of a group; there will be others in which he acts mainly in terms of his group membership." (Tajfel, 1978, p. 88) It thus becomes clear that the concept of social identity need to be considered as a sort of inner core of an integrative concept about stigma and discrimination. Most literature on the topic cover these category based processes and show where stigma and discrimination have the most severe impact on society.

3.2. Stereotypes, prejudices, and inter-personal discrimination

There are several psychological approaches that do not cover discrimination as their main focus. They concentrate on stereotypes and prejudices and regard them as matters of belief. The focus is on how mental images evolve and how they guide people in their behaviour. A main argument of this book can be supported by these works, the conviction that the issue of discrimination should not only be discussed in terms of inter-group differentiation. To different degrees, these psychological approaches emphasise the role of the individual in reflecting or strengthening prejudices and stereotypes.

Lott and Maluso have compiled some of these works. Besides the similarities, every article has its own focus (cf. Lott/Maluso, 1995). Each one is a detailed analysis of a certain kind of discrimination, for example, racism (Maluso, 1995), classism (Bullock, 1995), heterosexism (Fernald, 1995), ageism (Pasupathi, et al. 1995), and sexism (Lott, 1995). The articles explain how each single *[discrimin]-ism* finds its own characteristic patterns of related actions, its special form of being enacted.

In these and other works, the term discrimination is mostly explained with a simple and more or less imprecise definition, such as:

> *"Discrimination was defined as any conduct which denies individuals or groups of people equality of treatment which they may wish." (Stroebe/Insko, 1989)*

According to that, discrimination is seen as placed in the sphere of action. The mental representations that lead to discrimination are stereotypes. It is difficult to say what the differences between *stereotypes* and *social identities* (which was discussed in the previous paragraph) might be. The terms come from separated discourses. Nevertheless, they could probably be distinguished in the following way: *Social identities* evolve when people are related to each other (inter-group, out-group) and they are attached to individuals. *Stereotypes* could be regarded as more general ideas which are not linked to particular individuals or without assignment to any person. Stereotypes are a set of beliefs about the personal attributes of people of a special kind. Some authors regard the term as focusing on the one who bears such ideas rather than the ones who are represented by the

stereotypes. According to Campbell, "stereotypes are concomitantly projections of the motives and concerns of the stereotype holder" (Campbell, 1967, p. 827). The concept of stereotypes is closely related to the concepts of prejudices, whereby a prejudice is an attitude towards a stereotype that tends to be predominantly negative. Whereas social identities are thought of as manifesting evaluation and value judgements, stereotypes can initially be considered to be free of judging connotations.

For psychological approaches, stereotypes, as representations of social categories or social groups, appear to be empirically tangible. Stereotypes are accessible by trials and discrimination can be provoked in experimental set-ups. Stroebe and Insko describe several psychological milestones in the approach to stereotypes (cf. Stroebe/Insko, 1989). They distinguish between individualistic explanations of stereotypes, theories of social learning, and conflict theories.

Individualistic theories regard processes of social exclusion as deriving from individualistic characters. They try to correlate discriminatory thinking with intra-personal conflict or maladjustment like, for example, frustration or an authoritarian personality. Theories of social learning emphasise the role of society and socialisation for the persistence of social categories and stereotypes. Effects of mass media, schools, parents and peer groups must be considered. Conflict theories aim instead at revealing the psychological roots of social conflicts that force devaluation of social categories.

The *realistic conflict theory* (cf. Sherif, 1967) "conceives prejudice as the outcome of intergroup competition for some scarce resource" (Stroebe/Insko, 1989, p. 14) and can be classified as "motivational" because it assumes a pre-existing aim to gain benefit. In contrast, the above-mentioned *social identity theory* is not motivational in its core, even though Tajfel and Turner included a perspective of people aiming at gaining self-esteem through devaluing other social groups at a later stage. Essentially the *social identity theory* can be called a cognitive approach because it claims that social categories derive from deeper roots of mental processes. According to Stroebe and Insko, these cognitive approaches are largely dominant and empirically fruitful but cannot stand alone (cf. Stroebe/Insko, 1989).

This book ascribes to the view that the above-mentioned theories all cover an important part of the process of stereotyping and need to be considered at the point they are relevant. Primarily, this work aims at revealing the micro-perspective of how stigma and discrimination interfere at an individual and inter-individual level. Motivational aspects need to be considered at a higher level and need to be integrated particularly when the

question is raised as to how cognitive processes are influenced by the special setting under different local conditions (cf. Part III.2.2.2, p. 217).

Fighting for resources or power always manifests itself in a local context. Spatial units of different levels, for example, countries, districts, towns, or neighbourhoods can be regarded as spheres of resource provision. Resources are available, distributed or constrained spatially. Someone can only obtain a good if they go to the place where it is provided. This requires that someone else has brought that product to that place. Provision appears as a question of space and capacity. For example, a town has just one post as a mayor. An area only provides a certain capacity of formal employment. If such resources are scarce, it triggers competition. In order to gain advantage in a competition, an attempt to subsume respective people under a social category might appear as an option. One can make efforts to marginalise others in order to secure resources for one's own group. It is also evident that certain people with special personalities at important positions might have great influence on whether such conflicts might arise or if they are suppressed (cf. Part III,Conclusion #3, p. 208).

3.3. Stereotypes and the agentic role of the individual

It is evident that these thoughts have moved the focus to the fundamental question about how human beings can be best described. A solid definition of cognition and cognitive processes subsequently became necessary in order to address this question. Are they simply behavioural processes of stimulus and response, or do people deliberately act and do they have influence on their cognitive processes? In the following, this will be referred to as the question of the *agentic role* of the individual.

There are cognitive approaches that have very confined notions about the basis on which people assess other people. Stephan's model of how stereotypes derive from cognition deals "with the structuring and processing of information in the mind" (Stephan, 1989, p. 37). This model assumes an input of information and that cognition is the process that deals with these information. Stephan's model is interesting because it does not only look at how stereotypes, prejudices and ultimately discrimination evolve by cognitive performance, but also creates a notion of how they might be changed. According to Stephan, this can only be effected from outside, not by the individual him or herself. It can happen by giving an input of information into the cognitive system or by modifying the internal links within the stereotypes. Such an approach runs the risk of confining human mind to computational programmes, which Bandura refers to as an austere cognitivism that neglects "self-regulatory processes that govern human development and

adaption" (Bandura, 1993, p. 117). Bandura maintains a different view but this will not be be explained until the next chapter. Bandura provides one of the links between behaviour and action this book is based on and therefore will be explained at a more prominent point (cf. Part IIa.2.2.3, p. 99).

3.4. Economics of discrimination, ethnic differentiation, and rational choice

The afore-mentioned works on discrimination are by psychologists and mainly aim at revealing basic mechanisms of social life. These approaches can therefore be regarded as paradigmatically focusing on human behaviour. In contrast, the works that are to be reviewed in the following concentrate more on actions. In more social-scientific works the assumption of intentionality as a major creative power of social life and thus also a corresponding notion of *action* appear as paradigms. It will be shown that most of this literature can ultimately be traced back to a certain confined notion of action.

Discrimination causes severe injustice all over the world. In countries where the population is segregated, this leads to deep-rooted social stratification. Regardless of whether it is the South African apartheid system, the discrimination against the blacks in America, or alleviated forms, like the unequal treatment of women as it is practised in many societies, in all these cases, the people in question do not only face affronts, but also have reduced means of living. On average, they are poorer and in general have less access to public resources. Discrimination is not only a matter that concerns certain individuals but is measurable in hard statistical facts. Works that measure discrimination are very close to economic approaches because processes of discrimination become most apparent in economic settings, for example, the labour market (cf. Becker 1973 [1957]; Stiglitz 1973; Rydgren, 2004; Esser, 1985).

Stiglitz describes the Janus face of discrimination (cf. Stiglitz, 1973), a kind of discrimination that Rydgren calls *statistical discrimination* (cf. Rydgren, 2004). What they mean is that if, for example, the statistics show that a certain ethnic group has a higher level of sick leave, employers might as a consequence be tempted to pay lower wages or decide not to employ a member of this group. The employer will not consider that there might be an enormous within-group variation and that the high count of sick leaves also might be due to the discriminatory working conditions, and thus circular in effect.

> *"The differences arise only because of differences in their economic treatment (present or past), although the differences in economic characteristics are at the same time the "explanation" of the differences in the economic treatment." (Stiglitz 1973, p. 288)*

While Stiglitz only regards wage inequalities, Rydgren also considers *spillover discrimination* (cf. Rydgren, 2004). Rydgren emphasises that a certain form of discrimination in one realm can cause network-effects that might have excluding effects in other realms of life. Certain people, for example, might get known as people who hardly get employed. They will thus probably be refused as tenants. *Institutional discrimination*, according to Rydgren exists "when apparently neutral requirements for recruitment or working practice affect certain ethnic groups more than others, or when certain rules, instructions or everyday practices within a social system have intended or unintended discriminating consequences" (Rydgren, 2004, p. 711). This notion is on the verge of what Galtung had already conceptualised as *structural violence,* a form of violence that does not necessarily need someone to enact it because it is derived from inscriptions of the social system (cf. Galtung, 1969). But we will remain in the field of what Galtung calls *personal violence*, because for discrimination to occur at all it needs someone who draws a distinction between himself and someone else.

But some authors on this subject do not cover discrimination so explicitly in their work. They handle discrimination as a secondary phenomenon which derives from ethnic differentiation (cf. Esser, 1985; Ganter, 1997). In their view, the sheer fact that discrimination exists gives evidence that processes of ethnic differentiation need to be revealed in the way they are socially constructed.

Due to the close relation to economics implicit in most of these approaches, a common notion of action is present. They implicitly or explicitly rely on theories of *rational choice*. The core of these theories is that they assume that people act on the basis of rational thinking whereby rationality is led by rules of inference that are assumed to be valid. The simplest theories of *rational choic*e regard material gain as an incentive for action and view people as a form of the "economic man", optimizing their benefit by minimising expenditure and maximising income. Other theories qualify this strict notion of the *homo economicus* somewhat and see people as a form of "business men", that are satisfiers who aim at finding a solution that not only maximises earning but also suits them well in non-pecuniary ways.

But people do not always seem to act rationally. Due to this observation, the concept of *rational choice* has gained several alterations in its history that describe rationality as bounded. Boudon reacts with a cognitive argument that people develop their choices on the basis of a belief which later might turn out to be wrong (cf. Boudon, 1996). Earlier, Simon stated that it is only necessary to assume that actions are rationally intended and that "the paradox vanishes, and the outlines of theory begin to emerge when we

substitute for 'economic man' or 'administrative man' a choosing organism of limited knowledge and ability." (Simon, 1955, p. 114)

On the foreground of such theories of *rational choice* extended with the notion of *bounded rationality,* inter-group or inter-ethnic discrimination appear as problems of efficiency and insufficient information management systems. If, for example, a member of a foreign ethnic group applies for a job, the employer will most likely assess him or her by falling back on his ideas about this ethnic group. The employer will hardly try to find out about the individual skills and the capacity of the applicant. Such an assessment would be more labour-intensive. Rydgren especially emphasises that the employers will think "statistically", which means that the experience they have already gained with some members of this ethnic group will let him assume that all others will be alike (cf. Rydgren, 2004).

Also self-categorisation is reduced to a purposive rationality. Members of ethnic groups are supposed to regard the possibility of integrating themselves into the networks of their ethnic origin as the most effective way of making a living in the foreign countries (cf. Esser, 1985, 1986). Esser deduces not only discrimination as unequal treatment to rational actions. He goes further by claiming that ethnic segmentation and social differentiation can be regarded as probably unintended results of rational choices. People who experience rejection because of an attribute they bear might thus organise themselves to find niches in or channels into certain realms, for example, housing or employment market. This might then reinforce the development of social exclusion, enclaves or ghettos.

Followers of *rational choice* theories reacted in several ways to the justified objection that a notion of human beings as simple rationalists is too simplistic. It has to be understood, for example, why deprived people often do not follow the expectations of doctors, health services or other support programmes, even if it is obviously the best option. Reygadas explains this phenomenon by referring to questions of culture. If the social context is not considered, the logic of support programmes might contradict the cultural logic of the target group. Accordingly, actors have to be regarded as developing their strategies "within the context of shared images, the fruit of history and cultural construction" (Reygadas, 2005, p. 490). Reygadas also explains how rational minds are able to create images about discrimination and social exclusion to strategically combat structures of inequality.

There are more concepts that try to bridge the explanatory gap of *rational choice* (cf. Ganter, 1997, p. 80). Another concept which explains why people do not always act the way an external observer would expect or identify as the way they would benefit most from, is the concept of "framing" that has its origin in the work of Goffman (cf. Goffman, 1974). This concept assumes that people first assess the current situation and then rationally develop an appropriate reaction on the basis of their "definition of the situation" (cf. Esser, 1996; Kroneberg 2005).

Esser, extends the idea of rational choice to a *general theory of action*. He argues that the assessment of a situation is not necessarily accomplished by rational process. It can also happen in an automatic-spontaneous mode which differs from the rational mode. In his view, it is crucial to consider to what extent an occurring situation "matches" a pre-existing, culturally-given definition of a situation. As explained above, this can only apply to cases where routinised action is successful or where it perpetuates cultural continuity.

In the following section it will be argued that such "matches" in form of an ad hoc understanding of the current situation are rarely found in processes of stigma and discrimination. Social encounters marked by stigma and discrimination are characterised by a lack of cultural accordance. In cases where behaviour fails, often no definition of the situation is possible, and no frame matches. The attendees have a lack of experience in dealing with the presence of a certain attribute. This applies to the bearers of the attribute as well as to the non-bearers.

3.5. First steps to an integrative concept of stigma and discrimination

In his early article on race and prejudice, Blumers combats a common notion (cf. Blumers, 1958). According to this paper, discrimination should not be traced back to dispositions of individuals who are regarded as actors of discrimination. According to Blumer, psychological or psychoanalytical explanations that try to base discrimination within psychological processes or characteristics, for example, frustration or authoritarian personalities, overestimate the role of the single individual.

> *"My thesis is that race prejudice exists basically in a sense of group position rather than in a set of feelings which members of one racial group have toward the members of another racial group." (Blumer, 1958, p. 3)*

In Blumer's view, many actors permanently reproduce manifold representations of what can be regarded as the nature of a certain social group. Through this process a more or less clear and closed picture about the nature of the members of that group gradually

evolves and becomes largely valid throughout society. Blumer's notion appears as an idea of methodological individualism.

Today, Blumer's notion, as simple as it was presented in this short article, is capable of integrating several lines of argument. Firstly, Blumer suggested that processes of group formation and mental representations about social groups might have an innate dynamism within social processes of exclusion. This is in line with socio-psychological research about inter-group behaviour (cf. Tajfel, 1970, 1978; Turner, 1978).

Secondly, Blumer also stated that certain individuals play, to various degrees, important roles within the collective process of creating a shared mental representation of a social group. According to Blumer, leaders, prestige bearers, officials, group agents, dominant individuals and ordinary laymen (Blumer, 1958 , p. 5) are agents of that process and probably try to benefit from it. Theories of *rational choice* could be effectively integrated into this notion by restricting them to strategic actions of individuals or opinion leaders. Such an approach is most helpful when the focus is on single actors who hold certain exposed positions in society, particularly concerning the institutional setting around the respective stigmatised and discriminated attribute.

Thirdly, ideas of theories of social cognition are also indicated by Blumer. People do not only uncritically adopt common notions, stereotypes and prejudices, and are able to overcome such pre-conditions. Blumer argues that even if generalised pictures of social groups emerge, many people at the root level probably have differing experiences. There might thus be a capacity to break the influence of stereotypes when people qualify their experiences in manifold everyday inter-personal encounters.

> *"One should keep clearly in mind that people necessarily come to identify themselves as belonging to a racial group; such identification is not spontaneous or inevitable but a result of experience. Further, one must realize that the kind of picture which a racial group forms of itself and the kind of picture which it may form of others are similarly products of experience. Hence, such pictures are variable, just as the lines of experience which produce them are variable. [...] This process, as I hope to show, is fundamentally a collective process." (Blumer, 1958, p. 3)*

For Blumer it is a core methodological implication for social research to reveal "lines of experiences" (cf. Blumer, 1969, p.2 quoted earlier on p. 48). People perceive actual situations on the background of their experiences. The interpretations and conclusions people draw are largely influenced by concrete occurrences. The benefit especially for social science is that "lines of experience" are assessable for qualitative empirical

research. This provides a notion that a micro-foundation of discriminatory processes does not necessarily have to be restricted to psychological research.

4. Conclusion #1: Reasons for Developing a New Concept of Stigma and Discrimination

Summing up this chapter, the reasons for developing a new concept of stigma and discriminations should be recapped. At first, these reasons should simply be listed but a short explanation will follow.

- There are some phenomena that cannot be explained by existing concepts of stigma and discrimination.
- Much of the terminology around stigma and discrimination itself is defamatory or discriminatory.
- The terms "stigma" and "discrimination" are used with widely overlapping spheres of meaning, which confuses their use. Furthermore, different academics use the terms differently.
- Neither a concept of stigma nor a concept of discrimination alone can be fully satisfying to explaining processes where salient attributes lead to social differentiation.

4.1. Explanatory Gaps

In Botswana several observations were made that could not be explained with existing theories. This book outlines three examples. At this stage only one, the "Miss HIV Stigma Free" contest, was already explained. The other two can be found in front of the following main chapters, titled "Inexplicable Experiences II" and "III". Here, a brief summary of all three will suffice.

Firstly, the "Miss HIV Stigma Free" beauty contest is an event that can hardly be described by the existing approaches (cf. Inexplicable Experiences I, p. 34). An interpretation with Goffman would be very discrediting. But social approaches to stigma also fall short. As they mostly originate from applied research, they do not claim to reveal better explanations. Their aim is to qualify governmental organisations, NGOs and development partners in order to plan intervention programmes.

Secondly, *accepting oneself* as a coping strategy against stigma and discrimination, cannot be explained either (cf. Inexplicable Experiences II, p. 69). This strategy of PLWHA[18] will subsequently be described as a process of personal training with an aspect

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of social learning, and also committing oneself to a process of experience. It is not only the bearer of a special attribute that is required to take part in this process. Family, circles of acquaintances and friends also need to be involved.

The third inexplicable observation (p. 167) is that stigma is a *spatial parameter* because it is dependent on local conditions. In contrast to what normative approaches would suggest, stigma is dependent on location. If stigma was dependent on social norms, these norms would be binding, at least within a society with a somewhat homogeneous culture like Botswana. However, stigma's actual occurrence was found to be shaped differently by local communities. The fieldwork of this study, by means of a comparison of rural villages with an urban site, revealed different numbers of members of support groups being open about their HIV-positive status. This conclusion was further reinforced by observations.

4.2. Confusion in terminology

Besides the very helpful and illuminating outcome of the social approaches to stigma, there is great confusion in the use of terminology. Some authors do not differentiate at all and use the expression "stigma and discrimination" as if it were a single term (Letamo, 2004). Such an indefiniteness most obviously appears where stigma is to be empirically measured. In such cases, most research falls back on measuring negative attitudes towards PLWHA, which obviously would be more correctly called discrimination (Letamo, 2004; Brown, et al. 2001; USAID, 2006). Some authors, for example, differentiate between "internal stigma" and "stigma towards people living with HIV and AIDS" (Nyblade et al., 2003, S. 28 et seq.; Banteyerga/Pande, n.s. 2003?). What is named here in the first case is obviously stigma while the latter indicates discrimination.

The USAID stigma & discrimination indicators working group (USAID, 2005; USAID, 2006) doubtlessly developed a powerful tool to assess processes of social exclusion related to HIV and AIDS. But what do the indicators really measure or quantify? Can the "refusal of contact with people living with HIV/AIDS" be considered stigma? The authors do not explain much about the terms. Accordingly, even more combinations with the word stigma emerge, for example, "internalised (self) stigma", "compound stigma" or "enacted stigma (discrimination)". All these terms are not created on a common basis of definition and sometimes they are used without more specific explanations. In the end, they do not help to create a shared understanding of the subject.

4.3. Stigma and discrimination: Towards a neutral terminology

Above all, more recent works on stigma and discrimination aim at mitigating the negative consequences of both. The strategy is to describe the negative impact and then relate it to structural conditions, leading to a sociological perspective of causes and effects. There is the assumption that if the underlying structural conditions are altered, as an effect, stigma and discrimination would be mitigated.

This notion neglects to consider that stigma and discrimination are not only structural problems, they are also the effect of operations enacted by people. People either do this deliberately or just because of routine or habitual behaviour. They reproduce structural conditions by means of their behaviour and action. To address stigma and discrimination in this way is a matter of convincing people to alter their conduct. In order to accomplish this, stigma cannot be treated as a black box. The inner mechanisms of stigma at the personal and inter-personal level need to be understood.

Before people can alter their habits, it is necessary that they recognise that their behaviour harms others. Nobody willingly admits to behaving "negatively". This is further hampered by the tendency of people to associate unfair or destructive actions with other people but not with their own behaviour. Nobody easily identifies him or herself as the source of grievance. What Miller describes in the introduction of his book "Good and Evil" can also be applied here:

> *"There are many eyes or lenses to consider in this volume. Prototypical acts of harming involve a perpetrator and a victim. Considering the perspective of both of these participants is crucial, for each may present an extremely different version of what has happened." (Miller, 2004, p. 5)*

Bad things are always done by others and one's actions are readily relabelled with nice words or manifold excuses. This is especially relevant considering that stigma and discrimination are highly morally charged. The terms automatically imply something negative, if not malicious. Nobody would thus easily acknowledge to oneself that he or she is a source of such evil. This, in turn, effectively perpetuates stigma and discrimination.

At the moment, there is the curious situation that the terms "stigma" and "discrimination" themselves seem to stigmatise and discriminate. But there is also the insight that sometimes discrimination, thought of as unequal treatment, is even necessary. For example, no one would deny that a severe illness needs to be identified and the patient needs to be treated in an adequate way. This argument will be followed later (cf. Part

I.2.4.4, p. 108). At the moment, however, this brief explanation should be enough to advocate the development of a neutral terminology to cover issues of "stigma" and "discrimination".

Perhaps this circle can be broken. It is suggested here that neutral terminology for stigma and discrimination can help to find a way of thinking about these issues without any prejudgement. Neutral terminology can also be helpful identifying which cases really are condemnable and which not. If social disjunctive action (discrimination) is explained as a basic human sense of orientation it will appear as acceptable and initially value free. Such an understanding can help to identify the point where judging should begin and even needs to begin. Also academic insight into associated processes can be gained.

But, of course, it cannot be expected that the common or the political use of the words will change. People are too tempted to use a morally dialectic language of good and evil in everyday life (cf. Miller, 2004). The scientific use of the words should be more deliberate.

4.4. Main conclusion

There is doubtlessly a lot of research about the causes and the effects of stigma and discrimination but the picture is very heterogeneous. A lot of research focuses on special attributes such as race, illnesses, ageing etc. In doing so, these works mostly concentrate on revealing the specific social conditions of these confined realms. The terms "stigma" and "discrimination" are used differently and even in conflicting ways.

A general notion of how stigma and discrimination work, unconfined to specific attributes, is limited to referencing Goffman (1990 [1963]) regarding stigma and Tajfel (1979, 1978) and/or Turner (1978, 1987) regarding discrimination. These works reveal deeper understanding of how these processes arise from social interaction and psychosocial predispositions. But these approaches only regard the confining effects of prevailing social categories on the individual.

From the perspective of this book, this needs to be valued as a hypostatisation of mental imageries. As normative approaches regard norms as binding entities, most psychological theories regard behavioural mechanisms as determining, regardless of whether they are group dynamics of building group-identities or the tendency to believe in stereotypical categories. The major line of criticism will be to question this determining perspective and to try to reveal to what extent human beings have influence on their basic behavioural attitudes. This question will further be reflected by the discussion about the *agentic role* of the individual.

The confusion around the terms "stigma" and "discrimination" could very easily be disentangled by following the suggestions outlined in the next chapter. The main point is to differentiate stigma and discrimination by regarding stigma as the perspective of the bearer and discrimination as the perspective of the non-bearer. It will also help to consider that both processes of stigma and discrimination do not simply refer to abstract social categories, stereotypes or norms. Another important point of the next chapter will be to explain that there is a certain leeway within which every single individual can gain sovereignty over the determining structure of his or her social environment and can again be a re-creator of these social conditions.

Inexplicable Experiences II: 'Accepting Oneself'

The concerns of PLWHA[19] with regard to the influence of their HIV infection on their health condition differ. People who are not yet on ARV therapy might fear that their health status will decline so that they will have to start treatment, whereas people who are already on treatment might be afraid of treatment failure and side-effects. In accordance with to these concerns, PLWHA use different strategies to cope with their HIV-positive status. Each and every P*erson*LWHA has his or her own set of ideas about how best to maintain his or her health status. PLWHA believe in various combinations of measures compiled from several sources of information, for example, advice from doctors, common notions about HIV and AIDS, spiritual, cultural or religious beliefs and even superstition. Once they have learned about their HIV-positive status, many PLWHA in Botswana turn towards Christianity and try to find trust in Jesus and God. Others favour following the doctors' advice to eat healthy food and to exercise. Some spend a lot of money on food supplements, for example, vitamins. Others subscribe to clinical trials like the *dikotlana* study, which tries to assess whether multivitamins or selenium might effectively delay the necessity of medication. One of the interview partners, a member of the Botswana Defence Force, believed in strong discipline and spent a lot of time on sports every day. It is common advice that a positive attitude to life helps to delay the outbreak of the illness, despite knowledge of the infection. Some PLWHA expressed a more pragmatic manner of dealing with such advice not to become resigned by saying that they simply try to "keep themselves busy".

1. HIV is an Abstract Disease

It must be borne in mind that PLWHA can only assess the development of their health status by monitoring an abstract lab value, the CD4 count. HIV is an infection that may not show any symptoms for a long time after the initial infection. Since ARV therapy was introduced in Botswana, the outbreak of AIDS can even be effectively postponed. A person who enters the programme early enough can basically avoid experiencing any severe impairment of their health. But this requires a very abstract understanding of their illness. An HIV infection and the outbreak of AIDS need to be understood as a function of the CD4 count, or rather the CD4 count needs to be accepted as a valid indicator of one's health.

The CD4 count is a measure of the $CD4^+$ T cells in the blood and thus indicates the condition of the immune system. It is measured by drawing a blood specimen that is later

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analysed in a lab. This might sound self-evident, but for many people in Botswana such a conception that an illness can be diagnosed through abstract data is very far from their cultural background (cf. Rakelmann, 2005). In addition, the CD4 count has the disadvantage that it does not only depend on effects of the HIV virus. It can also be temporarily affected by other factors, for example, common infections. The viral load test, which is also a type of blood screening, is a direct measure of how far the HIV virus has infiltrated the blood but the test is more complicated and expensive. For this reason the CD4 count is used to monitor the HIV status of the patients.

For PLWHA the CD4 count plays a major role in their understanding of their illness and it holds much of a PLWHA's attention. PLWHA ask each other about their well-being and enquire about their CD4 counts. They are relieved if their CD4 count remains good. A healthy person has a CD4 count between 500 and 1200; a CD4 count of 200 marks the point where symptoms of AIDS, if not already present, are most likely to appear. In Botswana 200 is the threshold value for the onset of therapy. After a test PLWHA wait tensely for the results and many experience a very difficult time when their CD4 count is found to to have dropped.

> *˝What can I do? It's just up to praying and try and eat as ... good food as ... much as I can. Because I think that's why the CD4 is dropping. Because of, maybe I don't eat a balanced diet or whatever? [..] And maybe it's the stress of not working and not doing anything [..] Because the last time I went there it was 219. And recently I went there it was 233. Maybe it was dropping because I'll just stay here and then sleep... And the more you sleep, the more you think, the more you think - that and that - that's when you stress yourself." (42 Interview PLWHA OldNa)*

A person who is HIV-positive cannot trust their physical feelings when assessing their health. Being HIV-positive requires adopting an attitude that regards oneself as exactly as healthy as the CD4 count reveals. The development of the CD4 count, whether it is rising or falling, thus appears to a large extent to be fate. There are only few proven measures that can be taken to support the CD4 count. These include all recommendations for a healthy life, for example, exercising, balanced diet and resting enough. But there is a strong likelihood that these measures will eventually fail and that will be the time when the medicine will need to be taken.

As today the outbreak of AIDS can effectively be averted and an HIV infection cannot be felt by the infected individual, HIV and AIDS have largely become an intellectual challenge. An abstract notion of HIV needs to be rationally constructed by the patients. Such a perception needs to be permanently supported to ensure that the individuals make

all efforts to maintain their health status. Even if a P*erson*LWHA is already on ARV medication adhering to the medication is a matter of will. This applies to the same degree to cases where no symptoms are noticed and the patient feels healthy and cases where severe side-effects accompany the medication.

> *Bogosi: "A person with HIV is always afraid, very very afraid. [...] He doesn't believe in a lot of things you give him. So, because of this, the person is always insecure." (38 Interview PLWHA COCE)*

What the interview partner is referring to is the variety of explanations that exist with regard to HIV and AIDS, all of which promise help or relief and tend to leave the individual undecided. The biomedical understanding of HIV is just one of these explanations, and it unfortunately is very abstract.

2. An Intellectual Challenge; Door Opener for Deception

Not only medical doctors give advice on HIV and AIDS. Ultimately, uncertainty results from the great variety of often conflicting explanations. As a result PLWHA are torn between various ideas and the situation is aggravated by racketeers with suspicious business plans. There are offers of religious healing services, but of course, they need to be paid for. Suspicious medical products like *Cellfood* are advertised with mysterious healing stories. *Cellfood* claims that its active ingredient is "oxygenating every cell in the body" and is "cleansing, restoring and regenerating cells". Figure 5 (p. 72) shows an advertisement for *Cellfood* displaying a man in a pitiful condition before treatment and, having recovered after treatment, holding the advertised tablets. Any observer can ponder how this example of a ham actor might appeal to affected people. While *Cellfood* addresses people with biomedical conceptions about illnesses, other dubious characters call on culture and offer traditional herbal medicine. Some of them promise to heal every illness. Marketing strategies differ and range from open advertisements to small hidden postings in public areas that are only able to catch the eyes of those affected.

In this context, superstition should on no account be put on a level with African tradition. There is no evidence to regard tradition as the exclusive source of superstition, and it would be a major mistake to do so. As the examples given show, it is mainly individuals with business aspirations who try to activate traditional, mystical, religious or superstitious perceptions in order to make a profit. It would also be too easy to blame Botswana's traditional culture and traditional medicine for profiting from HIV and AIDS. Traditional healers should not be regarded as charlatans. Traditional beliefs claim that if a person is sick, the forces (for example: ancestors, witchcraft) within the spiritual sphere are no

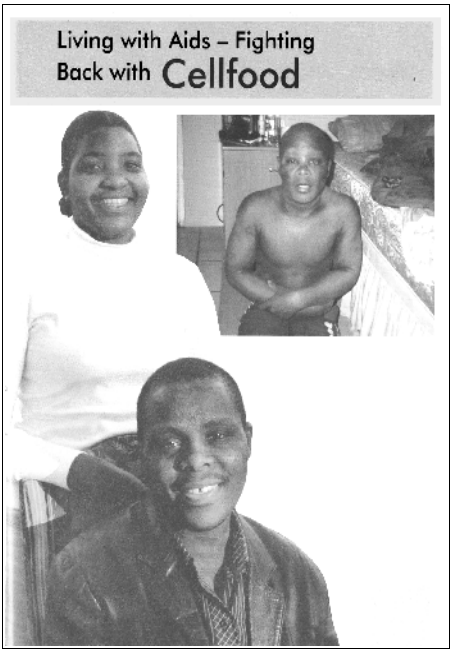

Figure 5: Cellfood Advertisement

longer in equilibrium. Traditional healers restore the position of the sick person with regard to these forces. In traditional thinking healers play an important role and they often cooperate with modern doctors and health workers (Chipfakacha, 1994; 1997). Furthermore, it needs to be emphasised that across all continents and countries affected people show an affinity to services that supplement biomedical treatment. People always try to get additional help besides scientifically proven strategies, no matter whether they live in a more modern or a more traditional environment.

It is understandable that PLWHA can get confused by the conflicting explanations about HIV and AIDS, especially because the biomedical explanation implies that healing is ultimately impossible. Therefore, it is all the more interesting that a certain strategy exists that tries to renounce the human tendency towards irrational hope and propagates regarding HIV in a more hard-headed way.

3. 'Positive Living' and 'Accepting Oneself'

When a P*erson*LWHA states: "I take HIV as each and every sickness that you can have" it might easily be valued as an attempt to play down the seriousness of HIV and AIDS. Somehow or other this was often mentioned in the interviews and many who claimed this seemed to have really adopted this view. The statement is closely related to the concept of *positive living* and the coping strategy *accepting oneself,* which will be considered in the following.

With further inquiries about the topic of how PLWHA cope with their infections, the focus turned to self-help initiatives. HIV activists propagate *positive living* as a concept for a better quality of life. "Positive living" means having a positive attitude towards life. It requires regarding the HIV infection not as something that is condemnable or discrediting.

It further requires having at least a circle of friends or relatives with whom it is possible to talk freely about HIV and one's HIV-positive status. "Positive living" also claims that PLWHA should participate and be accepted in all areas of social life and society, whether it be the world of employment, public affairs or social life. This is not self-evident because many PLWHA often explain that they experience the implicit opinion within their communities that PLWHA should better stay at home. Positive living also advocates a *greater involvement of PLWHA.* This means that PLWHA should be more integrated into any public realm, for example, health or counselling services. This is not only called for in terms of equal access to employment. The idea of *greater involvement* also includes the opinion that because of their experience PLWHA can serve as advisers and counsellors in questions concerning HIV and AIDS. There is also the call to explicitly employ PLWHA who are public about their status in communal positions in order to combat the prejudice that PLWHA are not able to responsibly fulfil jobs.

When a person has discovered that he or she is HIV-positive it is not possible to immediately fulfil the requirements of living positively. The first thing to do is to *accept oneself* as Leabaneng Masedi, an HIV activist, explains.

> *Leabaneng: "What is necessary is that you become free. Before I had accepted myself it seemed as if I was somewhere else. You know, let's say: I pass you and you look at me and laugh. Maybe you have been talking about something else when I see that you are laughing, but I just think maybe they are laughing at me. But if you accept yourself you become free. Sometimes I have forgotten that I am HIV-positive. Because I just think, I am just Lea, I am a person, that virus is just a sickness as each and every sickness which somebody can suffer." (39 Interview PLWHA OldNa)*

And when further asked what is necessary to accept oneself she replied:

> *Leabaneng: "Yourself you have to sit down and accept yourself. Like myself, I was asking myself many questions after my test. Was I a bitch, a what, what, what...? You take many things in your brain, or your brain comes with all those things. Because this HIV, when it first started, it looked like; if HIV-positive, you were a bad woman or ... I think you understand me." (39 Interview PLWHA OldNa)*

What she is referring to is the fact that the early prevention campaigns often warned of sexual intercourse as the major mode of transmission. In the course of these campaigns prostitution and multiple sex partners were mentioned as risk factors. These ideas have persisted in Botswana despite improved knowledge.

With high prevalence rates everybody can easily contract HIV by just having one single partner. Under such conditions even moderate rates of promiscuity lead to a spread of the

HIV virus. Almost everybody has more than one partner during the course of his or her life. Especially adolescence is a stage in life in which people have to accomplish the task of finding a partner. Particularly during adolescence, reproaches concerning the relation between HIV and sexuality encounter sensitive personalities. Prostitution and promiscuity are definitely negative images that nobody would like to have attached to them. Furthermore, it should be borne in mind that even sexuality itself is an issue that can easily cause shame.

All these reasons together led to the common images that relate HIV and AIDS to sexual immorality. Stories about *sugar daddies*, who provide items of luxury to young girls in exchange for sexual services are willingly related. The image of the *lebelete*, a woman who is not really a prostitute but lives independently, receiving donations from several man, is also frequently reproduced (cf. Helle-Valle, 1999). These stories divert the focus from the realistic threat of contracting HIV during a casual affair or from a spouse who commits adultery. The scope of these perceptions is the source of generalised prejudices with which PLWHA are frequently confronted.

When an affected person ponders upon such reproaches, these ideas easily turn into self-reproach. Stigmatisation is such a self-related process. PLWHA state that they tend to over-interpret the behaviour of others.

> *Maltumelo: "Something about stigma. Like I have said: We PLWHA are the ones who stigmatise ourselves. You can't see stigma, if you are not stigmatising yourself. If you have accepted yourself fully, some funny things [she refers to little gestures indicating gossip or rejection], you don't see them. I don't care about what people are doing. You see if you have accepted yourself you don't see these small things." (39 Interview PLWHA OldNa, annotation by the author)*

It is obvious that it is to easy to understand stigma only as a matter of a damaged self-image. As can be seen in the quotation above, stigma is induced fundamentally by the social encounter, when PLWHA interpret the behaviour of their social counterparts. Accordingly, 'accepting oneself' also cannot be only understood as the intellectual creation of a positive self-image, but must be regarded as a practical task concerning attitudes in social interaction. 'Accepting oneself' appears as a process of finding an attitude that helps to react to social situations.

Of course, it might be a major challenge for PLWHA to design images about themselves which they themselves can accept. But such a constructionist view, which regards identities as rational constructs, misses the point that identity cannot simply be built by assembling intellectual pieces, by considering the signification of attributes a person has.

Identity-building is not only a task of the individual but also a matter of social interaction. When people have rationally constructed an image of themselves, this image needs to be confirmed in its social acceptance. Ideas about oneself need to be tried and tested so that they gain affirmation to prove their validity.

'Accepting oneself' needs to go beyond rational definitions of one's self and also has to reconsider the social ties to which an individual is bound. This appears in many answers given to the question of whether the interview partners have ever thought about where they caught HIV; by whom they were infected.

> *Interviewer: "Do you blame one of your boyfriends?"*
>
> *Maltumelo: "Before I have gone through the trainings... I used to blame one. The second one. [...] After I have accepted myself: No. Because I also blame myself why I in time didn't insist on using a condom. I could have checked myself too. So no, I am not blaming anyone." (73 Interview PLWHA COCE)*

Or a quite similar answer is this:

> *Keaitse: "I used to, but right now, I am free, you know, I've accepted myself... I am not blaming anyone. But before I used to think; how did I get this, but right now, I am fine." (45 Interview PLWHA OldNa)*

It is striking that the question of blame is combined with a question of whether it is possible to accept oneself. Even if the wording of the answers might be influenced to a large extent by the terminology of the self-help movement, the interview partners seemed to find relevance in these words and claimed that these ideas provide orientation for their lives.

This work conceptualises stigma as a challenge of the social acceptability experienced by the corresponding person him or herself. In this notion, stigma can be eased by finding a way for the person to be re-integrated into the social context. This requires a reconciliation with the circle of acquaintances.

'Accepting oneself' also entails accepting others and refraining from reproaches against other individuals. 'Accepting oneself' needs to be thought of as a complex process in which more people than only the HIV-infected person need to take part. The following example shows how dependent an affected person is on his or her social environment in order for a process of 'accepting oneself' to be initiated.

Letty[20]: "I've been tested in 2000. Before testing I was having a problem because I was having some sores all over the body, some headache not knowing what is the problem, just coughing ... but not knowing; what is it. But I used to go to traditional doctors, whereby they were giving me some medicine to drink, that medicine. After drinking that medicine I was not feeling OK.

Then one day my mum and my uncle convinced me to go for a test. They convinced me in 2000 in November to go for a test. Then I said: no I go for test may be in December. Then in December I went for the test. After I've gone for the test they said; after two weeks I have to come back to collect the results.

Then I was alone. I was, you know.. I was looking around the mode of transmission, how can I get infected? Cause I am only having my husband, so I slept only with my husband. So it is, that I may be; I don't have this disease. Maybe, someone is trying to witch me. Those beliefs they were there in me.

Then I went for a test. My mum wanted to go with me there. Then I refused to go with my mum. I went there alone, so that I can hear my secret alone. When I went there they counselled me, then they gave me the results. And the results were positive. After the results were positive, then I went back home. When I got home I just slept in my bedroom not knowing what can I say to my mother.

Then my mum... I don't know what mum did, because maybe she followed the result again at Ramotswa primary hospital whereby at Ramotswa they told her about my status. Then when my mum came here she was shocked, she was depressed, she was very angry with me. Then she just asked me: Letty can you tell me what's wrong with you, have you gone to take the results. Then I said; No, I didn't go. Denying that I am HIV-positive.

Then she said: Come up, I want to help you, so that if you are HIV-positive the government of Botswana have now started the Masa, the ARV therapy whereby the HIV-positives can be helped by this programme. I said I didn't go there, denying that I am, but knowing that I am, HIV-positive. Then after all, then she said: Let's go to your uncle. Then I went with mum to my uncle. When we went there, my uncle was told that I am HIV-positive. Then I felt free to talk to my uncle rather then to my mother, because my mother was someone who likes to be angry and anything. So I didn't think that my mum is going to accept that status. [...]

My uncle was a lecturer in the University of Botswana. So you know, maybe I was valuing whether he is educated or not. My mum did only standard seven and my uncle was a lecturer. So I found my uncle that he can be more helpful than my mum. Then ... Then ... Then I told my uncle. After telling my uncle he said: Yes, your mum went to the hospital, they told your mum that you are HIV-positive. Then

20 A nickname the interview partner chose for herself.

I said: What can I do then. Then he said: There is the Coping Centre For People living with HIV whereby people go there and share their experiences. [...]

My cousin, also HIV-positive, was at that place. I went with my cousin to the coping centre where I found people living with HIV there. They are just OK, just free. They talked about how they got that infection. You know, they were free. At the coping centre for people living with HIV every day we ate balanced food whereby they give us some yoghurt, some drinks, some juices, you know some bread which is sliced. We were so happy when we met because we knew that (at) the coping centre only people who live with HIV meet there. You know.

I went to the hospital, blood was collected. When I went there you have been screened for CD4 count. But to be screened for CD4 count you have to go to Princess Marina whereby they will take you the blood to go and check the CD4 count and the viral load. And they will check the lever, what ever, how it is affected with this virus.

Then my uncle managed to talk to my mum. And he counselled my mum to accept the situation as it is. Then after that... I accepted my status in 2001. There is no way I can blame anyone because we can take the virus from the men and men can take the virus from the lady. So I have to accept the situation like it is. Then I accepted. [...] It was one year after I have been tested... I tested in 2000. Then in January I was shown this coping centre where people who are there who are HIV-positive. Then I started accepting my status. Because we were having some workshops whereby they were teaching us about public speaking and where other people were telling their histories, how they are living with the virus before. I ..... started to accept the situation as it is in 2001. Then in February I started medication" (17 Interview PLWHA Letlh)

The example explains how the relatives and later other people helped Letty to move from an attitude of denial towards openness. She later became an active member of the self-help initiative COCPWA. She left Gaborone and became an HIV and AIDS counsellor in a village. There she used her openness about her positive HIV-status to gain confidence among other infected people. Even if Letty's example is not free of any constraint caused by her stigma it shows that she has managed to integrate the entirety of her personality, including her HIV infection, into her lifestyle. This example explains how more than a "phantom-acceptance" and "phantom-normality" (Goffman, 1990 [1963], p. 148) can be achieved and that there is evidence that people who bear salient attributes can effectively improve their situation.

'Accepting oneself' should also not be confused with the stage of acceptance described by Elisabeth Kübler-Ross as "the final rest before the long journey" (Kübler-Ross, 1971, p.

100). According to her, acceptance indicates the phase whereby a terminally ill patient in a hospital has somehow coped with his or her impending death and becomes more quiet and relieved. In contrast, 'accepting oneself' as practised by PLWHA to reduce stigma is an attempt to find an integrated role within one's social environment. This task is both self-related and community-oriented.

Up to this point the explanation of 'accepting oneself' is an empirical finding. The next chapter will provide a conceptual framework for explaining it on the basis of social sciences. It is intended to provide an understanding of the interrelations between stigma, discrimination, different forms of identity and identity-building.

Part II: Stigma and Discrimination: About People Interpreting Attributes in Social Encounters

1. Towards a Concept of Stigma and Discrimination

1.1. Who stigmatises and who discriminates? Or what if there is no word for stigma?

The main inspiration for this work on stigma and discrimination was drawn from rural sites in Botswana. In the urban areas the terms are used in the same, very inconsistent ways, as outlined in the paragraph "notes on the common use of 'stigmatisation' and 'discrimination'" (cf. Part I.1.1, p. 38). In contrast, in the rural villages the term stigma was used in an amazingly elementary way. The fieldwork revealed that it was aimed at classifying people's attitudes towards their HIV-positive status. It was especially difficult to find a label for those PLWHA[21] who do not talk about their status but who are well aware that they are positive. These people are not "open" about their status but do not live in "denial" either. Later this category was called "secretive" but the interpreter, who was a local HIV and AIDS activist, first suggested calling it "to have stigma". She further explained:

> *Pesa: "Stigma is not to accept .... If you are HIV-positive, you have to accept it. Me, if I have it, and act as if there is nothing, what, what, what... If you are not free, just say it out... […] If you are not free they will start gossiping, […] they will say: This one has got HIV and what, what, what. They know that you are hiding." (09 Interview PLWHA Letlh)*

In Pesa's definition, stigma appears to be confined to those who bear an attribute, and have a shameful attitude towards their salient attribute. A similar meaning appeared in the second rural village that was assessed. The next quotation is the translation by another interpreter, also an HIV and AIDS activist, of an interview with Diteko Mambu. The interviewed lady has lived with HIV for more than 12 years and had severe health problems until she was put on ARV treatment. In the village she is now known as "the living example" which means that she proves that one can effectively recover if one follows the advice of the doctors.

> *Interpreter: "There was discrimination that time. When she walked around the village, when she got to a home, and said she want water, and the one who stayed there, just got her water and then threw away the cup she had used. That time they*

21 People Living With HIV and AIDS

> *were very very discriminating. People discriminate, even the community all around." (31 Interview PLWHA Tsha)*

Discrimination appears as a reaction of the community to an attribute borne by a person that is a stigma. The interpreter continued translating what Diteko said:

> *Interpreter: "But she didn't stigmatise her. She just told the people that: 'Me, I am positive and even if you look at me like this, know that the time will come.' And she encouraged them to go for testing. And that! The ones who laughed at her, who did not listen to her, they already died. They are not here. They have died of this sickness. Mnn." (31 Interview PLWHA Tsha)*

In Diteko's story, the term "discrimination" is applied to the way the community treated her, while "stigmatisation" is on her part and refers to the way she dealt with her HIV positiveness and the reactions of the community. There are also indications that the lady interpreted the knowledge of her HIV infection as an advantage and used this argument to react to the rejection of the community. This point will be taken up later.

These cases are even more interesting considering that there is no word for stigmatisation either in Setswana or Sekgalagadi, the languages that are spoken in the rural villages assessed. There are only the words "kgetololo" in Setswana and "kgetjololo" in Sekgalagadi which are similar in meaning to the common use of discrimination. They indicate a behaviour that tends to exclude the bearer of a discrediting attribute.

When this linguistic fact is considered, a convincing interpretation of the examples given above could be as follows. Both interpreters were HIV and AIDS activists and familiar with the concept of 'accepting oneself', which is taught as a coping strategy for HIV-related stigma[22]. This concept claims that stigma can be reduced if a P*erson*LWHA comes to terms with the infection. This is only possible if the person does not deny that in future the virus will inescapably be a part of his or her body. Only after admitting this is a P*erson*LWHA prepared to take all possible measures to best maintain his or her life. He or she can thus "live positively" with the virus. As this is a task on the part of the stigmatised individual, the activists did not really feel a need for a term like "stigma" to cover the side of the community. In contrast, in the modern "western" usage "stigma" often indicates an attitude on the part of society, which is very confusing. The rural activist consequently confined stigma to the process of self-perception of PLWHA and the attitude PLWHA have towards their infection.

22 In this work "coping with a stigma" refers only to the process of coming to terms with the socially divisive effects that cause an HIV infection to be a stigma. It does not refer to the fact that HIV might result in impaired health, which also needs to be coped with.

This clear distinction between discrimination and stigma is basically a very hopeful one because it separates two things very clearly. On the one hand there is the rejection by the community, which is "discrimination", and on the other there is "stigma" which is the self-related task of the individual concerned. This perspective promises hope because it appears that stigma can be actively addressed. It promises an easing of the severe psychological difficulties that accompany living with HIV and AIDS. Stigma can be tackled by the stigmatised individuals themselves and can be eased through 'accepting oneself'. This view on stigma strongly contrasts with Goffman's negative evaluation of the possible success of coping strategies (Goffman, 1990 [1963], p. 139 et seq.) and was the impetus for an intensive reconsideration of stigma theories, which finally led to this book.

1.2. When do we use 'stigmatisation' and when do we use 'discrimination'?

When tackling socially devisive phenomena, authors usually decide on either "stigma" or "discrimination", but seldom use both terms. Since authors like Killian (1985), Sayce (1998), and later also Kusow (2004) contested concepts of stigma, the term has hardly been used for questions concerning race or religion anymore. These days, social exclusion on the grounds of affiliation with a race or religion is explained in terms of discrimination. But what exactly is the essential difference between those attributes of people that are best described as discrimination and those that are better covered by stigma? It is not easy to identify a structural difference between the property of being a member of a certain race, sex, or religion and the property of having a life-threatening illness, a mental disorder, or being poor. The latter traits are mostly dealt with in terms of stigma.

It can be anticipated that persons with any of these attributes will meet with social exclusion. Nevertheless, in all of these cases unequal treatment is not morally accepted and in some cases it is even forbidden by law. It is impossible to find a definite structural difference between those attributes that are commonly covered by stigma and those that are commonly described as being discriminated against. The only difference is that we somehow expect a life-threatening illness or a mental disorder to be more relevant to the bearers themselves. We assume that these attributes affect the bearers in a negative way and that the bearers themselves perceive these attributes as negative. These attributes are usually regarded as hindrances or misfortune. In contrast, we assume that people of a certain race or religion do not question their membership as such. Furthermore, we have also gone through an educational process that has taught us not to regard people with such affiliations as inferior. Hence even if we personally think that we would not like to be

a member of one of these groups, we recognise that it would be discriminating to expect them to suffer from these characteristics.

This might give a glimpse of what shapes the decisions when only one of the terms is used, but it is evident that such criteria are not arguments that can constitute a scientific distinction between processes of stigmatisation and processes of discrimination. From this it is obvious that there is something wrong with the common use of the terms and that there is a need for scientific clarification. It further indicates that we will not reach a solution by asking what kind of attributes should be regarded as stigmatised and which as being discriminated against.

Another consequence that can be seen is that there is a necessity to relieve the terms of their emotional and prejudiced baggage. When terms automatically induce reproach or accusations, a scientific analysis is extremely difficult. Contrary to Goffman's suggestion, this book will thus not merely regard attributes that are definitely 'discrediting' (cf. Goffman, 1990 [1963], p. 13) as being capable of causing social differentiation. Furthermore, a non-judgemental notion of discrimination will also be suggested.

2. Part IIa: At the Level of the Individual: Experiences

The first thing to consider is that it is highly important to ask who evaluates a given attribute. There is a significant difference between the way a special attribute is evaluated by persons who bear such an extraordinary characteristic and the way non-bearers do. Because non-bearers recognise such attributes as being different from what they usually perceive or in relation to themselves, the bearers are personally involved to a far greater extent. In order to clearly distinguish these essential perspectives, this book will consequently conceptualise stigmatisation as the perspective of the bearer and discrimination as the perspective of the non-bearers.

At this moment we will need to deal with some terms that will not be defined until later. These are "social encounter" and "identity". These terms will not be explained here to avoid starting this work too abstractly. Moreover, on an individual level they can be used almost without any misunderstandings. Because the terms evolve their full consequences on the inter-personal level it is reasonable to explain them in that context.

2.1. How to describe stigma?

Looking at the etymological roots of the word "stigma" we find that it derives from the Greek word "stigma" [Gk.: στίγμα] which denotes a mark, spot, or a puncture. In its origin, it designates a visible attribute of a person. In many cases, such stigmata may be

deliberately attached to certain people by others to mark them as being in some way special. For example, the Nazis tattooed a number on the skin of their prisoners. Such examples might be the reason that the word "stigma" often conjures up very negative connotations. But there are also very honourable examples of stigmata. For example, marks on the palms might be regarded as resembling the wounds of Christ and therefore reveal the bearer as an exceptionally holy person.

2.1.1 Why stigmata are not always negative

It is not necessary to regard stigmata as marks of disgrace in order to realise that they might have implications for the way people interact with the bearers. Even the very reputable signs of Christ's wounds on a person's palms would stimulate a perception that that person is someone extraordinary. The perceivers would thus be tempted to treat that person in a special way. This applies not only if people believe deeply in such signs. It is rather more likely that people will not be sure about the meaning of such signs. People are often undecided as to how to treat persons with such attributes.

It is also difficult to imagine a famous person such as the Pope, the President of the United States, or even other, less illustrious people going into a randomly chosen, ordinary pub without causing a tremendous change in the social situation. Such people are usually regarded as being in some way special, and a social differentiation between them and the others would immediately be established as soon as they are recognised. The immediate effect would be a socially divisive one. The newcomer would not be allowed to take part in the normal social life in that milieu. To some extent this might happen to anyone who enters a social environment as a stranger, but doubtless bearers of salient attributes (prominence, signs of Christ) would not be treated the same as ordinary strangers. The extraordinary stranger would probably be surrounded by admirers or would be attacked by those who regard him or her with contempt. At any rate, those who were present before the arrival would alter their behaviour and the newcomer would not have the chance to observe the normal situation in that place. He or she would thus not have the possibility to approach the other visitors on an equal footing.

It was demonstrated above that a stigma is not necessarily "deeply discrediting" as Goffman suggests, even if the attribute is regarded as a deviation from the norm (Goffman, 1990 [1963], p.13). Stigmata often cannot be evaluated clearly and who interprets them is important. Kusow (2004) explains that Somali immigrants do not share the Canadian view that Somalian culture is inferior. Kusow clearly demonstrates that the Somalis regard Canadian identities as not desirable. Accordingly, the special attribute

"being a Somali" does not necessarily imply a "spoiled" identity even though it may lead to social exclusion. A very rich person might also often experience exclusionary behaviour on the part of the community, such as gossip or jealousy, but he would hardly regard his wealth as a negative attribute. Both examples show that it is not as easy as Goffman suggests to regard the bearers of such attributes as if they "obstinately attempt to employ an unconventional interpretation" (Goffman, 1990 [1963], p. 21). Stigmata are interpreted by people perceiving them and can thus be evaluated differently. The first thing to realise about stigmata is that they do not necessarily need to be discrediting to be socially divisive.

2.1.2 Stigma in social encounters

When people meet, they normally have certain tasks to perform. Their awareness focusses on what they are doing and what they want to achieve. In such ordinary social situations one person might become aware that a certain attribute of his or hers was recognised or is in danger of being discovered by one of the other persons present. This person will then experience this attribute as a stigma because it distracts from the task. The attribute might be totally irrelevant to the task that is to be performed, but it nevertheless attracts attention. Even if the bearer succeeds in keeping the attribute secret, social interaction is affected to some extent. It is important to see that the negative influence of the stigma does not derive from a negative evaluation of the attribute, but from its socially divisive effect. At least for the bearer the situation has a confrontational character to a certain extent. Such situations will be characterised more exactly as "social encounters" in a subsequent section (cf. Part IIb.3.1.2 , p. 116).

Stigmatisation hardly appears in social situations in which the participants know each other well and are used to each other's presence. They probably have discussed each other's attributes and might be very well aware of all possible implications. But stigma appears most drastically if people are unexpectedly reminded that they bear such an attribute. For example, if we imagine the case of a woman applying for a job. When during the job interview the prospective employer questions her ability to do the job because she is a mother, she might feel unsettled and even alienated. She had probably not even thought that this could be a constraint.

But also people who are well aware that they bear a special attribute can be unexpectedly hit if their attribute becomes relevant. Bearers of special attributes cannot constantly deal with their speciality. They also have to meet the requirements of everyday life and in the process largely forget about their special attribute. But the disturbance is most severe if a

task that is in the process of being fulfilled is suddenly interrupted because an attribute attracts attention. This especially applies if the bearer did not expect the attribute to be relevant in the given situation and it would not even impair the ability to attain the intended goals.

> *Leabaneng: "You can't accept yourself once. You find that you have accepted yourself today or this three month back. Then another person is going to ask you a question which you can't say that it is what or what. You are going to get shocked. And you have to answer this person." (39 Interview PLWHA OldNa)*

Such an interruption can occur either by accident without being intended by the non-bearers, or it can be deliberately provoked. For stigma to have an impact on the ease of a social situation it is not necessary that the respective attribute be visible to the non-bearers. The impairment might be even more severe if only the bearer becomes aware that his or her attribute is becoming relevant and finds him or herself in distress and hoping to avoid the discovery.

If such a situation arises the extent to which the bearer has reflected on the attribute is important. How severely a person will be hit when the attribute appears to be relevant in a social situation depends on the set of options for reactions he or she has prepared. It is conceivable that the more these options are trained and the more positive the self-image is, the greater control the person will have when reacting to that situation.

It is obvious that people who regard their special attributes as deeply discrediting will be severely hit by such encounters. This is probably the reason why stigma is often confined to negative attributes, because the effects are most severe in these cases. These effects are also greatest if the stigma is obviously visible. The effects might even be aggravated if the attribute is very rare, or is one that at first sight is often perceived as disgusting.

The social relevance and the possibility of dealing with them depends on the kind of stigma. But it is conceivable that a person who has never met the challenge of coping with the attribute can become extremely confused and probably totally devastated by the course of a social encounter. People who have not yet committed themselves to a process of accepting are tempted to avoid any confrontation with such situations. They will thus choose strategies of *covering* and *passing* (cf. Goffman, 1990 [1963]). Furthermore, they will increasingly lose their sense of self-efficacy, which means that they will successively lose the confidence that they have the ability to cope with their attribute.

People who often experience rejection develop something that could be called "good social antennas" to identify people who will be put off by attributes of their personality.

Some PLWHA explained that, when entering a situation, they intuitively assess who might have reservations against PLWHA. Some claimed that despite all the political correctness with which HIV and AIDS are normally handled in Botswana, they can identify these people by the way they behave when issues of HIV and AIDS are brought up.

2.1.3 Stigmata have the capacity to impair social interaction

In reference to stigmata as a property of people, it needs to be noticed that the shape of these attributes is not so important. Some stigmata are very obvious; others such as spots or marks on the body can be covered more or less easily. It is most likely that bearers of the latter will attempt to hide such marks. It is obvious that it is not the property itself that causes the social impairment, but rather the knowledge of it. This is the reason why Goffman describes the secretive handling of a stigma as *information control* (cf. Goffman, 1990 [1963]). If knowledge of a stigma exists, the socially excluding effects can occur even if the relevant attribute is not visible. It is thus not reasonable to restrict stigmata to material properties that people can bear. Immaterial characteristics or attributes should also be covered by the term. As knowledge of an attribute is enough to trigger stigmatisation, stigmata can even be totally abstract and full socially constructed without any material correspondent.

Psychological works about intergroup differentiation use the term salience to define the point at which an attribute becomes the cause of a group categorisation. In other words, something is salient if it provokes people to assign a person who bears that characteristic to a certain social group, to label the person. The perception of and the behaviour towards that person moves from an 'interpersonal' to an 'inter-group' level. This implies a generalisation of the person's individuality because a stereotypical set of characteristics is assumed with the person. (cp. Blanz, 1997; Wagner/Zick, 1990)

But salience has larger implications. If an attribute a person bears is salient, or extraordinary, or unusual, it has deep social consequences. Apart from stereotypical images which they effect, they attract attention and thus might impact the habitual flow of gestures in a social encounter. Furthermore, a salient attribute might make people infer that common manners of social interaction might not be appropriate. Salience might thus impair social interaction not only by conjuring up prejudices but also by causing people to feel undecided about how to react next.

Box 2: What is salience?

Since the attribute itself is almost irrelevant, the focus moves to the process of how it is perceived and the way it is interpreted. Stigmata might induce affective reactions, but meaning also becomes attached to the attribute. The act of signifying is what lifts the mark from the status of a trivial item and makes it important. If an attribute is regarded

as a stigma it implies that, to some extent, it is perceived as an extraordinary feature. A stigma can also be called a salient feature, but the way the term "salience" is used in psychology might appear too confined (cf. box 2, p. 86). The *salience* of an attribute should not only be regarded as inducing inter-group categorisation. A stigma when viewed might also induce affective reaction. Stigma needs to be regarded as an attribute that might have socially divisive effects. But it is necessary to see that the social relevance of the attribute seldom lies in the meanings that are explicitly applied to the attribute. It is not the obvious insight that a wheelchair-bound person cannot walk or the insight that a very rich person might be able to afford many purchasable things that constitutes the socially divisive effect of stigmata. People anticipate that stigmata will have indeterminable effects on their social relations and might thus refrain from interaction. It will later be explained more precisely where such fear derives from. At the moment we should recapitulate that the salience of a stigma lies in its capacity to impair social interaction.

2.1.4 How social beings assess stigma in reference to social encounters

Stigma was described as an attribute that is capable of appearing salient in social encounters. But this does not mean that stigma necessarily needs a social situation to come into effect. Stigmatisation can also occur when people ponder upon the roles their attributes can play in social encounters, when people anticipate that these attributes might be socially divisive. Stigmatisation then occurs as a psychological process in which the bearers experience self-deprecation by imagining the *social relevance* of their attributes. Being social beings, bearers can only evaluate their attributes in reference to their social effects.

The next statement by a 33-year-old HIV-positive urban lady shows different aspects. First, it shows that the way this woman regards her stigma is not in terms of a social identity according to Tajfel, which would imply that she regards herself as a member of a certain group. In most cases being HIV-positive appears as an individual characteristic, which is reflected in the saying: "HIV is a lonely disease".

> *Maltumelo: "Myself, after I have tested at Tebelopele, that was 2001, I never thought that even my parents or my friends or my neighbours they can have HIV and AIDS. I used to think that it is me who only has HIV. And... because I didn't know a background about HIV and AIDS. I didn't know where I am going, I didn't know how much I am going to live. I was just... You know... I didn't accept myself because what was coming in my mind: I am just alone. I am the only one maybe who is HIV and AIDS. [...] Then, I have never talked with anyone about my status*

> *because I thought maybe they will laugh at me, and that time, when I was tested, that's the time when there was no ARV and people used to think when you are HIV you are going to die. And people used to think that when you are HIV maybe you used to run around. And myself I never used to run around. Before I discovered that I was HIV-positive, I slept with two, only two men." (73 Interview PLWHA)*

Second, it can be seen that Maltumelo regarded her stigma in terms of what the others would think about her. This is what Mead calls the "importation of the social process" (Mead, 1934, p.186 et seq.). It is indicated in the words "maybe they will laugh at me?" and "people used to think that when you are HIV maybe you used to run around".

Third, the quotation indicates the main challenge for a person who discovers that they have an extraordinary attribute. People bearing a stigma have to reconsider common prejudices and ask themselves whether they apply to them: "myself I never used to run around. Before I discovered that I was HIV-positive, I slept with two, only two men." The common view about HIV and AIDS, which says that HIV can easily be contracted by having multiple partners, was adopted before the lady learned about her status. Now, as she has learned about her own infection, this common perception needs to be related to her self-image.

Stuber and Schlesinger (2006) differentiate between *identity stigma* and *treatment stigma*. Whereas the former depends more on beliefs or basic individual settings, the latter is related to how the respective person perceives that he or she is treated by others, the experience of discrimination. The idea of *treatment stigma* is complemented here by the challenge to develop practical responses to such occasions of discrimination. Furthermore, Stuber and Schlesinger's idea of identity stigma is complemented by a perspective of coping. *Identity stigma* indicates that the bearers of salient attributes might find themselves attached to certain groups which implies a limiting idea of their nature. Subscribing to the notion of *social identities,* Stuber and Schlesinger assume that bearers of a stigma adopt the view that others have of them. The additional point here is that individuals themselves also make efforts to evaluate their attributes and, if necessary, adjust their self-images.

At the moment it is important to distinguish precisely between an individual process in which the special attribute is integrated into one's self-perception and the need to develop possible practical responses to anticipated social rejections. Furthermore, it is crucial to see that these processes happen in reference to social encounters, as the person involved imagines how others might react in social situations.

2.1.5 Coping with a stigma means changing its social relevance

To further illuminate the question as to how people perceive attitudes towards themselves it is helpful to fall back on a quotation already cited in the paragraph about 'accepting oneself' (cf. Inexplicable Experiences II, p. 69). But this time the interpretation can be more precise and can also focus better on the question of self-image.

> *Leabaneng: "Like myself, I was asking myself many questions after my test. Was I a bitch, a what, what, what...? You take many things in your brain, or your brain comes with all those things. Because this HIV when it first started it looked like; if you are HIV-positive you were a bad woman or... I think you understand me. [...] So from there I had to sit down myself. First I had to sit down and ask myself those question. From there I had to come up with the answers and see that it is just a sickness like any sickness. And you have to compare all this things." (39 Interview PLWHA OldNa)*

At first, 'accepting oneself' appears to be an exclusively rational deliberation, a process of defining the illness and disproving the view of the others. In this sense, stigma appears to be a matter of a constructive process of identity-building. The individual is regarded as being able to define the signification independently of what others think. But the problem of stigma is that such self-referring mental constructions cannot persist steadily without any contact with social processes. Such self-images have to prove their adequateness in future situations. Regardless of whether the bearer of a stigma creates a positive image of him or herself, the stigma will appear to be relevant in social encounters. The bearer thus has to face the fact that the attribute might be socially divisive and he or she needs to accept that the attribute may cause other people to distance themselves.

Such a socially divisive effect is not restricted to people who recently learned about their HIV-positive status but applies to every salient attribute a person can bear. It might be comparatively easy for a very rich man to accept his affluence or for Somali immigrants in Canada to accept that the culture of their host country is different from their culture of origin (cf. Kusow, 2004). It can be assumed to be more difficult for people to accept that they are infected by an incurable disease, but, in essence, the processes are the same. The corresponding attribute has to be reflected upon when the experience of not being fully accepted occurs. Referring back to the example of the long-suffering lady mentioned earlier it is possible to establish that the bearers of a special characteristic are to some extent capable of actively interpreting their salient features.

> *Interpreter: "But she didn't stigmatise her. She just told the people that: 'Me, I am positive and even if you look at me like this, know that the time will come.' And she encouraged them to go for testing. And that! The ones who laughed at her, who did*

> *not listen to her, they already died. They are not here. They have died of this sickness. Mnn." (31 Interview PLWHA Tsha)*

Diteko returned the imputation. She claimed that by knowing about her status she can take on responsibility, whereas those who do not know their HIV status are a threat to themselves and the community. She derived moral superiority from this argument. According to Kilian, this is the phenomenon of *stigma reversal* (cf. Kilian, 1985). But the interesting point about this example is not only the satisfying effect of an appropriate response or the sense of social courage that it expresses. Diteko's reaction should not only be regarded as an example of a person obstinately insisting on an unconventional interpretation of their attribute (cf. Goffman, 1990 [1963], p. 21), but should be accepted as a valid expression of a more or less sound sense of self-esteem. If this expression is regarded as sincere, we can ascertain that not only the *social identity* and thus the economic and social status or the affiliation with certain groups "give a means of self-identification, but there is back of all matters a sense of things which on the whole we can do better than other people" (Mead, 1934, p. 205). Such rational assertion of one's own person must, however, have social relevance to gain acceptance. The following quote from an urban HIV-positive lady indicates the point in question more clearly.

> *Maltumelo: "But if I tell you right now. All of my family starting from my mum up until the last born who... who has a partner. They tested themselves. You know. And some of our close relatives they went for a test because I talked to them. So maybe, if I would not know my status I don't know where they will be right now. Sometimes I look at it like, I am HIV-positive, why me. But I look on it, on the other side that maybe because God wanted me to save my family or my relatives" (73 Interview PLWHA)*

Maltumelo has achieved an attitude towards her salient attribute of being HIV-positive that allows her to regard it as having not only negative but also positive implications with regard to her social ties. She not only rationally constructed a self-image, she also integrated the attribute into her notion about her social role. In the end, she is able to derive a positive evaluation from her courage of being open about her infection. She is proud about the fact that she educated others about HIV, which she could do more effectively by being open than by denying being HIV-positive. At this point, her perception of the attribute changed. It is no longer only regarded as tending to be socially divisive but is also perceived as being socially integrative. This can be regarded as an effective reduction of stigma. Ultimately the lady gained a sense of self-efficacy. She gained the conviction that, if she faces the facts of her infection, she could even change her social environment.

2.1.6 Self-efficacy, an important condition for coping

Bandura's *social cognitive theory* explains how people's self-efficacy can be affected by external definitions. This is relevant because discrimination provides such external judgements about people that might be internalised by the bearers of a stigma.

In one of his experiments Albert Bandura found that subjects who had been told that their performance reflects their intellectual skills performed less well than those who had been told that their performance reflects how many skills they had already gained (Bandura, 1993, p. 121). In the first case, the performance of the individuals was referred to traces of their personality and thus they interpreted a poor performance as a measure of their fundamental qualifications. In the second case, in which the subjects were told that a good performance indicated that they had already learned, they were highly motivated to do even better and, as a result, they also had a higher sense of personal efficacy.

In turn, assumptions and beliefs about one's efficacy influence one's actual capacity. According to Bandura, this happens in two ways (cf. figure 6, p. 91). First, a strong self-efficacy can either enhance the memory performance directly, or second, the intensified cognitive effort made by a person can indirectly increase the memory performance. Social comparison in which people notice that they perform better than others is capable of enhancing self-efficacy as well as positive feedback about their achievements. Efforts will also increase according to the extent to which the environment is perceived as controllable. In contrast, a low sense of self-efficacy causes depression and anxiety. In summary it can be said that Bandura contests the notion that abilities are inherent aptitudes of a person and reveals how inner-individual assumptions can hamper or enhance abilities.

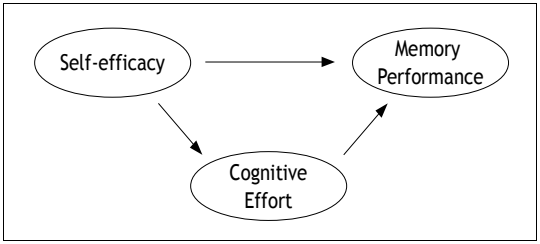

Figure 6: Path analysis showing that perceived self-efficacy enhances memory performance directly and by increasing the cognitive processing of information. (Source: Berry, 1987; quoted in Bandura, 1993, p. 123)

In the same way that self-efficacy enhances memory performance, the process of coping with a stigma can also be enhanced by belief in its possible success. Self-efficacy, in this respect, is a pre-condition for people who bear a stigma to even commit themselves to a

process of coping. In the course of this book self-help initiatives will be described as an important factor supporting such commitment.

2.2. Stigma: When the mind regards an attribute as a special constituent of the self

What was explained above is based mainly on a notion of human beings as agents of their life courses. The following section is intended to explain which notion of human beings underlies the above explanations.

2.2.1 Mind, self and society

Georg Herbert Mead's epoch-making book "Mind, Self, & Society" describes human beings as social entities (cf. Mead, 1934). Mead was the first to explain that the development of social life and the development of cognitive individual selves mutually presuppose each other. He explains how the separate individuals constantly express themselves in various ways and thereby constitute social life by means of these expressions. These expressions can be: gestures, symbols and significant symbols. Communities are formed by individuals acting on the basis of their nature. Individuals are composed of a behavioural part (that expresses itself with gestures) and a cognitive self (that expresses itself with symbols). While gestures are merely reactions to other creatures' expressions, symbols are deliberately used gestures for the purpose of communication. That does not necessarily mean that communication succeeds. The term "significant symbol" indicates a symbol that has established a successful communication because it was used by partners in a social situation with a similar meaning. It is important to see that these symbols only achieve their significance by accomplishing mutual understanding between social partners. This is a holistic distinction and it needs to be recognised that individuals can never fully assess whether the symbols they use are really significant. The ongoing process of communication within a community only determines which symbols can be assumed to be significant at a certain time. Furthermore, discourse only indicates what the symbols may possibly signify, not how they are really understood by an individual. Through their intellectual abilities, individuals can mentally process these symbols. They can develop explanations, but they can also try to understand intended meaning. Symbolic expressions, however, like speeches or media products, ultimately cannot be more than an assumption of what might be valid within the rationality of the community.

According to Mead, mankind was only able to create a higher form of social life through the use of significant symbols. But significant symbols are not ultimately fixed in meaning,

nor are they significant per se. They do, of course, sometimes reach a high degree of continuity. Languages are cultural expressions that are highly institutionalised in academic, administrative and educational organisations in order to ensure a very high degree of reliability with regard to the way symbols should be understood and how meaning can be achieved by combining symbols.

When people express themselves they use symbols that they basically assume are significant. People try to identify the appropriate combination of symbols that may be significant in an impending situation. They can thus design strategies that promise the best performance. But success is not guaranteed. In the course of communication symbols either perpetually prove their significance to their users or they turn out to be misleading.

The ability of man to extricate these symbols from the situation and to process them mentally constitutes rationality. According to Mead, the existence of symbols is a crucial precondition for all cognitive processes that constitute awareness. Thinking means to use symbols mentally. The mind reflects the meaning of such symbols and combines them in order to create new combinations of meaning. This is what Mead calls the importation of the social process into the individual, because to reflect a meaning is nothing but to imagine how others would react if the symbols were used in this combination or order.

If this idea is taken a step further, this ability allows individuals to think about themselves. In their minds human beings can make their selves the object of their considerations. According to Mead, the reciprocal process of identifying significant symbols also allows individuals to create an awareness of themselves in terms of these symbols. A person needs to find out which symbols are likely to signify their attributes within their community to get an idea of what others might think of them. It is thus possible to imagine which symbols others would apply to them. They can thus derive a notion of themselves which is very likely to be significant. In this perspective, individuals in their self-related reflection appear to be highly dependent on social life.

Mead described two *phases of the self* (Mead, 1934, p. 192 et seq.). The one is the "me", which is a set of attitudes of which a human being consists and which derives from social experience. The second is the "I", which is a rational project that processes symbols in order to gain rational understanding of the perceived occasions. In social life a person mostly acts as a "me", which means that most of what people are doing is determined by a pre-existing set of dispositions. This set of attitudes has derived from the social process. The "me" is a reacting mode of the self that, triggered by stimuli, sets free habitual

Mead explains that people are social beings, because their self is mainly constituted through processes of social interaction. His notion of the "me" and the "I" also explains how these social beings, as intelligent agents, can deliberately aim at influencing their habits. If they are successful with themselves, they can alter processes of signification in discourses. They can trigger discussions about norms and customs. In a further step this can thus also alter social conditions.

This notion is largely neglected within the discussion about methodological individualism (cp. Udehn, 2002). One reason for this might be that Mead's social behaviourism is often perceived as a theory that explains the confinement of the individual to the social process. But Mead also describes how social practices of communities, from small groups up to the whole of society, are constantly reproduced. This happens because individuals use symbols and recurrently ensure themselves which symbols are significant in which way at the moment. The significance of symbols is fragile, especially when it comes to abstract terms that reflect complex social processes. This applies not only to the large scope of informal social institutions like, for example, norms, beliefs or prejudices. It also applies to the constitutional rules of organised structures to which the single individuals are forced to subordinate themselves. Judges permanently need to reinterpret the wording of the law.

But Mead not only regards social continuity. With this reciprocal process between the intellectual and the behavioural part of the individual he revealed a mechanism for how an individual can influence day-to-day habits. Even if this is only an influence on one's own behaviour, it indicates an influence on habitual behaviour, which other authors (cp. Goffman, Giddens, Bourdieu) neglect in view of the overwhelming power deriving from structural ties.

Box 3: Social behaviourism and methodological individualism

patterns of action. In contrast, the "I" is the reflecting consciousness. In retrospect, the "I" can evaluate the behaviour of the "me" and can thus try to reorganise the set of attitudes for future activities. In this notion, a human being is in a permanent debate with him or herself. Behaviour can be assessed only when it is reflected upon in retrospect. The "I" is an intellectual mode of the self that is able to evaluate behaviour. Furthermore, the "I" tries to alter the constitution of the "me" in order to provoke more desirable behaviour.

2.2.2 Stigma-related behaviour, experience and rational behaviour planning

People design plans for action on the assumptions they draw from what Mead calls "the individual importation of the social process". Against the background of their experience, people try to anticipate how other people would react if confronted with the action they have in mind. If the action is really carried out later and the resulting reactions do not match the expectations, it shows that the assumptions were of little relevance. Normally people hope that their social counterparts will agree with their statements, but obviously

this cannot always be the case. It is a common experience for communication plans to fail and it is especially unpleasant when others reject what was expressed. Everybody knows such awkward situations in which they have anticipated a certain response to a statement or an action, but the response was very different from what they expected. Such a situation can be very embarrassing. The negative feelings associated with such situations derive especially from the fact that the person concerned cannot immediately understand what has happened. The actual reaction was not regarded as a possible alternative in advance. An important characteristic of such situations is that they can only be assessed in retrospect.

As already explained, a characteristic of stigma is that it undermines social interaction so that the planned options of action do not run smoothly. Stigmata cause social distance because of their sheer existence. Considering how deeply a personality is rooted within the social process, it is conceivable that a severe and repeatedly recurring failure of social interaction might lead to serious disorientation. As human beings are by nature social entities, such failure impacts the elementary core of the individual, because it questions the sensed social legitimation of the person. This is why stigma has a tremendous effect on personalities and also impacts inter-personal relations, group behaviour and society at large.

Goffman described stigma as such a severe social impasse that no exit is possible. According to him, people bearing a stigma are confined to the social stance of pariahs. Of course, the social implications are severe but this book argues that there is at least a long-term perspective. Many social movements have shown this by sustainably improving the situation of minorities. Furthermore, the affected individuals also have a chance to improve their lives. This confidence can be gained by talking to individuals affected by a stigma. Such improvement demands intense commitment on the part of the bearers. Where individuals feel their very selves called into question, it is understandable that initially no solution to the feeling of inferiority will be within their reach. But this does not mean that there is no chance to gain self-confidence at all. In contrast, there are statements by PLWHA claiming that they have effectively mitigated the socially divisive effects of their stigma.

✗ Having *an experience*

When habitual behaviour fails to accomplish social interaction in a satisfying way, when behavioural attitudes do not ensure successful practices, this can be identified as a lack of *experience*. Experience was conceptualised mainly by the pragmatist thinker John Dewey.

According to him, *an* experience is "the result of interaction between a live creature and some aspects of the world." (Dewey, 2005 [1934], p. 36[23] et seq.) While a task is performed, the action is simultaneously perceived. This is determined by the way people handle the things with which they are dealing, and they thus undergo emotional responses deriving from the results they effect (examples being pain, when they have hit their thumb with a hammer, or success when the task is accomplished). In contact with the things of the world people permanently alter their ability to deal with these things. This can be seen as adaptation to the world, which determines further deliberation on possible activities.

In their dealings with worldly objects, which they usually do with the incentive of accomplishing a defined task, people permanently pass through such cycles of practical dealing, emotional experiencing and intellectual considerations.

> *"It is not possible to divide in a vital experience the practical, emotional, and intellectual from one another and to set the properties of one over against the characteristics of others. The emotional phase binds parts together into a single whole; 'intellectual' simply names the fact that the experience has meaning; 'practical' indicates that the organism is interacting with events and objects which surround it." (Dewey, 2005 [1934], p. 56 et seq.)*

Experiencing is progressive because people are in a recurring process of acting, perceiving, and interpreting. Because such a process is an open process, its ending is uncertain. Furthermore, in its course negative emotions may also emerge. People might thus be tempted to skip the process and quit dealing with the task at hand. Dewey emphasises that many individuals often do so and then lack the chance to complete *an experience*. They stop, feeling that they do not know how the task can be accomplished. When in the course of dealing with a task individuals endeavour to complete the process, when they continue despite all difficulties, the experience is striving towards an integrative end, where all aspects experienced finally make sense to the individual. Then *an experience* can be fulfilled.

According to Dewey, *an* experience, a *complete experience* or *integral experience,* must be distinguished from partial experiences that do not reach the stage of an integrative and fulfilling *close*. As *lived experiences* are fleeting and indefinite, the *integral experience*

23 It can be said that experience is one of the major foundations of John Dewey's philosophy. The most comprehensive explanation of experience can be found in his book "Art as Experience". In the chapter "Having an Experience" Dewey describes the process of undergoing an experience in reference to the perception and production of arts but explicitly emphasises that his explanations apply to each and every realm in which experiences are had.

achieves its ending when it reaches "a unity that gives it its name" (Dewey, 2005 [1934], p. 38), which means that it can be considered and verbally referred to. According to Dewey, the ending is associated with a "felt harmony" (Dewey, 2005 [1934], p. 45 et seq.), which indicates that the respective individual has gained some insight, knowledge, practical competence or even social competence. What he or she has gained is mainly dependent on the kind of experience, whether it was more practical, emotional or intellectual. But in addition to the non-conscious elements, any *complete experience* has an intellectual core that is accessible to rationality, something that designates what has been learned, something that shapes the yield gained in terms of significant symbols and makes it possible to talk about it. This rational accessibility also allows a *complete experience* to be a guide for further action. Even if future conditions will never be exactly the same and routinisation alone will not be able to accomplish the future task, experience can be utilised to deliberately develop a proper response to future situations.

✗ The prospect of *an experience*

It is clear that undergoing *an* experience is an open process in which the goal cannot be directly targeted. Of course, the task at hand might be accomplished, but whether something will be learned or not, or which practical abilities will be gained, can hardly be said in advance. Any initial situation from which an experience might start has, to some extent, the character of a dilemma. Experiences start from the point where the actual abilities of a person do not suffice to reach a given goal.

A process that might lead towards an integral experience is induced by incentives that demand a solution to an unpleasant situation. The situation appears unpleasant not because the circumstances harm the individual involved but because it appears to be a challenge to which no solution can be imagined. According to Dewey, the only possibility to react to such situations is to use a strategy of trial and error. Experiments need to be undertaken. If all obvious possibilities of action fail, ideas that were not initially expected to succeed need to be applied. Then possibly a side-effect will be discovered which in turn might provide better orientation. Opportunities need to be chosen more or less randomly, regardless of whether they promise success or not. Sooner or later, an idea as to how the initial dilemma might be solved may come to mind. Then an experience is in the process of reaching fulfilment. At the end, the person arrives at a stage from where they can look back to where they started from, but not vice versa, because this stage cannot initially be within sight.

Coping with a stigma can be understood as a special case of endeavouring to conclude an *integral experience*. Initially, behaviour fails because of the sheer existence of the stigma. Coping thus starts with the incentive deriving from the unpleasant condition ensuing when successful options for social interaction are lacking. In the initial phase the person senses intense emotions that need to be faced. When people deny a stigma they retire from the process of having an experience. Following Dewey it is thus possible to understand why denial of stigma is so widespread. To solve such unpleasant situations requires the readiness to actively commit oneself to a process of undergoing *an* experience. An active process of coping with a stigma requires a trial and error strategy that is most likely to expose the respective individual to manifold failures in social situations. Insults and indignity will in all probability occur.

This explanation makes the role of self-help initiatives evident. As coping is an open process in which the target cannot be aspired to directly, guidance is essential. People who have already undergone such a process can effectively counsel those who are in initial phases. Of course, the initiative cannot take over the task of coping for the individual. Each and every affected individual needs to subject him or herself to this process of having *an* experience. But the initiative may guide and help to avoid the most awkward experiments.

- **Recapping experience**

What became quite evident is that such *an* experience is not a simple task but a process that requires a great deal of commitment. Dewey does not fail to point out that not everybody who experiences such an irritation might be willing to take on the associated inconvenience and that many might instead fall back on strategies of avoidance and denial. This is most characteristic of stigma. Such a process of completing *an* experience cannot be simply regarded as a rational task. It must be a process in which phases of rational choices, emotional reactions and practical attempts alternate with each other. Some of the enacted options may work, others may fail. Depending on their success or failure, the activities cause different affective responses. The mind will have to rationally evaluate and assess the proceedings. The practical intelligence again needs to deal with the worldly objects and thus cause emotional reactions. This cycle might continue to turn until *an* experience is fulfilled. Then, with the experience concluded, the individual will not be the same as before. The individual will have gained knowledge and ability, will have altered his or her habits and adjustment to the world. Mead would say that the set of attitudes a person is made up of has been altered.

2.2.3 Support from more recent psychology

This paragraph will examine whether the above-mentioned notion is also supported by more recent approaches. Some psychological theories of social cognition and models of cognitive processes have similar ideas as to how people conduct and readjust their attitudes for action.

> *"In experimental situations, participants try to figure out what is wanted of them; they construct hypotheses and reflectively test their adequacy by evaluating the results of their action" (Bandura, 2001, p. 5)*

This quote might remind the reader of what Mead calls the "importation of the social process" and even of how Dewey explains the way people commit themselves to a process of having *an* experience. Bandura's theory of social cognition aims at revealing *human agency,* which is conceptualised as the ability of human beings to conduct their behaviour (cf. Bandura, 2001). Individuals are not only behavioural beings in the sense of stimulus-response nor are they pure rationalists who process information in the way that a computer does. Bandura names four core features that allow self-development, adaptation, and self-renewal. These *features of human agency* are intentionality, forethought, self-reactiveness and self-reflectiveness. His notion of social cognition differs slightly from Dewey's philosophy of experience, but they are very close and highly compatible. Both perspectives entail a kind of learning process through a strategy of trial and error.

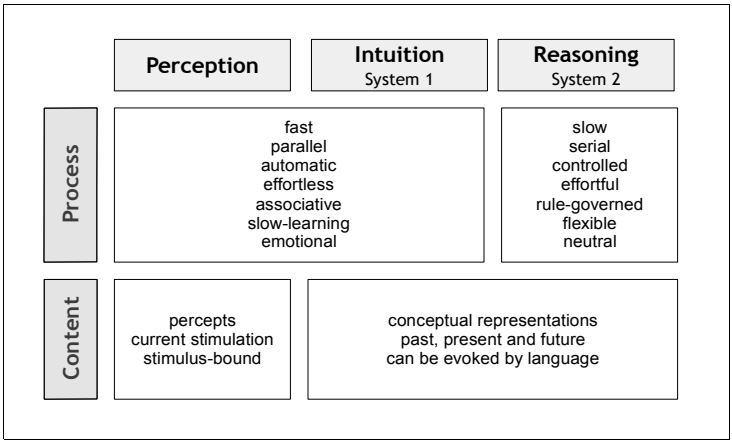

Figure 7: Three cognitive systems (Source: Kahneman 2003, p. 1451)

Bandura isolates his *social cognition theory* from models of information processing psychology that aimed at simulating human cognitive processes as a computational system, an approach that developed largely along with the interest in artificial intelligence. Simon gives an overview of these lines of theory (cf. Simon, 1979). Computational models derive their strength from a certain definiteness. According to Simon, they might wrongly be regarded as appropriate explanations of human intelligence. Simon explains the ranges to which each of these models can be applied by outlining the characteristics of the problems the respective computational model is able to solve. The result is that computational models may effectively explain playing chess or other puzzle-like tasks (cost accounting, mechanics, medical diagnosis, etc.). Furthermore, computers might also do something close to learning, but only when relying on what is called *semantically rich domains*. Computers can autonomously enhance their processes, but this requires the computer to contain all necessary expert knowledge and all criteria for validating a performed task. Only under these restrictions can a computer evaluate different ways of solving a problem and adopt the most effective one. The computer can thus do something that might be called *learning*. But though these learning processes might apply to playing chess, they do not to complex tasks of social interaction like, for example, asking for forgiveness. Such a task cannot be mastered by a computer because there is no way to formalise all criteria that would indicate success or even all criteria to decide when begging for forgiveness is necessary. Another example is the production and perceptions of arts. In a broader sense these are also social processes that many aesthetic theories tried to explain. But all of these elaborations are far from the definite formalisation that would be required to construct a corresponding computational system.

These thoughts show that rationality cannot be regarded as the exclusive cause of processes of social learning and self-related processes of adaptation to social conditions. Solutions to impaired social relationships cannot simply be thought out. They have to be developed in a continuing process of trial and error in which the available criteria for the evaluation of successful tasks can also change. As a result of this, some notions of *bounded rationality* also appear to be too confined. Theories that derive the *boundedness* from inadequate rational reasoning, inadequate provision of information and inadequate information processing (cf. Simon, 1955) have to be rejected from a socio-behaviouristic point of view.

To understand processes of stigma and discrimination, it is necessary to have a notion of how cognitive processes might allow individuals to grow beyond their actual imageries, habits, certainties and capacities. Kahneman distinguishes between three cognitive

systems, perception, intuition and reasoning (cf. Kahneman, 2003). Only processes of reasoning are considered to be conscious and controllable by will. As rational processes of reasoning need time to be processed they are comparatively slow. They can be subject to mistakes but can also be very precise because they are guided by rules of inference. Whereas reasoning needs effort, processes of intuition occur automatically and work associatively. Intuitive judgement is comparatively fast and is thus very helpful for providing an immediate assessment of a situation. But processes of perception and intuition are usually charged with emotions, while thought might theoretically be able to reflect things in a neutral way.

The key term that describes the probability that intuition will bring a certain result to mind is "accessibility". Kahneman describes how *accessibility* can be trained.

> *"The acquisition of skill gradually increases the accessibility of useful responses and of productive ways to organize information, until skilled performance becomes almost effortless. This effect of practice is not limited to motor skills. A master chess player does not see the same board as a novice, and visualizing the tower in an array of blocks [refers to an afore-mentioned puzzle] would also become virtually effortless with prolonged practice." (Kahneman, 2003, p. 1453)*

Accessibility is also a key term for understanding why prejudices and stereotypes are intuitively applied to people bearing a stigma, as will be described in one of the next paragraphs (cf. Part IIc.2.4.2, p.104)

Again, this notion is highly compatible with Mead's concept of an intellectual and a behaving mode of the self. Perception and intuition constitute unconscious reaction and behaviour. Intuition, by its ability to conceive of conceptual representations, provides a bridge to conscious and controlled reasoning. What Kahneman calls *content* and what in his concept serves as a store for knowledge and skills from which intuition and reasoning can assess their ideas can also be called experience. According to Kahneman's model of cognitive systems it is also very plausible that individuals need training and not only rational choices to bring about a change in their behaviour.

2.3. Conclusion: Stigma at the level of the individual

The outlined conception has shown that a stigma can be regarded as a property of individuals. A stigma is either a material or an immaterial attribute that is perceived by its bearer as a special constituent of the self. The special nature of the attribute lies in its capacity to cause social consequences. It concerns human beings in their nature as social entities and might threaten an individual's self-perception as full-value. That is the reason

why stigma can trigger severe affective reactions and can sustainably impair social relations.

To explain stages of human disorientation that accompany stigmatisation, a comprehensive notion is needed that does not neglect the social side of the human. Rational action cannot be regarded as the only means of coping. There is no causal chain in which incentives trigger rationality, which in turn conducts actions that finally lead to the goals set. Such a notion cannot be applied to the process of coping with a stigma. In cases in which social interaction often fails, the goal might be to find a way of avoiding such failure. But this cannot be easily targeted directly.

For example, a chess player who aims to become a master player might aspire to become a master player, but he will not know how to achieve this goal. He will need someone to teach him, because masters do not simply play the same style as novices just a little bit better. They also do not simply have more knowledge. What separates them from lay players is that they have a different perception of the game, they process information in another way and use more complex strategies and tactics. To become a master chess player is a challenge that cannot be easily accomplished by the amateur player. A computer can perform such a task better because it can rapidly process large amounts of trials that a human being will not be able to consider. But the problem of chess is comparatively easy because the game is highly formalised. Social life lacks such clear rules and thus problem-solving is much more complex in nature. Like an amateur player who wants to become a master, a bearer of a stigma can aim at coping with the attribute. But the challenge is complicated by the fact that the bearer of a stigma aims to improve his competence in a game that does not have permanently valid rules. Ultimately, it is not in the bearer's hands alone to come up with a solution.

Coping with a stigma requires undergoing an experience that changes the bearer's attitudes sustainably. Gaining experience cannot be the subject of target-orientated strategic planning. If people do not know what they are missing but merely that they are missing something, they cannot search systematically. If people do not know what they are looking for, they can just try to be aware and thereby maximise the chance that they will recognise an important clue when it appears. Gaining experience can only be accomplished as an epiphenomenon of an experimental process of trial and error. It is necessary to carry out tasks that have other primary goals besides gaining the aspired to experience.

Some may criticise this notion as cynical and claim that it shifts the responsibility for stigmatisation on to those who suffer from their stigma anyway. In this notion, the response to stigma is the advice to alter one's self-perception, which might appear to be "victim-blaming" (Sayce, 1998, p. n.s.). Considering that many people are not capable of altering the material realities in which they live, such as racism or poverty, it is evident that this notion of stigma cannot stand alone. This notion of stigma must definitely be complemented by an adequate conception of how the perspective of the bearer is influenced by external factors. A concept of discrimination is needed to complete the picture.

2.4. How to describe discrimination?

The term "to discriminate" derives from the Latin word "discriminare", which means *to divide* or *to distinguish* and was initially used in a neutral way. In social contexts today "to discriminate" tends to have a very negative connotation. Especially the noun "discrimination" has become a synonym for unfair and cruel treatment of people who are regarded as being of a different kind. But this meaning derives from a politicised use of the term. Nowadays the term is charged with the memory of slavery, apartheid, genocide, and holocaust. Injustice has occurred in so many individual cases in which there was hostility towards people because of race, religion or other salient features, and the memory of these cases is very vivid. The term "discrimination" was mainly used in the accusations against the perpetrators of such atrocities. It was used to create an awareness that such behaviour is immoral, inhuman and condemnable.

A positive sense of the original meaning has only remained in the adjective "discriminating". If someone is said to be discriminating, the person is respected as being able to recognise details very precisely or is perceived as someone who draws fine distinctions. It might also express appreciation for a person who shows careful judgement or fine taste. When it comes to the meaning of the adjective, *discriminare* is linked with with deliberation. It indicates a well-developed but less reasonable ability to draw distinctions, which is also referred to as sound intuition. It is obvious that a lot of the word's distinctive meaning would be lost by simply adopting the political use and by restricting *discrimination* to hostile actions that put people at a disadvantage. In the following, a notion of *discrimination* from the basis of its non-judgemental roots will be developed.

2.4.1 Discrimination in social encounters

When people meet, they automatically try to assess their social counterparts. For discrimination to occur, it is crucial that a person recognises or knows that another person bears an attribute that seems extraordinary to them. The sheer salience causes the attribute to emerge at an upper level of the perceiver's awareness. The reason why the counterpart seems to be so special is because the recognised attribute is one the perceiver does not bear. This constitutes the structural difference between stigma and discrimination. In contrast to stigma, which is a self-related process of assessing the social relevance of an attribute by the person who bears it, discrimination is based on the recognition of difference. The bearer of an attribute is regarded as being different. In other words, people who discriminate against others begin to discriminate while noticing a certain attribute that another person bears.

There are two major lines of argumentation as to how people assess the attributes of others. The first perspective is associated with *social identity theory* (cf. Tajfel, 1970, 1978; Turner, 1978, 1987). According to this theory, people assess others by applying common stereotypes and images of special social groups that are associated with salient attributes that those people bear. In Kahneman's terminology, such images are highly *accessible* and thus they are intuitively applied. Such processes can be called *category-based discrimination*. This book raises the question of how determinative this obviously existing mechanism of social categorisation is and tries to separate it from the *agentic role* of individuals with the aim of consciously undermining such automatism. Category-based discrimination seems to happen immediately, although it can be consciously reflected. In this regard, a second perspective can be distinguished, namely *attribute-based* or *individuating discrimination* (cf. Figure 4, p. 12). Whereas the *social identity theory* was developed by a small group of authors, the latter perspective is less concentrated within the specialist literature and different aspects need to be collated. They need to be combined in order to create an understanding of the active role a person can play within this process. In the following, the latter aspects will be outlined first.

2.4.2 Attribute-based discrimination

✗ Affective discrimination; an effect of diverging experience

To approach discrimination, it is helpful to first construct special cases and successively broaden the perspective. At first, it should be assumed that there are no pre-existing evaluations and culturally constructed stereotypes about people who bear the attribute in

question. Of course, this might be a rare and even very imaginary case, but it gives us the opportunity to argue very distinctly. Furthermore, the elaboration begins with another special nature in which the perceiver of a stigma is overwhelmed by an emotional response.

Especially if the attribute a person bears is obviously visible, but also when it comes to attention by being mentioned verbally, an emotional response may play an important role. This might apply to the immediate moment of the encounter, but it can also continue. It is a characteristic of situations in which stigma and discrimination occur that they tend to be highly charged with emotions (Crocker/Lutsky, 1986, p. 100). But emotions can take different shapes. In case the salient attribute is a deformation of the bearer's body a perceiver might be disgusted by the very sight of the person. But emotional responses apply not only to cases of monstrosity and other abnormalities; they can also apply to cases of emotional appreciation. A perceiver might also be attracted by the person, as in the case of sex appeal.

✗ Discrimination and affective reactions

Regarding these extreme examples it seems to be obvious that the emotional response is induced by the salient attribute. But it can easily be shown that even if the perceiver merely reacts affectively, the reaction needs to be perceived as a matter of difference. It is understandable that the perceivers would rarely be so disgusted or attracted if they themselves had the same attribute. But it is not simply the difference itself, in the form of the presence of an attribute in the bearer and the absence of the attribute in the non-bearer, that makes a person feel overwhelmed. There are three causes from which these intense emotions that block interaction can derive. These emotions induce socially divisive behaviour and can thus be regarded as the roots of the undesirable effects of inter-personal discrimination.

First, the emotions can, to a large extent, be an effect of *empathy*. The non-bearer attempts to understand what the attribute in him or herself would mean. How it would feel to bear the attribute? Or what it would imply to look like the other person?

Second, the socially divisive effects can be induced by *indefinite attraction*. A person's attention can become fixed on the physical appearance of another person to an increased extent. The perceivers then recognise every little move of their counterparts and can hardly avert their attention. In such cases, the perceivers become aware that they are attracted beyond all measure and, as a result, start to control their behaviour so as not to

display this extraordinary interest. The flow of social gestures is thus hampered and the situation becomes uneasy.

The third root cause of the socially divisive effects of inter-personal discrimination can be characterised as *distrust*. One person might have interpreted another person's reaction as indicating reservations against him or her. The people involved might begin to observe each other very closely but also very carefully so as not to be discovered. In this case the salient attribute is more an attitude of behaviour. An initial irregularity in the course of social interaction might thus induce a special sensitiveness towards each other on the part of the social counterparts and thus also hamper the flow of social gestures.

In all these cases, the mutual basis of social interaction is eroded by emotional reactions. It is obvious that such situations occur when one person has an attribute that is unusual or strange to the other people present. In other words, the meaning of that attribute in the situation is not significant. The social counterparts have different perceptions of the attribute in question or may even recognise attributes in the other person of which this person is not aware. As the counterparts do not have a mutual background of experiences they have different attitudes towards the attributes.

It is most likely that a bearer of an attribute will have had experience with non-bearers who were affected by his or her attribute. The fatal situation that Goffman describes lies in the fact that there will always be non-bearers who perceive a certain attribute for the first time, and their reactions will prove the "abnormality" of the bearer again and again.

In most cases, if a certain attribute is recognised, the observers will hide the fact and try to interact as if there is nothing special. As a result, it is most likely that the influence of that discrimination would not immediately be apparent on the surface of the social encounter. Such a cover-up could only work if the observers meet two challenges. First, they have to cope with the temptation to repeatedly take notice of the special attribute, because the counterpart might recognise this. Second, they have to gain confidence in themselves that they will not show through a casual action or comment that they are aware of the attribute. This applies not only to discrediting attributes, but also to situations in which a person perceives someone else in a positive sense as very attractive. An uneasy situation occurs if the observers are afraid that they could unwillingly reveal the attributes of others or show that they are attracted.

2.4.3 Practical discrimination; a lack of experience in handling an attribute

But as already mentioned, the situation in which the recognised attribute leads to a purely affective rejection is a very special case. In such a case, the intuitive evaluation of the recognised attribute is not rechecked and controlled by conscious thinking. Social life, however, requires people to learn more or less to control their emotional reactions, so that consequently purely affective reactions might be very rare. On the whole, people will more or less deliberately evaluate the respective attribute and this deliberation might lead to much more unease.

So far, we have only regarded cases in which one of the social counterparts merely expects that usual habits might not be appropriate. But the disorientation will be more severe if the attribute itself contains an indication that there is no shared background of experience. For example, people normally do not know much about other religions. Furthermore, religious beliefs are known to determine a person's attitudes quite essentially. When a person meets a believer in another religion they might thus be very cautious. They might be afraid that a casual remark could turn out to be offensive. The person might further question whether he or she can even anticipate mutual understanding within common modes of interaction and ask him or herself: "can I do the things I am used to doing?"

At the end of a meeting with people from a different cultural region, a person might feel uncertain because they lack knowledge of the appropriate customs for saying goodbye. A similar situation can be imagined when a handicapped and a non-handicapped person attempt to leave a building that has steps at its entrance. If the non-handicapped person is not familiar with handling a wheel-chair, the impending simple action of leaving a building might be frightening for him or her. In order to agree on the best way of helping, communication with the handicapped person about the handicap will be necessary. A person who does not have experience in such cases might be very stressed by the situation, whereas someone who is often in the company of wheelchair-bound people might not even recognise this situation as being somehow special. People who do not have experience with people bearing a certain attribute might feel uncomfortable in their presence, because they probably expect such inconvenient situations to occur at any moment. The resulting uneasiness is an elementary pre-condition for the course the social situation will take.

These examples show that at first there is not necessarily a specific pre-existing meaning or *social identity* in the form of a stereotypical image that is attached to the respective

attribute. Initially the attribute itself is not even assessed at all. It is the assessment of the relevance of the attribute in relation to social interaction that threatens the non-bearers. In *affective discrimination*, the social relevance of an attribute derives from its purely empathetic sensation. In contrast, in the above case the social relevance of the attribute is deliberately considered with regard to the implications it has for the concerns of the non-bearers. The evaluation of the attribute itself is at first irrelevant; in the case of *practical discrimination* the uneasiness felt in a situation derives from the non-bearers not knowing how to behave in this situation.

It is obvious that practical discrimination is a direct function of the experience the perceivers have with people who bear the particular characteristic in question. People who have never met someone with a salient attribute might experience quite massive unease throughout the first encounters. But they will also discover that it is easy to find a normal way of interaction once the first relaxed conversations have taken place. Once they have become familiar with each other, the difference between the participants of the encounter will not have disappeared. The special attribute still remains but is no longer assessed as being relevant.

2.4.4 Category-based discrimination

Within the first phase of uneasiness, a lot can happen to inhibit further interaction. In contrast to the aforementioned processes of discrimination there is the possibility that discrimination will develop in terms of inter-group behaviour. In these cases a more complex notion about a person's entity is applied to a person when an attribute is noticed.

A person who draws a distinction tries to assess the meaning of the special attribute by considering what he already knows about people of that kind. Within a discourse a community develops and perpetuates certain images about people who bear certain characteristics. Such images are often referred to as *stereotypes* or *social identities*. These notions are continuously strengthened by their repetition in the day-to-day actions of the members of the community. From Kahneman's work it is possible to gain the insight that such stereotypes are of high *accessibility* (cf. Kahneman, 2003). That means that they intuitively spring to mind. By their nature rational distinctions reduce the world's complexity so that the mind is able to grasp the world. Accordingly, social categorisations are means of orientation in a complex social world. This might also explain the relatively strong tendency towards inter-group discrimination found by Tajfel (cf. Tajfel, 1970; 1978). There is evidence to think that the easier a distinction is to learn, the easier it is to remember and the more it will be accessible.

In cases of *category-based discrimination*, the non-bearers identify a group of people who bear that attribute. The bearer of the attribute is put into that social category and is given a *social identity* (cf. Part I.3.1, p. 53). A social identity is a largely shared notion about the qualities of people who are part of that category. These social categories are often defined by only a single attribute or at least are constituted of only a few attributes that are regarded as socially relevant. The constituting attributes often also provide the name of the social categories, such as for example, "handicapped people", "Somalian immigrants" or "single mothers".

The main thing is that the assessment of those peoples' nature is based on information that is external to actual encounters with them. This means that knowledge gained in advance of given encounters is attached to the bearer of an attribute. This happens when a person is recognised as a "professor", a "housewife" or "destitute". It is a process of labelling and categorisation that may be harmful to differing degrees.

What is common to these examples is that the bearer of the attribute does not have control over what the other person thinks of him or her. In some cases the ascriptions might be desired, as for instance when the bearers are proud of their special attributes. For example, many theatre actors do not miss a chance to ensure that people know they are actors. But there is definitely a socially excluding effect of such extraordinary things that was discussed in the reflections on stigma (cf. Part I.2.1, p. 82). And as already mentioned, the extent to which the non-bearers themselves believe in such stereotypes also depends on their social experiences.

Another thing that must be mentioned in connection with category-based discrimination is that social categories are for the most part deliberately constructed. It appears inappropriate to claim that the social identity of members of a certain group derives only from a non-judgemental discourse conducted by non-bearers with reference to persons bearing a special attribute. It might correlate more closely with reality to regard social identities as deriving from efforts to force a distinction. There are always many people who, for different reasons, attempt to perpetuate a stereotype by means of intellectual justification. Tajfel and Turner (Tajfel, 1970, 1978; Turner, 1978, 1987) regard social competition as a major driving force. Other people try to establish the notion that a certain social group is deviant for the sake of their own reputation. People try to argue for various reasons that there is a social distinction. It can be a means to gain political influence either to support or to exclude the respective group more effectively. When generalised stereotypes about certain groups are well established, this could be called *institutional discrimination* that "provides a cultural context for interpersonal face-to-face

discriminatory behavior." (Lott and Maluso, 1995) But this need not only be regarded negatively. Last, but not least, there are scientists and academics who create categories of people. Biomedicine has created a variety of diagnoses to apply to individuals and thus justify treatment that otherwise would be regarded as illegal. Such cases of discrimination have helped many people even if they sometimes cause effects which are socially divisive, for example, the metaphors of AIDS or cancer (cf. Sontag 1990 [1977 / 1988]).

2.4.5 Individuating discrimination and the agentic role of the non-bearers

What was explained in section 2.2 of this chapter on p. 92 is also essential to understanding the *agentic role* of those who discriminate. As bearers can commit themselves actively to a process of coping, non-bearers can also actively guide their process of perception. They have the ability to get involved with the bearers and thus scrutinise existing stereotypes and social identities which they might initially have applied.

There is always the chance that perceivers will complement or weaken given notions by taking account of individual characteristics of the person they assess. Fiske and Neuberg describe a *continuum model* in which stereotype-oriented *category-based processes* happen alongside attribute-oriented *individuating processes* (Fiske/Neuberg, 1989, p. 85 et seq.) in reiterating perceptions.

> *"This cycle of impression generation and further assessment decisions continues until the perceiver is satisfied with the impression, at which time impression formation stops." (Fiske/Neuberg, 1989, p. 86)*

According to Fiske and Neuberg, people attempt to categorise others by stereotypes for the purpose of efficiency. A salient feature might provide a category label that is easily attached and gives an initial orientation. Only if further attributes are perceived that do not fit this initial categorisation do people try to re-categorise the respective person. In such cases, a different additional description might be assigned to the target person. This can be either "a subcategory (e.g., a male nurse [...]), an exemplar (e.g., 'this person reminds me of my fifth grade teacher' [...]), a self-schema (e.g., 'this person reminds me of the way I was when I was his age' [...]), or an altogether new category" (Fiske/Neuberg, 1989, p. 85).

Fiske and Neuberg also state that such a deeper assessment of a person can be forced by the motivation of the perceiver. Such motivation is given when a perceiver assumes that "the impression to be formed potentially has a significant impact on his or her own self" (Fiske/Neuberg, 1989, p. 93). The perceiver needs to expect that something can be fundamentally illuminated by an intensified assessment.

It seems likely that the motivational incentive to better access a person is highly dependent on the social encounters. What are the reasons for and the purposes of the encounters? Which are the intentions of the participants or their strategic aims? The conditions of the encounters can have different impacts on the participants. All this forms a wide range of possible motivational attitudes. The simple impulse for social interaction that derives from the nature of human beings as social entities may also be an incentive to become acquainted with a social partner who bears a stigma.

2.5. Conclusion: Discrimination at the Level of the Individual

To summarise, it can be said that in principle discrimination can take place without pre-existing negative notions about the corresponding attributes in an inter-personal *attribute-based* way. Attribute-based means that discrimination is induced directly by the recognition of an attribute. In this case the perceiver's attention is attracted by the attribute and he or she feels unease in the situation. Usually, however, the perception of an attribute is preconditioned by existing ideas about the attribute. To a large extent the process of assessing a person is conditioned by the existence of socially, culturally, politically and scientifically constructed stereotypes and social categories about people who are identified by a certain attribute. The assessment of those people thus starts from already existing images and occurs *category-based*.

Attribute-based discrimination can be affective or practical. *Affective discrimination* is caused by either empathy, indefinite attraction, or distrust. It is induced by the recognition of the salient attribute itself on the part of the non-bearers or by special behaviour of the bearers resulting from their perceived stigma. *Practical discrimination* derives from the anticipation of situations in which the ability to handle persons bearing certain attributes is lacking. Those who discriminate in an affective way are not used to perceiving or dealing with people who bear a salient attribute.

In contrast, *category-based* discrimination begins with a social identity being applied to a person bearing a certain attribute. Social categories and images are by nature rough generalisations that never fully match individuals. If a person applies such images it indicates a lack of experience with persons who are thus categorised. A special case of category-based discrimination is *institutional discrimination,* which takes place any time when a society has developed measures to allow, encourage or even order individuals to treat people who fit a certain defined category in a special way. This is a particularly double-edged case, as it can be disastrous but also most beneficial to the person who is thus labelled. Society allows doctors to treat people who have been carefully diagnosed in

a special way, depending on their illness, whereas in the Third Reich being labelled as a Jew was a death sentence.

It does not matter whether the observers are disgusted by the sight of a person bearing an attribute or whether they deliberately draw a distinction between themselves and others. Discrimination is a matter of deviance. But this should not be interpreted in a material way in the sense of absence or presence of an attribute. It is not the physical difference that is important. It is not important that the people are different but that their interpretations differ. It is a matter of deviance because the social counterparts are not able to derive a significant notion about the *social relevance* of the attribute from the background of their experience. They do not find mutual understanding about the social relevance of the attribute. The non-bearers are limited to a notion of the bearer resulting from their personal set of attitudes and this perception differs from the self-perception of the bearer in such a way that confusion arises and interaction becomes impaired. This is the main difference between discrimination and stigma. While stigma is based on the assessment of an attribute by the person who bears it, in the case of discrimination, the signification of the attribute is based on different interpretations of the attribute or on the assumption of different backgrounds of experience.

In this notion, discrimination is not only regarded as negative. Discrimination might also show respect, tact, or sensitivity and can also be a means of assistance. No matter whether the impetus is positive or negative, it is most likely that discrimination will cause uneasiness in social situations. In that sense, discrimination might cause people to distance themselves, and thus it tends to be socially divisive. Such effects can become institutionalised when socially excluding effects of discrimination are perpetuated because of certain unfortunate recurrently reproduced interpretations and actions.

Such social segregation is not inescapable, however. It is possible to identify and overcome detrimental discriminations if social counterparts approach each other in an open-minded way. Through social interaction they may learn to control their emotional reactions or they may learn that social categories are largely unjustified prejudices. They might gain the practical ability to deal with other people.

3. Part IIb: At the Inter-personal Level: Social Encounters and Interaction

3.1. Introducing the inter-personal level

In order to lift this elaboration from the individual to a higher level the social dimensions of stigma and discrimination need to be introduced carefully. If this step is done too casually it is easily possible that the explanation at the individual level will become disconnected from the way the phenomenon is conceptualised at the societal level. Especially in a realm in which a whole set of powerful dialectic wordings, such as the pairs *micro/macro, individual/societal, action/structure,* suggest that there is an elementary differentiation, the transition requires special attention in order not to create a gap, to leave a link missing and a chain with two loose ends.

3.1.1 Between the stigmatised and those who discriminate

To close the link between the individual processes and the social effects of stigma and discrimination an understanding of inter-personal processes is necessary. Such an insight can be approached by regarding how the stigmatised people and the persons who discriminate encounter each other in real situations. But in accordance with the overall aim of this book, the focus should not be on possible complications, grievances or injustice that might arise but on the options available to the persons involved for actively conducting these processes in a positive, integrative way.

The subject is more complex than Goffman claims when he says that non-bearers who socialise with bearers would become "wise" (Goffman, 1990 [1963], p. 31). In his concept a person who meets with people bearing a discrediting attribute will be excluded socially as well. The person will further adopt the "obstinate" view of the bearers, who claim that the attribute in question is to be regarded differently from the way the norm suggests. As already mentioned, in Botswana nearly everybody has had experience with friends or relatives who have suffered or are suffering from HIV-related illnesses. Furthermore, many have witnessed AIDS-related deaths. Especially such a case shows that people can socialise with PLWHA in manifold ways without changing fronts. But the experiences people have made are often kept secret. In such a case, an exclusive assessment of the public discourse about HIV and AIDS would lead to a collection of constantly reproduced superficial and politically correct phrases. Newspapers, for example, permanently reproduce the moral appeal to help PLWHA. Discourse analysis might thus lead to the assumption that an in some way closed *social identity* of PLWHA exists. But, in fact, many

people have more knowledge about HIV and AIDS and also more empathy with PLWHA than might first be expected.

Many people in Botswana have close relationships to PLWHA. It is also very common for PLWHA to have love affairs with people who are HIV-negative or for married people to differ in status. The following example is about an HIV-positive woman who recently met a new boyfriend. At the time their relationship began, Keledi Mothemele was already public about her HIV-positive status in her small rural home village and thus her boyfriend was also aware that she was HIV-positive. She explained the way they handled this fact.

> *Mothemele: "I took him to the clinic. I told him about my status, and I told him that if you want to live with me, me I am HIV-positive... How do you like if I go with you there [to the clinic] and we went there, me and him. And, imagine, he is negative. Me I am positive."*
>
> *Interviewer: And he wants to stay with you?*
>
> *Mothemele: "Ee [means 'yes' in Setswana]... He knows that when he lives with me, he won't get a new disease. We are just preventing." (30 Interview PLWHA, annotation by the author)*

Even if the relationship is not always as easy as it appears in the lady's answers, her replies show how she actively approaches possible concerns of her boyfriend. It can be assumed that to some extent the boyfriend regards her in an inter-group relation mode and recognises her as being HIV-positive. As a result, he might be tempted to apply all prejudices he has learned about PLWHA to her. Being aware of that, the woman attempts to shift her boyfriend's perception from such ideas. She tries to direct his attention towards more specific aspects of herself as an individual. The strategy she follows is to take the offensive and show responsibility for his health status. She emphasises that her responsibility can be proven by the fact that she is open about her status. She once mentioned that her expertise in issues concerning HIV gives her boyfriend the faith to believe that she has enough knowledge to protect him.

There is a crucial difference between the way the boyfriend discriminates against the lady and the process of stigmatisation with which the lady herself has to cope. The difference lies in the fact that the person who discriminates necessarily has to make assumptions or presumptions about the person who bears the respective attribute. Her argument that she can protect him by being responsible must appear to him to be a very abstract argument. As a result of her knowledge, the lady may well sincerely believe her argument, but for the boyfriend, believing in her will be a matter of trust. As he is the one who really stands

to lose, the extent to which he subscribes to her arguments will depend on his commitment to her. It needs to be mentioned that he is not only at risk of contracting HIV but is also threatened by the possibility that prejudices that are normally attached to his girlfriend's stigma will be applied to him as well. This is a fact that applies to all cases of stigma. The salient attribute affects not only the bearers but also their partners, relatives and friends.

It is rare for non-bearers to have experienced what it means to bear a certain characteristic. This is only possible if the non-bearer him or herself had the salient attribute at an earlier time, and this is not possible with each and every stigma. In the majority of cases, non-bearers are not capable of assessing the attribute in question in all of its dimensions. The non-bearers rely on external sources of information in order to understand how the partner's stigma might harm them. The affected partner is only one possible informant. As a result, the bearers of the attribute are only one in a line of information providers and thus have only limited influence on the way their partner assesses them. As this is a matter of trust, the influence depends on what the relationship is worth to both of them. And this is the major problem for partnerships and other close relationships that are affected by stigma. Disputes might bring distrust and distrust might strengthen the influences of *social identities* that additionally bring unjustified suspicion and prejudices.

The *social identities* perpetuated in public discourse are the expression of discrimination at the level of society, and their social effects might be social exclusion, segregation or maltreatment. But the manifold ways people cope with stigmata on the interpersonal level in everyday life often do not reach the surface of public awareness because they lack the spectacular effects occurring on occasions when rejection or maltreatment is practised. Another finding of this study is that the more people learn to handle stigmata, the more the public discourse begins to differ from social practice. In the end, it is possible that discrimination is anticipated to a much greater extent than would ever really happen. It was found that especially rural-urban migrants who are HIV-positive often fear coming home to their villages as they anticipate rejection. But in fact they find a rather open atmosphere there (cf. Explaining the Inexplicable.1.4.5 p. 255).

It can thus be inferred that in real situations people have to deal with social identities. The extent to which these stereotypical images have their effects on the course of situations is dependent on the extent to which people have reflected on these images, or whether they believe in them unquestioningly. But people often enter situations unprepared and then abruptly encounter others who probably bear salient attributes. In such cases the extent

to which people perceive their social counterparts as individuals or merely as representatives of a label is important.

3.1.2 Social Encounters and Interaction

In this book *social encounters* are not conceptualised as a special type of social situation. Neither does the term refer to a typology of interaction like the one Giddens derives from Goffman's work. According to Giddens, social encounters are characterised as focused interaction. In contrast to unfocused interaction these are occasions on which individuals coordinate their activities. Giddens explains that among the focused interactions social encounters are the more casual ones. They are "the guiding thread of social interaction" because "they typically occur as routines" (Giddens, 1984, p. 72). In contrast to Giddens, who develops a structuralist explanation about what aspects social encounters entail, this book highlights other characteristics of social encounters.

As understood in this book social encounters are a basic pre-condition for any interaction. Furthermore, the term "social encounter" is not a category of interaction but refers to a confrontational effect that automatically occurs when people meet and interact with each other. It is an effect that directly shapes interaction. In some cases this effect might be less and in others it might be greater, but it can always be found when people are in interactive co-presence with each other.

Occasions when people meet and interact provide a large amount of stimuli to each participant. When people interact, they mutually trigger reactions to each other. These social signals call for immediate reaction, otherwise the atmosphere would become stiff or rigid. Were a person to refrain from immediate reactions, either with the aim of controlling them or simply by inattention, this would be recognised by the social counterparts. It would reveal the corresponding person as uninterested or as not feeling free and might be interpreted such that the person had reservations towards the other attendees. A social interaction will thus begin to be uncomfortable when people hesitate in the flow of their reactions. Conversely, if people allow their immediate reactions, and everybody acts easily, the situation will flow.

The point of interest is that social encounters coerce people to behave rather than to reflect on their behaviour. Social stimuli influence people in their basic set of attitudes where their elementary reactions are founded. People further have the experience that hesitation might disrupt social encounters and thus they are forced to behave on the basis of their distinctive personalities. As a result of this, social encounters are capable of revealing a person's basic character.

As already mentioned, rational thinking is highly limited within social encounters. Affective reactions are largely required because the flow of the situation is to be maintained. This is important because any social situation is unlikely to provide only the stimuli the attendees are used to reacting to. Unexpected or unusual reactions, gestures and responses can thus cause confusion, irritation and offence, but also unexpected attraction. As a result of such confrontation and of the fact that rational conduct is highly constrained, inappropriate behaviour can easily occur. Interaction can be severely impaired when inadequately routinised behaviour is used by a person who is undecided about a situation. In this book, the term "social encounter" is used to indicate this confrontational character of social situations, which can have manifold implications for human behaviour and in most cases contradicts human aims. Relationships might be strained, disputes and misunderstandings might be induced, and even well-thought out plans might be corrupted in the course of a *social encounter*.

3.1.3 Acting or behaving – Or why not both?

The concept of social encounters offered here can serve as an agent for combining *behavioural theory* with *models of human action*. These lines of theory are largely regarded as contradictory and mutually exclusive. No matter whether the assumption about the human subject is the more North American notion of the *active decision maker* or the UK variant, the *reactive decision maker* (cf. Cox/Golledge, 1981, p. xvii), behavioural theory is criticised mainly for its confinement to stimuli response mechanisms and for its inability to integrate aims as incentives of action (cf. Werlen, 2000, p. 300 et seq.). In contrast, theories of action are criticised for overemphasising the role of the individual and the ability for rational choice (cf. Werlen, 2000, p. 352). Moreover, because of the objection that its notion of human beings is too limited, behavioural theory has become quite unpopular and can "perhaps be described as a somewhat 'forgotten' perspective within human geography" (Cloke, et al., 1991, p. 68). This applies to other social sciences as well, with only one exception, social psychology. Psychologists often stick to a notion of human beings as behavioural subjects, while sociologists tend to subscribe to the more flattering notion of human beings as rational agents. At any rate, no complicated elaboration is required to see that human beings are in fact both, behaving and thinking agents.

The idea of social encounter mentioned above allows a combination of both lines of theory, because it helps to determine the scope of application valid to each. A social being can be regarded as a behaving subject as well as a rational thinker if it is clear how they

are related to each other. What needs to be explained is why the cleverness of the rational subject does not take over full control of the individual. The degree to which and the conditions under which each part can become active also needs to be assessed.

✗ Rationality in social situations

In their co-presence people are mainly confined by the flow of occasions that require continuing reactions in order not to disturb the social atmosphere. During a social situation people have less ability to reflect, because proper reflection requires time and tranquillity. It is, however, possible for rationality to find its place in social situations.

Social situations call on the behavioural nature of their participants to differing extents. In everyday encounters one thing normally leads to another and gestures evoke the according responses. The encounter might have a special purpose that requires some deliberation, but many things happen besides that task in the ongoing exchange of social gestures between the attendees. The social atmosphere that derives from the manner in which the participants exchange their gestures can even influence the way the task is performed and the quality of the result.

In ongoing everyday situations practical ability is thus largely utilised, rather than rational thinking. Rational thinking is required when problems arise. But a person cannot easily retire from the flow of gestures in order to think about the case. The situation needs to be prepared so that the other participants will not be irritated. One person may, for example, needs to express their current perplexity or indecision and suggest a pause to think.

Especially scientific conferences or planning meetings are thought of largely as being events where rational thinking plays a major role. The settings are even designed to maximise the participants' capacity for inwardness and to utilise their rationality. Sitting at a table limits gestures and thus also minimises the possibility to perceive body language. Furthermore, the fact that it is customary to have a pen and paper for notes supports the utilisation of knowledge and the rational processing of things that were said.

But knowledge is not merely a matter of rationality. It also needs to be stored in experience and thus can also be regarded as a person's attitudes. According to Dewey, experience deriving from thinking, which is what knowledge ultimately is, is not fundamentally different from other kinds of experiences (Dewey, 2004 [1939], p. 362 et seq.). Experience always comprises practical, emotional and intellectual aspects (cf. Part IIa,2.2.2, p. 95). In the case of knowledge, the intellectual part predominates, but emotions were also felt in the process of acquiring the information and practical tasks such as operating a computer or handling books were necessary. Altogether, these

processes form knowledge, which can be regarded as a tendency of its bearer to subscribe to a corresponding point of view, an intellectual attitude.

In this perspective presentations at conferences gain acceptance or agreement not because they are pieces of brilliant thinking. Acceptance can best be achieved by not contradicting the intellectual attitudes of the perceivers. To do so, the presentation has to refer to statements that are commonly perceived as facts and repeat normal patterns of processing this information. In fact, such presentations combined with a confident-appearing presenter can usually be found to impress the audience.

The coherence of this explanation is demonstrated by the fact that it is highly difficult to develop profound criticism while attending a presentation. While listening to the arguments of a presenter, members of the audience may only get a vague intimation that the presenter's explanations might be contestable. In the moment of listening it is very difficult to achieve a different standpoint unless the presenter's argumentation can immediately be identified as representing certain ideas that the listener has already thought through at a previous time. It is very difficult to object to a presentation if there is no obvious inconsistency in the logical construction of the presentation or a reference to an obviously questionable point of view. In convincing presentations the questionable points lie carefully hidden. To identify a point where criticism might intervene, all the implications of the thoughts presented need to be realised. This is a difficult task to accomplish while listening to a presentation, even for pre-informed and extremely critical minds.

Not only criticism is difficult, it is also difficult to bring the audience to go beyond established ways of thinking, even if this is only meant as a thought experiment. This, moreover, is the main cause of academic misunderstandings. Any idea presented is intuitively related to previously thought through discourses and then easily evokes contradictions. Thus it cannot be understood in the way suggested by the presenter. It is the nature of knowledge that it appears to its bearer to be truth and thus *stereotyped thinking* occurs easily.

As academic socialisation emphasises specific schools of thought to varying degrees and these in turn often have different socio-political standpoints, discussions often develop as proxy discussions of the respective schools of thought. This is not only a characteristic of academic discussions; such proxy debates can be observed even better in public discussions. Even if public discussions were initially meant as an honest attempt at clarification, they often result in quarrels between different camps. Political standpoints

also reflect a certain set of knowledge and rational attitudes borne by a person, but often they are much less discussible than academic schools.

Conversely, this explanation indicates that the rational part of a person is most powerful if the person is not confined to a social encounter. There are good reasons why people appreciate having an office of their own. Peace and quiet are vital for concentration, but much more important is the absence of direct social stimuli. Of course, stimuli from the environment might also impair rational thinking but, if not life-threateningly severe, like fire or extreme cold, they can be ignored. Stimuli from the environment do not have the same imperative to react as human gestures and social signals. Being alone, a person can develop his or her rationalities most effectively. People can best reflect on their own behaviour, think about topics, and develop strategies for further action when unaccompanied.

When being alone is identified as a condition in which individuals can best make use of their ability for rational thinking, this does not necessarily require the complete absence of other persons. It is also possible to contemplate while sitting in a bus. This does not contradict what was said above because in the case of a crowded bus the situation is essentially *unsocial*. People ignore the presence of other social beings because of their sheer numbers. This is the effect that was already described by Georg Simmel as a characteristic of life in large cities. Due to the multitude of stimuli, the urban dweller ultimately refrains from reacting to each of these stimuli. Simmel explains this as "Blasiertheit" which could be translated as a "blasé attitude" (cf. Simmel, 1903). According to Simmel, the effect is that life in the city is characterised by a high degree of anonymity.

Individuals sometimes even search for lively environments to contemplate difficult cases which they failed to solve in the quiet of their offices. The exhilarating atmosphere of a café might trigger new perspectives, but this only is possible if the stimuli from such social environments do not address the thinkers directly. It is obvious that the thinkers must cease their contemplation when someone tries to get in contact with them.

It is always the situation that determines to what extent a person finds the required tranquillity to think. In principle, intense environmental stimuli hamper the use of rationality, but this depends on whether these stimuli are perceived as distracting. Social stimuli like those deriving from direct social contacts definitely call for behavioural responses.

✗ **How people differ in their goal of rationally controlling their lives**

Of course people have or even use their rational abilities to different degrees. As a result, people differ in the behaving/acting proportions of themselves.

Some people make a lot of effort to develop habits that allow them to keep rational control in any social interactions. This was highly desirable in some historical epochs. For example, in the second half of the 18th century in Central Europe, the late absolutistic administrations required a mass of well-educated officials that could not be provided by the former leading classes. These developments allowed people to climb up the social ladder due to their humanistic education. A new urban middle class of citizens developed. These people achieved what they did in a world in which birth normally was the main factor that determined social standing. Today these people are assumed to have derived their self-esteem from the fact of being better educated than even more affluent or respected people. In many literary works of that time, such as the dramas of Friedrich Schiller, these "Bildungsbürger" are characterised as driven by rationality and discipline.

People who make such attempts today are normally regarded as not very sociable and are thus not the role models for many current life-styles. Today "coolness" might be regarded as a comparable attempt by young people to keep control. Here, though, rationality as a deliberate formatter of life does not have such a great weight. Being "cool" is more a habit that expresses supreme ease in terms of not being emotionally affected by a situation. "Coolness" is less an indicator that the corresponding person really is in rational control over the situation.

Some individuals feel comfortable with only few certainties in their mind and avoid any situation that might challenge this knowledge. Some people are not very impressed if their knowledge is disproved and continue to stick to their ideas merely out of habit. Others might be keen to eradicate every logical contradiction they can think of. Such people might also find pleasure in solving logical or mathematical puzzles and tend towards philosophy.

Furthermore, rationalities can also be arranged as different sets of attitudes. Some people regard rationality more as a management of facts, this being mostly referred to as knowledge. For others the practice of processing information is more important. This is mostly referred to as intelligence. There are even more terms that refer to different ways how the intellectual ability can be combined with an individual's primarily emotional or practical experiences. These are, for example, "practical intelligence", "emotional intelligence", or "social intelligence". The mind might be used to rationally induce

processes that will help in gaining new experiences. Practical and emotional abilities can thus be improved.

There are also cultural differences in the extent to which society requires its members to make use of their rational ability. This depends on how self-reliant citizens are expected to be, how independent they are allowed to be and how much responsibility is demanded of them. It depends on the degree of individualisation and on how authoritarian or liberal a society is.

3.1.4 Rationality and social behaviour in the sequence of social encounters

Social encounters can be regarded as tamers of the influence of rational choice and planning. To recapitulate, as humans are social beings, stimuli that derive from the co-presence of another human being contain an imperative for direct reaction. The reason for this is that the core of what constitutes a person derives from social experiences and from reflection about social situations. Human beings are mainly social entities; their self has developed to what it is through social interaction and, as a result, social stimuli have high priority when it comes to the attention people devote to other objects.

The sequence of a social encounter can be divided into three phases, the *pre-encounter*, the *social encounter* itself and the *post-encounter* (cf. figure 8, p. 123). During their course social encounters determine the perception, experiences and rationality of individuals to varying degrees. Most of the time people are busy doing something; consequently the *pre-encounter phase* is characterised by what they are doing. The ratio between rational conduct and behaviour is determined by the extent to which the task performed requires conscious attention or can simply be accomplished by habitual action.

Social encounters occur when people become aware of each other and when they interact. At this point the rational ability becomes confined, because social stimuli engage the social being in a communicative flow of gestures. Rational processes might take place but are extremely restricted. How social encounters can confine the rational ability of the individuals was described in the previous paragraph.

Individuals might regard particular social encounters as essentially important, for example, a rendezvous or a job interview. As a result, the individual might attempt to keep control and not show that he or she is nervous or excited by the situation. Everybody knows such situations and they are vivid proof of the discrepancy between the aspired naturalness and ease in a person's behaviour and the fear of losing control of the situation by acting in a thoughtless way. This applies to a special extent when power relations play a role.

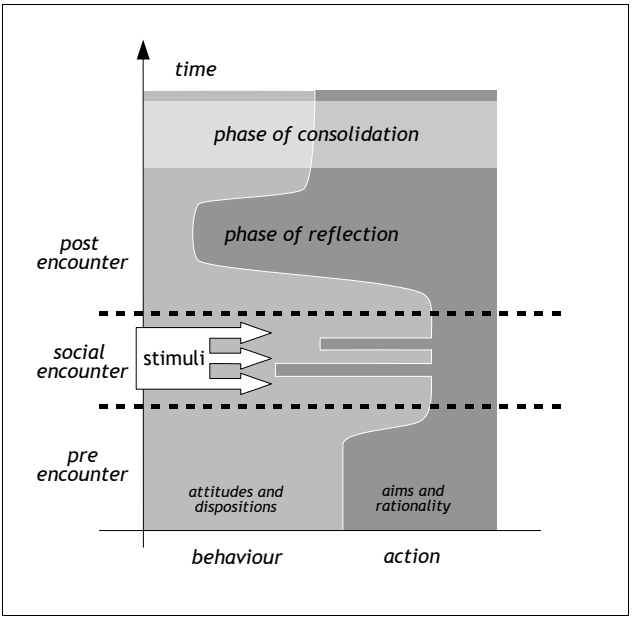

Figure 8: Behaviour and rationality in the sequence of a social encounter

An essential point is that it is not possible for the participants to fully assess the situation while it is still ongoing. Not until the *post-encounter phase* are the individuals able to reflect on the preceding encounter. To what extent they will do this depends on how the encounter questioned their routines, habits or even self-conception. Later, during the post-encounter phase, experiences will be consolidated. What was experienced during a social encounter can thus have an influence on the basic attitudes, knowledge or major disposition of the individuals involved.

After a social encounter individuals are able to reflect about what has happened and how they reacted. They can come up with interpretations and explanations about why things developed the way they did. People can reflect about their behaviour and thus later attempt not to repeat certain modes of behaviour. They might develop plans for how to avoid, force, or alter certain behavioural attitudes of their own.

In the same way that social encounters limit rational thinking, intense concentration can restrict the ability to perform habitual tasks. A person who attempts to solve a difficult puzzle is likely to stop any other activity except for some very monotonous tasks, such as

walking. Through their rhythm, monotonous activities can help to maintain concentration. Something similar can often be experienced after a social encounter that has been emotionally shaking. The post-encounter phase is characterised by intense and not completely rationally controllable reflection about the event. Emotional turbulence can even drive a person to move around in order to let off steam. Bodily reactions might try to ease the emotional exertion in the form of almost uncontrollable nervous gestures. Rational control may try to sort the emotional reactions, but cannot simply switch them off.

At the end of all those emotionally evocative incidents accompanying social encounters, however, people can learn from successful and unsuccessful behaviour and gain experience. They will certainly attempt to avoid failures in the future and might attempt to alter their behavioural attitudes. Nevertheless, personalities cannot simply be altered by deliberation. Basic dispositions need to be altered if different behaviour is to be triggered in future encounters. Experiences need to be consolidated within the behavioural being of a person.

Some recent neurological research sees such processes of consolidation as happening largely in sleep (cf. Fischer, et al. 2006). According to this research, people recapitulate information they have learned and all situations they have experienced while they sleep. These new impressions become interwoven with already existing experiences and knowledge. This research has also found that sleep not only helps to consolidate learned practical tasks but also manifests memory (cf. Anderer, et al., 2002). As a result, sleep can even help people to gain insight. "Sleep, by restructuring new memory representations, facilitates extraction of explicit knowledge and insightful behaviour" (cf. Wagner, et al. 2004).

No matter when and how the consolidation takes place, however, it can be supported by deliberate action. Practices that have been proven to be successful can be made accessible for consolidation processes by repeated training. Training effectively boosts the chance that a certain task will be internalised and that thus in the future, situations might occur as an immediate and natural reaction. *Cognitive behaviour therapy* uses role playing and exercises to alter patients' attitudes that lead to certain reactions. For example, hypochondriacs are trained to control bodily symptoms provoked by their illness by rehearsing behavioural patterns. Nowadays hypochondria is accepted as a manifest illness and is no longer simply regarded as hallucination. Furthermore, the idea of *salutogenesis,* as developed by Aaron Antonovsky as a counterpart to *pathogenesis,* regards health as a process and not only as the absence of illness (Antonovsky, 1980[1979]). These ideas

emphasise the profound interference of the mind with bodily and behavioural aspects. They are proof of how intellectual processes are intertwined with the whole of the symptomatic expressions of human life.

3.2. Conclusion: Social encounters

Social encounters are especially important because they trigger processes of stigmatisation and discrimination. The inter-personal flow of gestures reveals people's character and makes it difficult for them to hide their attitudes and views. The socially divisive effects of stigmata thus arise in social encounters. Individuals might consequently become aware of their undesirable behavioural facets. In order to avoid such divisive effects in the future the bearers of a stigma might attempt to develop strategies for avoiding being insulted by offences and reacting appropriately. For their part the non-bearers might attempt to find a way to avoid their rejective behaviour.

Social encounters are limiters of rationality while they take place but stimulate rationality after their occurrence because of the need to reflect on them. In retrospect the interplay between rationality and behavioural attitudes might reveal inconsistencies and trigger incentives to alter social dispositions. This is especially difficult because social encounters will never be standardised and thus no simple behavioural strategy can be developed. To escape the socially divisive character of stigmata in a future encounter, people can only try to develop deeply engrained experiences of how to deal with the stigma. This might help to conjure up the appropriate behaviour intuitively.

4. Part IIc: At the Societal Level: Identities

We now have to leave the level at which individuals encounter each other in face-to-face contacts. It was explained that stigma and discrimination are dependent on the interpretation of attributes borne by people and how such people are regarded by non-bearers. On a more abstract level these questions are dealt with as questions of "identity". We have to enter a totally new discourse in which images of groups of people are regarded. Works on "identities" also comprehended the social construction of such images, their effects on societal processes and their political usage. While introducing this new area, this book will lay special emphasis on not losing the link to the individuals.

4.1. Identity: Presenting and representing

The discussion of *identity* in the social sciences has increased constantly from the 1980s to today and has grown to such an extent that it is difficult to form an overview. "Identity"

became a fashionable term that eventually became omnipresent. But, as in any academic discourse, terminology is used in manifold, often contradictory ways. The elaborations about *identity* are also inconsistent in the ways they use key terms. Consequently this book needs to find its position within this field.

4.1.1 A look at the development of the identity discourse

It is difficult to say where the academic question about what *identity* might be originated, but there is no doubt that it has become more and more important in recent times. This is often traced back to the fact that life courses have become more and more flexible nowadays and are considered to be more and more plannable than in earlier times. For example, in mediaeval times, life was thought of as it was destined by the social stratum into which a person was born. Consequently, early stories about people aspiring to freedom from social power relations could first only be narrated convincingly by referring to chastity and strong righteous religious beliefs, for example, the story of *Joan of Arc.* Throughout history, social movements and intellectual developments, like the Reformation, protestantism, philosophy and humanism, have torn the individual free from the divine God-given order and subsequently have given sovereignty to the individual (cf. Hall, 1992, p. 281 et seq.).

Especially with the Enlightenment as "man's emergence from self imposed immaturity"[24], identity-building became a task of rationality. With the aid of their rational abilities, people should be able to become the creators of their social realities rather than being victims of the conditions they themselves created. The first step towards embarking on this path was to become aware of oneself and one's rational capability. Identities came to be regarded as mental drafts that were rationally constructed and the individuals were assumed to aspire to these ideas. For many epochs up to modern times it was characteristic to subscribe to the view that it is identities that make of individuals discrete, separate entities. Identities were usually closely tied to the life course of individuals. In a modern way of thinking, the individual was considered to fulfil his or her life by successively attaining a social position. This process was considered to progress lifelong. As a result modern identities belong to individuals and were regarded as steady and substantial. Professions were one of their major constituents.

24 The citation is from Immanuel Kant's opening sentence in his essay "Answering the Question: What is Enlightenment?" (1784). "Immaturity" in this case is not a fully appropriate translation of the German word "Unmündigkeit". "Unmündigkeit" means not only 'not having reached the age of maturity' and has the connotation of not being intellectually autonomous.

Identities are not only conceptualised as indicating the uniqueness of individuals, however. Besides approaches that regard identity in an individual-oriented way, another discourse has developed that regards identities as something that applies to multiple individuals. "Identities" were regarded as characterising groups of individuals. In the course of post-colonial works or works in *cultural studies*, for example, the aim is to assess people's attitudes with regard to the cultural spheres in which they live. Such identities are regarded in the way they have developed throughout time and history. What is often referred to as the *cultural turn* is an intensified interest of academics in questions of meaning and practices of everyday life and the historical emergence of such cultural expressions. In this sense, *culture* on a large scale is considered to be constructed, and with regard to the individual culture it is seen as very influential, if not determining. Culture has been accorded a privileged position in this line of theory because it is seen as structuring the way people feel and act. Every society can be regarded as imprinting a certain inscription on its members that is not only volatile but in a way also extremely persistent. Such imprinted patterns can be seen as *collective identities*. These can be identified, for example, as *cultural identities* if referring to individuals of a cultural sphere, or *national identities* if referring to citizens of nation states. It will be important later to recapitulate that in such notions the correspondence between the image and the represented object always remains only a proposition.

Latter-day social and economic developments have contested both approaches to identity. With regard to individual-oriented approaches to identity, it became clear that it will never be possible to identify fixed cores of identity that constitute individuals. The focus has thus moved from the assessment of the shapes of identities to the process of *identity-building*. Interest has shifted to when and how people conceive their existences and what they expect to benefit from this. The products resulting from such processes, the identities themselves, are regarded nowadays as less continuous, more fragmentary and very flexible.

Especially post-modern concepts, such as *patchwork identity*, *mentality of bricolage*, *travellers*, or *hybrid identities*, emphasise that the process of identity-building nowadays has less opportunity to rely on traditional certainties. Modern social transformations and especially processes of individualisation force people to construct their self-image more individually. Post-modern concepts differ in the extent to which they regard the changes undergone by identities as positive, creative, or as an expression of a gain of freedom. Peter Gross found a "Bastelmentalität" (*mentality of bricolage)* that merely avails itself of existing construction kits (cf. Gross, 1999). In contrast, Heiner Keupp's idea of a

patchwork identity appreciates the creativity that is needed to construct a pleasing piece of patchwork (cf. Keupp, 1997). These concepts not only differ in the way they judge the fact that such flexibility in identity-building processes has emerged. They also differ in the way they regard individuals as needing to construct consistent and stable identities. While Keupp claims that modern identities do not lack an inner coherence, other authors object fundamentally that identities have always been closed and maintain that the term identity has been "born as a problem" (Bauman, 1996, p. 19). According to Zygmunt Bauman, since its emergence the term "identity" has meant to name a perspective for escaping the uncertainty that life has always provided at any time in history. In Bauman's perspective, it is only the strategies for escaping this vagueness and finding orientation that have changed over time. The difference is merely that the *modern pilgrims* worked on their identity during their whole life, while the tendency of post-modern individuals is to attempt to avoid a fixation of their identity and thus more often to choose life models as *strollers, vagabonds, tourists* or *players* (cf. Bauman, 1996).

With the development of the concept of *hybrid identities* collective identities also became smoothly linked to the post-modern discourse. Cultural approaches to identity underwent the same deconstruction as individual-oriented approaches. Culture also became recognised as being fragmented, discordant and inhomogeneous. Homi Bhabha explains that globalisation and international migration have led to the point where cultures cannot easily be identified as distinct entities any more. Post-modern times have established a "third room", an "in-between-space" that creates borderline existences (Bhabha, 1996, cf. also Bhabha, 1994, p. 208, quoted in Eickepasch/Rademacher, 2004, p. 106). Bhabha also emphasises that less than ever before can cultures be identified in terms of positive descriptions. Each and every lived form of culture needs to be regarded as partly of this kind and partly of that. This can be understood as a chance, because it sharpens one's eyes for outdated cultural habits and might be a source of creative and subversive forces for overcoming them.

In a broader sense, every culture nowadays needs to be regarded as being culturally hybrid, and according to Stuart Hall "modern nations are all cultural hybrids" (Hall, 1992, p. 297). Pop music and other popular arts are often mentioned as representing such *hybrid identities.* Like the cultures themselves, these creations of art are mostly a blend of different styles. Pop music also often adopts traditionally established symbols, caricatures them and thus breaks their authority. This is done in order to give a voice to those who belong to the newly emerged subculture.

As a result, identities today cannot be regarded as aspiring to a consistent, closed and complete picture of a person as a distinct entity anymore. To varying extents people may feel a need for such consistency, but this is often contradicted by late-modern life, which demands flexibility and adjustment if people are to make a living (cf. Sennett, 1999). As a result, nowadays identities need to be imagined as fluid, indefinite and volatile. At an increasing rate people constantly reconstruct and reconsider their identities. They do not develop their identities as a life-long project, as they were expected to do in former times. A current self-image considered at one point of time might even contradict another one that was constructed at a previous time. People orientate themselves with regard to many ideas that are offered to them. Every single individual may choose his or her personal cocktail from a range of political camps, social movements, life-styles but also many other options on far lower levels. These arguments are commonly referred to as the *post-modern de-centring (or dis-location) of the subject* because ultimately it is claimed that there is no definable entity within a human being that can be regarded as a dependable core of a person.

Post-modern identities only come into existence by being discursively expressed and reproduced. They only appear on the surface of cultural practice if they are recognised and picked up by communication. Without attention they would simply vanish unrecognised, which in latter-day information societies, might mean that they have never existed. This shifts the focus to aspects of presentation that can be associated with identities. In this perspective it is assumed that identities, as tales about a person's life, seem to have lost their relevance for the individuals. Instead of aspiring to such a life-story and giving it an inner plausibility, the aim is to gain the attention of the community. Sheer media recognition is often cited to prove the relevance of a person's identity concepts. Pop artists are often mentioned as being an example of this.

Not only individuals compete in the struggle for publicity but also a large number of groups and organisations. Whether these are companies emphasising a *corporate identity* or NGOs developing an internet presence, the aim is always to establish an image as positive and graspable as possible. The presenters thus have to subscribe to the rules of a fast-moving mass media system with all its consequences. Especially social movements created what is referred to as *identity politics,* which clearly assigns only one aspect of a possible identity to a single social movement, for example, being female to feminism. As a result, social movements became a major driving power for the *de-centring of the subject* (cf. Hall, 1992, p. 290). As the identity propositions provided by social movements only cover a single attribute a person might bear, their identification value is limited. In

addition, they imply a great number of political aspects, which are often so radical that many individuals only partly subscribe to them. Such images of individuals, groups, or organisations that are developed with regard to these requirements of the *network society* can also be called *informated identities* (cf. Castells, 1997; Munro, 2001).

To recapitulate, individual-oriented elaborations about "identity" have undergone a shift from the assessment of individualities towards a reflection on the process of emergence of identities as volatile representations of individuals. The scope was further widened by including a strategic dimension. People might aspire to be perceived in a special way or they can design possible selves and endeavour to achieve a corresponding change in their personalities.

At the inter-personal level, "identity" does not only cover the question of what people think of themselves. The idea of collective identities widened the scope to images that are claimed to be an appropriate representation of multiple members of a broader community. With the perspective of identity politics "identity" additionally indicates modes of presentation that are used to portray people in public. In this sense, identities become instruments of economic and political strategies.

Ultimately, a shift in the meaning of "identity" can be detected. While the term once reflected questions of representation, to an increasing extent it now reflects a perspective of presentation. But presentations are often not meant to give an exact picture of what they present. Presentations are instead designed more for the purpose of persuasion. In the following it will be shown that in the discourse about identities it became more and more difficult to identify clearly what the respective author conceives as the relationship between the constructed image and the object to which the image is applied.

4.1.2 Identity and the limits of the constructivist paradigm

Identities are rarely regarded as something essential nowadays. Instead, a notion that regards identities as being constructed either by individuals themselves or through social processes, has begun to dominate the academic discourse on identity. In the following this will be referred to as the *constructivist paradigm.* The post-modern discourse has emphasised the character of bricolage and the inconsistencies that apply to the process of identity-building. The entire subject is largely thought of as having vanished behind social development and the necessities of post-modern life (Sennett, 1999).

Furthermore, from a cultural perspective, the individual is often seen as being moulded by cultural attitudes, values and norms and thus as structurally pre-determined in his or her

customs and action. Even if social conditions are socially constructed, it is largely accepted that these conditions shape a certain cultural core within individuals. Post-structuralist theorists emphasise that individuals normally regard their socially constructed living conditions as naturally given (Bourdieu, 1997 [1980]). Individuals thus cannot escape regarding themselves as a part of their respective communities. But does this necessarily mean that they accept all identity propositions which are attached to them?

The individuate and autonomous subject has become dispensable in those perspectives that regard public discourse as the main expression of culture, which often results in an alienation from empirical fieldwork. In many cases, however, it would be very interesting to check to what extent purported identities correlate with their objects of designation. Those who are represented probably have their own views whether a given representation is adequate. Especially when academics, in a post-modern manner, regard representation as an impossible task, why do they then tend to just look at the discursive and cultural reproduction of images rather than asking whether these images correspond with the represented objects? Why do they only assess one side when they distrust representations?

This books claims that the term "identity" becomes meaningless when the correspondence between the representation and the view of its object is not questioned. This is not an essentialist argument because it is not claimed that academics should try to assess the real nature of the objects. They should merely assess whether purported images are meaningful to those people who are represented by these images. This does not leave the constructivist paradigm.

Especially with regard to taboo subjects and questions of stigma, public discourse can differ tremendously from individual perceptions, because these are topics that are mainly characterised by people who remain silent about themselves. Out of shame people are tempted to continuously use the same well-established phrases rather than to try and express their real experiences with regard to the taboo subjects. For reasons of decency, public debates also tend to perpetuate phrases that have been proven to be politically correct. It is obvious that such 'curtailed discourse' scarcely reflects the experiences of affected people. In the following we will explain that the understanding of the constructivist paradigm is too limited when works only regard discursive reproductions of identities. We do not argue here that constructivist approaches in general have a too limited perspective. So; where does the limitation of this constructivist view become relevant?

✗ **The perspective of cultural studies**

Hall's abstract elaboration of *cultural* or *national identities* can be regarded as representing the perspective of *cultural studies.* This perspective considers the fact that identities as mental representations can only have a status as *projects* that will never be accomplished (cf. Bhabha, 1996). Hall tries to reveal how in different historical times individuals used certain anchors for their self-conceptions and he ultimately aims to identify what conditions prevail in late modernity. This historical perspective is characteristic of many works in cultural studies and it does at least authenticate the relevance of the identities described.

According to a common belief cultures can be identified in terms of existing attributes only if they have reached a certain continuity in time and expansion in space, as in the case of the "Britain" of today where nobody would deny that a notion about "being British" really exists. But Bhabha has contested this idea and has pointed out that cultures can only emerge in terms of differences, never as solitary positive descriptions (Bhabha, 1996). According to Bhabha, identities need to be understood as narrations. Indeed, such stories are often presented in the form of positive descriptions and thus purport to identify certain identities as if they existed independently. Identities are thus more of a proposition and need to be regarded relationally, always with regard to the persons who construct these images.

Cultural studies also consider this argument that identities - even if they are largely presented as narratives or descriptions - can ultimately only derive from differences rather than from positively identifiable attributes. In this sense "identity is always a temporary and unstable effect of relations which define identities by marking differences." (Grossberg, 1996, p. 89)

A work in accordance with the principles of cultural studies will thus be aware of the fact that collective identities are often built on myths about the origin, homogeneity, religious or racial purity or other specialities of the respective group. These narratives often contradict historical facts and seldom stand up to critical examinations (cf. Hall, 1992, p. 295). According to cultural studies, identities need to be conceived as politics with regard to power relations (cf. Grossberg, 1996). Cultural studies thus not only obtain a perspective of constructivism, but also a deconstructivist view. The validity of the identities proposed is assessed with regard to their historical references.

According to Lawrence Grossberg, *cultural studies* have theorised the post-modern problem of identity by developing several *figures*. These are conceived as certain patterns

or structures that can be found in contemporary identities. Grossberg calls them *figures of différance*, *fragmentation*, *hybridity*, *border* or *diaspora* (Grossberg, 1996, p. 90 et seq.). These patterns were at first derived from the historical context but were then applied to an analysis of the actual living conditions of the people involved. Not only current discourses are regarded but also subcultural and artistic expressions that can be found to relate experiences of the people affected. Reference is sometimes made to works such as the *Satanic Verses* by Salman Rushdie in order to explain the realities of people with hybrid identities. The incentive is to develop identities from people's perspective in order to explain something about how they see themselves in comparison to pre-existing common identity propositions.

In line with the principles of cultural studies, academic works can try in different ways to assess whether there is any correspondence between the purported identities and the views of the subjects they claim to reflect. Such a perspective is constructivist only as it sees the discourse on identities as being constructed. It is not too limited, because it does not neglect the fact that descriptions of a given culture can only be accepted as appropriate if they reflect to some extent the people described. It assesses the way narrations express something that really concerns the people under study. Because of the incentive to criticise existing identity propositions, such approaches ultimately refer to something outside of discourse, which serves as a reference.

✗ A too limited constructivist view

Conversely, such aspects are often neglected in case studies that only look at discursive expressions about identities. If only discursive ideas and arguments are assessed, the elaboration only touches the surface of what identity-building means. If only a superficial level, like media debates, or the discussions in certain forums, is recognised, it is not possible to assess whether the "identities" found really reflect something that truly concerns the people talked about. What can a study reveal that asks, for example, how in current political planning processes the inhabitants of Canterbury are referred to as being "citizens of Canterbury"? If such studies fail to ask whether the citizens have the same idea about what it means to be a "a citizen of Canterbury", it is impossible to evaluate the speech act. To what extent the fact of being the inhabitant of a city provides orientation nowadays or is a means of identity-building processes is highly disputable. The elaboration will thus lack a reference for evaluation if it does not look into the correspondence between the image and the designated objects.

Of course, medial discourse analyses that claim to reveal identities often also raise the question as to what notion has persisted over time and how this notion has emerged throughout history. But this does not necessarily determine that the image is important to people. Often, the fact that certain images are reproduced in debates on current political processes or in the media is simply taken as proof of the importance of the proposed images. Simply the usage in the media is then regarded as qualifying the images to be called "identities". But precisely this is what needs to be checked. Perhaps the discourse might be something like an autopoietic system, which just perpetuates itself. A critical view of these discourses would consequently assess whether the arguments that are used have broader support within the community regarded.

Constructivists often regard identities as floating freely on the discourse level. They see identities detached from any corresponding feature in the real world. This is especially the case when theories of the philosophy of language, such as semiotics, are regarded as comprehensive models for explaining questions of identity and when representation is regarded as being impossible. Then "identity" appears to be something derived from a specific moment, which in the next moment might have developed differently. No link between these contingent images can be conceived in this perspective.

If so, the term "identity" becomes hollow. This neglects the pedagogic dimension of the process of identity building (Keupp/Höfer, 1997). Individuals cannot construct their self-identities just as they want. People are bound to the experiences they gained from their lives. They have leeway to imagine possible selves, but they cannot decide absolutely freely about how they define themselves (part IIa.2, p. 82).

This book argues that it is necessary to assess whether the discourses or the images purported at the societal level have any correspondence at a practical level that shapes the sphere of experiences of the individuals. This argument should not be taken in an essentialist manner as a demand to investigate people's nature. However, experiences do also develop through social conditions, exactly as discourses or meaning. Experiences just have another cognitive status within the individual, they might be practical and emotional, not only intellectual.

It should be a matter of course for academic works on identity not to confine their consideration to the level where common images are discursively reproduced. It is highly debatable whether the objects of such limited research even deserve to be called "identities". This applies to sociological works that cover questions of identity related to groups, like *collective identities*, as well as geographical works that regard identity related

to spaces, like *identities of cities* or *national identities*. Any elaboration about identities is not complete unless it answers the question whether the given narration really establishes identification, whether it is capable of making individuals identify with it.

What is labelled "identity" should often rather be called "image" or, as will be explained in the next section, "social identity". This also applies to what often is called "identity politics", where images are made as offers to individuals to be used as a means of identification. Surveys do not really reveal identities if they fail to ask the question whether a given image really establishes identification, or whether it is accepted as a valid description by those who are described by it.

4.1.3 The relation between objects and their representations

What might have been confusing is that the term "social identity", which was explained earlier and was frequently used in this book, did not appear anymore in the latter elaboration. In fact, the different notions of *identities* largely overlap with what *social identity,* according to Tajfel, signifies (cf. Tajfel, 1970, 1978). But the discussions derive from very different realms. While "social identity" is primarily a psychological term, the summarised discussion about *identity* is from the social sciences. There are, however, good arguments for differentiating *social identities* from *identities* more in the way social psychologists do. As "social identities" apply to images produced by communities in order to label certain groups, the latter can be regarded as indicating an image which, in the belief of the individuals, evidently corresponds to them. In addition, there is another definition of the word "identity" that can also support this view.

✗ Identity and sameness

In mathematics "identity" designates an absolute sameness. Identity is the fact that one expression is exactly the same as another and can, with the help of valid rules, be translated into the other. This idea also requires that neither of the two terms have any additional attributes that the other lacks.

From the perspective of today's social sciences such a notion of identity seems deceptive. But the idea that identity in its most essential meaning indicates sameness has a long philosophical tradition that needs to be mentioned here to understand fundamental misconceptions that have appeared in the latterday discourse. This can be best explained with the help of an example. It was long discussed whether the following sentence entails a paradox: 'Unfriendly Italians don't exist'. The argument is the following: "Since it [the afore-mentioned sentence] purports to be about unfriendly Italians, it presupposes that

unfriendly Italians exist, which is precisely what it goes on to deny[25]" (Williams, 1989, p.1). A discussion here about the different philosophical arguments that were exchanged about this question is superfluous because it is obvious that such ideas can only be developed on the basis of a philosophical essentialism that does not differentiate between the world and language that deals with the world. It is clear that this question became manageable with the linguistic turn in philosophy. If we regard the above sentence as an act of speech, it is easy to understand that it is intended to explain to a possibly unknowing person that the attribute of being unfriendly is seldom found in Italians. Of course, the problem remains how such expressions can be formalised in logical expressions. This would be important, for example, for the purpose of constructing machines that interpret speech by utilising computer-based speech recognition. What this clearly showed, however, is that this understanding of identity as sameness cannot be valid for the social sciences.

Nevertheless, identity was largely understood in such an essentialist way. That may have been the reason why in many authors' perceptions of Mead's work the "self" was largely equated with "identity". Mead explained the *self* as the set of attitudes a person is made up of and emphasised that this self expresses itself in form of the behavioural "me" and the intellectual "I". The self therefore was legitimately regarded as constituting the individual. When an essentialistic notion of identity is applied, the self must appear to be nothing but the identity of the person. While many Anglo-American works tend to equate the terms, it had even more profound consequences in the German literature. In the translation of Mead's basic work "Mind, Self & Society" the term "self" is translated as "Identität" (identity). This may in many cases have hindered an accurate perception of Mead's thoughts and consequently may have led to the great confusion[26].

But the self can easily be differentiated from identity. According to Mead, the self can be conceptualised as the shape of the individual in the form of its attitudes towards behaviour, so to speak, the immaterial phenotype of an individual as he or she appears in behaviour and rational choices. The self is the sum of all characteristics a person bears, which could never be fully assessed by observation and rationality. This interpretation can be supported by the fact that Mead himself uses the term "self-identity" for the ability of people to create a notion about themselves. Consequently, *(self-)identity* can be defined as a mental representation of the single distinct individuality of an individual, the uniqueness of the self as it is perceived by the mind of the individual. In contrast to the

25 Annotations by the author

26 Abels (2004[1997]) even confuses "me" and "I".

self, which is an expression of life, an identity is a cognitive product that is believed in and that can be rationally reflected on. In this sense, identity can be conceptualised as a reflection on the self.

- ✗ **Identity, social identity, personal identities and their correspondence with objects in the world**

Today all arguments concerning a notion of identity that are valid for the social sciences lead straight to the conclusion that identities are symbolic representations in the form of a proposition trying to assess individuals. The idea that identity can be regarded as sameness was rendered obsolete and thus cannot be the answer to the initial question of what the relationship between the representation of an object and the objects that are expressed can be.

If *sameness* does not constitute that relationship, probably the object that is to be represented can be reduced to a basic core of attitudes specifying it. But it is questionable whether this is possible with regard to human beings. Any society tries to define at least a basic core of attributes for each and every individual to make them unmistakably distinctive and thus even countable and administrable. The term *personal identity* reflects the analogy of a real person with such a set of basic data, such as name, date of birth, eye colour, or height. Any modern nation state records such basic facts about a person in a document. Such a document even establishes a person as a member of the respective society. But it is not only the ID that represents a set of attributes of its bearer. Today data is stored in manifold ways and for manifold purposes. This can be taken as proof that the generation of administrable representation that corresponds to physical human beings is regarded today as a crucial element of any modern social organisation.

In turn, the scarcity of such characteristics, the fact that some of these attributes can be easily changed, and very recent discussions about biometrical data reflect the difficulty of identifying a person as being one and the same at different points of time. But nevertheless some of these characteristics are chosen to serve as such identifiers. It is especially remarkable that the name of a person remains the most important one, even if it is possibly the attribute that can be changed most easily. On the one hand, this indicates that identities can ultimately only exist as narratives that need a remarkable title. On the other hand, it refers back to social practice, because as long as individuals aim at achieving a stance within a given society, they will always attempt to subsume their achievements under a heading, and as their names can serve.

Obviously it is not sameness or an intrinsic core that can constitute the relationship between identity and the designated objects. As a result, only a relationship less strict than sameness can be employed and *correspondence* might serve as such. But this automatically raises the question what the nature of such correspondence can be and to what extent an analogy between the image and the object can be anticipated.

This should briefly be correlated with stigma and discrimination. It was already mentioned that the social relevance of a stigma is evaluated differently by the bearers and the non-bearers. The difference between "social identities" and "identities" can thus be conceptualised in analogy to the way stigma and discrimination are distinguished. Stigma was established as the perspective of the bearers and discrimination as the view of the non-bearers.

Social identities were described as existing images about people who bear a certain attribute. They are applied to the bearers in the form of external ascriptions on the part of the community. Social identities are socially relevant when the community largely believes these images to be valid descriptions of the designated objects. This is obviously the case when large sections of the population react accordingly or respective forms of treatment are institutionalised and accepted to a high degree. But such common belief in a social identity does not mean that a significant correspondence between the representations and the objects actually exists. For social identities such correspondence needs to be investigated by empirical fieldwork. Therefore the researcher needs to address the represented objects directly.

With regard to stigma, the individuals who are reconsidering their identities consequently need to be regarded. To the persons to whom they are applied, social identities appear as a challenge with which they have to cope. It was already explained how stereotypes force the individuals to deal with them. Stereotypes can be partially adopted but can also be rejected. Consequently, in the case of identities, a reasonable conceptualisation of the correspondence would be as follows: to a certain extent those people who are designated by stereotypical images believe these representations about themselves to be true. In cases in which individuals themselves develop such representations about themselves in a process of identity-building, it is also important that they really believe that they meet these images or might be able to achieve them in the future.

✗ Identity-building - forming and representing one's self

In some aspects some works on *identity* are close to *interactionism* or *social behaviourism*, which are also an important basis of this book. These are works that focus

on the process of *identity-building*. They mostly derive from education science or development psychology. Accordingly, they often focus on how children or adolescents find their role in society.

Straus and Höfer see the individual in a permanent interaction with a world that provides situations that continuously provide stimuli to think about (cf. Straus/Höfer, 1997). Strauss and Höfer identify *situational self-reflection*[27] as a basis for the *everyday work of identity-building*[28]. They claim that people permanently assess themselves from different angles (self-perception, perception of one's ability, and perception of how others might perceive them). The recognition of social interaction leads to the very important point that identity-building is not only a constructivist bricolage or a matter of puzzling together an image, but also a matter of sincere self-assessment.

Such a notion of identity-building refers back to Freeze and Burke, who in turn explicitly refer to *symbolic interactionism* and who provide a conceptual model of how identities become constructed (cf. Freeze/Burke, 1994). Freeze and Burke have a very broad notion of identities and regard the *adaptation of an individual to the world* as 'identity'. This notion probably derives from the equating of 'self' and 'identity' described in a previous paragraph (cf. Part IIc.4.1.3, p. 135) and is expressed in the fact that the authors often use "self/identity" as if they were one and the same term (cf. Freeze/Burke, 1994, p. 13). The resulting idea is more an explanation of how people become what they are rather than what people think they are. In advancing this concept, Straus and Höfer integrate the idea of *possible selves* which again allows a conception of identities as mental representations. This entails the perspective that individuals design *identity-projects* as ideas of how they might be and then develop strategies to achieve these targets (cf. Straus/Höfer, 1997). In this sense, besides all discursive explanations or additions, identity-building refers to the way an individual is adapted to the world. It is not only a matter of creating a story but also a matter of forming attitudes and character and also of achieving a social stance.

Works about identity-building regard their objects of interest - which are mostly young people or adolescents - as subjects in the struggle to develop their lives in a way that will allow a positive self-evaluation. The studies tend towards the opinion that the young individuals long for a closed and definite representation of themselves. The authors often defend this notion against the post-modern image of the de-centred individual, which they tend to overdo in their illustrations (cf. Krappmann, 1997). The works differ in the degree

27 Translation by the author

28 Translation by the author

to what they see as persistent in identity-building and the resulting images. They have different opinions as to whether identities are only situational, whether they change their importance during different phases of life, or whether they are also dependent on culture and the degree of individualisation within a given society. Also the questions of whether a core of the self, or a meta-identity exists or not and how it can be expressed, as a *sense of coherence* (Antonovsky, 1980[1979]) or *core-self assurance*[29] *(Kern-Selbstgefühl)* (cf. Bohleber, 1997), are ultimately undecided.

The next paragraph will explain that we can easily leave this as an unsolved epistemological problem, because for this book it is almost irrelevant. For issues of stigma and discrimination to be illuminated it is appropriate simply to recognise that social effects induced by the salience of an attribute can trigger such processes of identity-building within an individual.

4.1.4 Recapitulating identity

✗ The self, the subject, (self-)identity, social identity

The major distinction in this chapter was drawn between (self-)identity and social identity. Whereas the first is a self-related task of forming an image about one's self, the latter is a mental representation of individuals created on the part of the community. The two forms of identity are related insofar as social identities can be regarded as conditions of society with which individuals have to deal in their processes of identity-building. In this respect "identity" was described as the key term for regarding processes of social categorisation and self-categorisation at a societal level.

According to the discussion above, the individual is endowed with aims, rationality, probably a sense of coherence, and a 'self' that is in some way essential. But when such an individual is assumed, it does not necessarily mean that these thoughts retreat behind the *post-modern de-centring (or dis-location) of the subject,* as could easily be objected.

This epistemological problem arises from the indefinite use of the terms "subject", "(self-)identity" and "self". Regarding these three terms as distinctive opens a perspective that could untie the knot. Viewing the *subject* in the way that psychologists do, as a biological and psychological unit that is subject to fundamental natural phenomena, makes the individual countable and persistent but, as we have seen, very difficult to identify. The subject as a biological unit is rationally endowed and socially integrated. The term "individual" designates this single, countable subject in its social aspects. The term

29 Translation by the author

thus hints at the social ambiguity people have. Although or even because people develop their personalities only through social interaction and are thus elementarily a child of their community, they tempt to distinguish themselves from each other.

Each and every individual finally manifests his or her own individual experiences through social processes and thus the *self* can be regarded as the immaterial set of attitudes that makes the individual a social being. In this sense, the self is a behavioural being that is endowed with a mind as a rational ability that can become aware of itself. It is here that the incentives for processes of identity building are located. Regarding *(self-)identities* as mental representations of a certain subject can support the post-modern argument of de-centring, even if it is not the subject but the identity that is de-centred.

Identity building is not an easy task, but it is required by the mind for understanding and interpreting one's self. It is a rational task, but individuals do not simply create a closed integral notion about themselves. They have to assess their behavioural being as well.

The incentive to alter one's behavioural attitudes can be seen as deriving from lived experiences in which behaviour failed. Already achieved ideas about norms, values, or knowledge can be contradicted in social encounters. If such basic experiences are rendered invalid, rationality must be utilised in order to reflect on what happened. This requires a reconsideration of one's relations to external social counterparts and objects as well as it implies a need to re-assess one's self. Consequently, the reason why people permanently rebuild identities can be regarded as being based on the interaction of the behavioural part of the individual with the (social) world.

Identity-building is thus triggered by individuals interacting with the objects of the world. Identities as mental representations of one's self only come into being when they are being conceived. In accordance with post-modern ideas, this concept views identities as not permanent or fixed. They may be basically predisposed in a person's set of attitudes, but each time they are re-triggered, the triggering aspect needs to fit the evolving explanation created by the mind. Anytime they are processed, a partially new perspective arises.

Nobody is able to assess whether all the different perspectives he or she has ever created about him or herself are ultimately consistent. This would require a meta-perspective nobody can achieve. Of course, in retrospect, some elementary changes or contradictions may be obvious, but many changes might have also occurred unnoticed.

Each time a story is told, it develops its own course and the story does not stop changing unless it is not repeated anymore. The story may develop its own life and change. Such

changes would hardly be identified by the individuals who create their self-identities. Of course, if the audience and the storyteller experience fundamental changes in their living conditions, the resulting changes need to be intellectually assessed and the dramaturgy of the story needs to be altered accordingly. Such fundamental changes will certainly be mentioned.

At this point, it is possible to understand why stigma is a challenge to identities, but not in the sense meant by Goffman, who claims that stigma spoils identities (cf. Goffman, 1990 [1963]). As identities are not closed integral notions, they cannot be spoiled. Being transient, it is their reconsiderations that appear to be problematic. Such a reconsideration can be triggered by moments of discrimination and stigmatisation and evolve a momentary self-image. It becomes established that the social legitimation of a bearer of a stigma is questioned. The process of identity-building then can be a means of balancing the emotional confusion and the need for sound self-esteem.

- **Revealing identities, a challenge to social research**

It was argued that in academic works on identities not only the frequently reproduced images should be assessed but that their correspondence with their object of representation also needs to be proven. The question whether the purported images are accepted as an appropriate description of the corresponding object needs to be asked. In this respect, assessing social identities and their influence on processes of identity-building in individuals requires not only an analysis of the discursive reproduction of the images of the corresponding group of people. The objects of representation should be directly assessed. Furthermore, an appraisal is required to what extent these images are prevalent and accepted among the members of the respective community.

This is easily postulated but difficult to put into practice. How should we assess what people really think of themselves, not only what they claim to think? This is an empirical problem because most of the methods of qualitative social research used by researchers that extend into the different spheres of society only cover a discursive level. It applies to most of the prominent methods of sociology, social geography, and education, such as standardised interviews, semi-structured interviews and text analyses that merely evaluate the verbal expressions of individuals. Questions of identity thus provide a basic problem for empirical research.

Only few methods can directly assess people's unexpressed attitudes. Trials, for example, like those largely used by psychologists, can even reveal attitudes of which people themselves are not aware. But trials are very laborious and normally can only confirm or

contradict limited assumptions. They are not applicable for assessing actually existing social dynamism or a socially delicate topic. Another method that directly assesses non-verbal expressions is observation. It at least theoretically allows us to witness social practice and thus gives insights that interviews would never provide.

Observations can be a method for revealing how people react rather than what they think about their behaviour. Observing social practice can disclose people's unconscious attitudes. The problem with observations is that they do not suffice without interpretation, and this is a problem that concerns the researcher's knowledge and assumptions. It is difficult not to be already biased.

Structured or semi-structured interviews can hardly reach beyond the pure meaning of what people say. In contrast, narrative, episodic, and in-depth interviews can partially reveal things that lie behind verbal expressions. Episodic interviews request people to relate their experiences or describe observations they have made. The intention is that in the course of the story information will emerge that has not undergone a process of filtering or clarification by the person interviewed. In-depth interviews try to involve the interview partners in talk in order to collect extensive information from the respondents. Nevertheless, what can ultimately be gained is only words. Consequently, special methods of examination are necessary to reveal what lies behind the rationally reflected level of the verbal expressions.

All methods can ultimately only make deductions from verbal expressions through interpretation. It is often more important to read what lies between the lines. if they are understood as speech acts, interviews can be examined sequentially in order to reveal the ways people talk about the things at issue. Interpretations of expressions need to take into account at which point of the interview they occurred and in which context which arguments evolved. In this manner inconsistencies in the statements may be detected. Things found between the lines can be used to deduce ideas about causes underlying the level of discourse. In this respect the study design needs to be open enough to react to such findings.

This collection does not claim to be a complete list of all methods that can be used to reveal identities. It was given to show that an interpretive study design that aims at revealing underlying beliefs is less plannable than an ordinary qualitative or quantitative analysis. It can easily be imagined how people might answer a certain set of questions and what possible insights might derive from the answers. But planning to observe a social situation that is capable of revealing principles underlying social practices is almost

impossible. In the end, social research that is interested in questions of identity will have to collect a variety of data of different kinds and will not succeed without serious triangulation.

5. Conclusion #2: A Model of Stigma and Discrimination

5.1. People interpreting attributes in social encounters

The origin of any incident of either stigmatisation or discrimination is always the existence of an attribute that a person bears. Obviously not each and every attribute causes socially divisive processes. These attributes must have a special characteristic. They must be capable of becoming salient in social encounters (cf. box 2, p. 86). Such attributes can be referred to as stigmata. It is an important characteristic of stigmata that they are socially divisive only because their sheer existence prevents people from meeting each other on an equal footing.

It is self-evident that there is an important difference between people who bear such attributes and those who do not. In this respect, social practice induced by such salient attributes can be assessed in two ways. "Stigmatisation" indicates the aspect of the bearer of a stigma and "discrimination" the role of the non-bearer. Stigmatisation and discrimination are like the two sides of a coin.

Stigmatisation and discrimination are not continuously existent. They only come into existence when performed. They appear to be persistent because certain patterns of interaction become established and are reproduced over and over again. Of course, some cases of stigmatisation and discrimination may also be institutionalised, for example, by laws or guidelines for action. This is referred to as institutional or statistical discrimination (cf. Rydgren, 2004) or structural violence (cf. Galtung, 1969). Of course, stigmatisation and discrimination may be induced for evil purposes, but this book aims at explaining why they also exist when no bad intentions are present.

It is argued here that the reasons why such socially divisive patterns of interaction are recurrently enacted are not necessarily founded in the purpose of the actions during which stigmatisation and discrimination occur. Socially divisive behaviour often occurs in situations involving tasks that do not even have any relation to the inducing stigma. In such cases the success of the tasks might even be hampered by the fact that the stigma attracts too much attention. Furthermore, the reasons for socially divisive behaviour are also not founded in the fact that such behaviour has an intrinsic value. Discrimination and stigmatisation seldom make sense in a rational way or can be regarded as aesthetic or as

fulfilling humanistic or other values. Socially divisive actions are also not induced because the person with the salient attribute does not meet the norms, as Goffman suggests (cf. Goffman, 1990 [1963]), because stigmatisation and discrimination can also occur when none of the people involved belongs to a minority.

5.1.1 The role of social encounters

How people act towards others is fundamentally dependent on the way they perceive and assess their social counterparts. This happens at the moment when people encounter each other. "Social encounters" can be conceptualised in order to explain the confinement people experience in situations of social interaction (cf. Part IIb.3.1.4, p. 123). Social encounters provide an abundance of social stimuli for which direct and immediate reactions are imperative. When people meet, they make efforts to establish an easygoing flow of gestures, because they know that every hesitation could easily be interpreted as reservations towards their social counterpart. In the course of such interaction unintended reactions easily occur because the ability to reflect rationally is largely postponed to a point in time after the social encounter. In general, rationally controlled responses, especially to unforeseen occurrences, are limited in social encounters. It is obvious that stigmata can effectively hamper the flow of gestures especially because they permanently attract attention.

It is the nature of the social encounters underlying any occurrence of stigmatisation and discrimination that causes people to continually reproduce certain forms of behaviour. The people involved possibly do not even desire such behaviour, but they may lack the necessary experience to be able to change it.

5.1.2 Stigmata: not always negative

After superficial consideration it might be assumed that attributes can be either positive or negative and that the term "stigma" is mostly confined to the latter. For example, "bodily deformations" are easily accepted as stigmata, in contrast, for example, to "affluence". Marks on the palms can even be interpreted as honourable signs of Christ and are also called "stigmata". Being extremely beautiful might also be a stigma. Such a salient attribute inescapably springs to mind only when it is perceived. Some stigmata cannot be recognised directly; it is the mere knowledge of the attribute that attracts attention. Stigmata are socially divisive because they interfere with the habitual flow of gestures and reactions and hamper social interaction.

In general stigmata should initially be regarded as neutral. Nevertheless, the experiences of people with different stigmata may differ completely. Some people might suffer emotionally from their stigma; others might even benefit in some ways. In either case the salient attribute is socially divisive, and this is what ultimately qualifies an attribute as a stigma.

The same applies to stigmatisation and discrimination, as they are processes that derive from such salient attributes. At their very beginning, they are only processes of perception that are initially neutral as well. At a later stage, meaning is attached and this can result in socially divisive actions.

This can be explained in terms of discrimination. A non-judgemental notion of discrimination might appear unusual at first sight. A neutral perspective is, however, necessary for a scientific approach in order to gain analytical precision (cf. Part IIa.1.1, p. 38; Part IIb.1.2, p. 81). It is important to retrieve a deeper layer of meaning in the word "discrimination" that derives from its Latin origin "discriminare", which simply means to distinguish. A positive meaning has persisted in the adjective "discriminative" or "discriminatory".

"Being discriminative" can also mean "being capable of making fine distinctions". Discrimination is thus the act of distinguishing individuals on the basis of the perception of attributes they bear and then drawing thoughtful consequences. Every society has guidelines for identifying who is eligible to receive social welfare. This helps those who are "poor" first of all. Nevertheless, these people may feel ashamed to receive the subsidies, and this again may have socially divisive consequences. While this is a productive example, discrimination can of course cause injustice and maltreatment and can even be utilised to organise large-scale atrocities.

5.1.3 How people interpret attributes

Figure 9 (p. 147) shows the framework of stigma and discrimination proposed here. Both phenomena are processes of assessment that can occur in two modes. The first is a mode of inter-group behaviour and can be characterised as *category-based*. In this mode people use *stereotypes* and *social identities* in order to assess a person who bears a stigma. They can either be that person themselves (stigmatisation) or assess someone else (discrimination). The second mode of assessment is a more *individuating process,* which means that not only the stigma is considered but more attention is paid to other attributes of that person (cf. Fiske/Neuberg, 1989). It is a more detailed assessment of the person

that does not simply adopt existing images and stereotypes[30]. The framework of stigmatisation and discrimination displayed in figure 9 conforms to the idea that "in each individual's life there will be situations in which he acts mainly as an individual rather than as a member of a group; there will be others in which he [or she] acts mainly in terms of his group membership" (Tajfel, 1978, p. 88).

The figure shows different courses that the processes of stigmatisation and discrimination can follow during a social encounter. The courses pass through different spheres and start

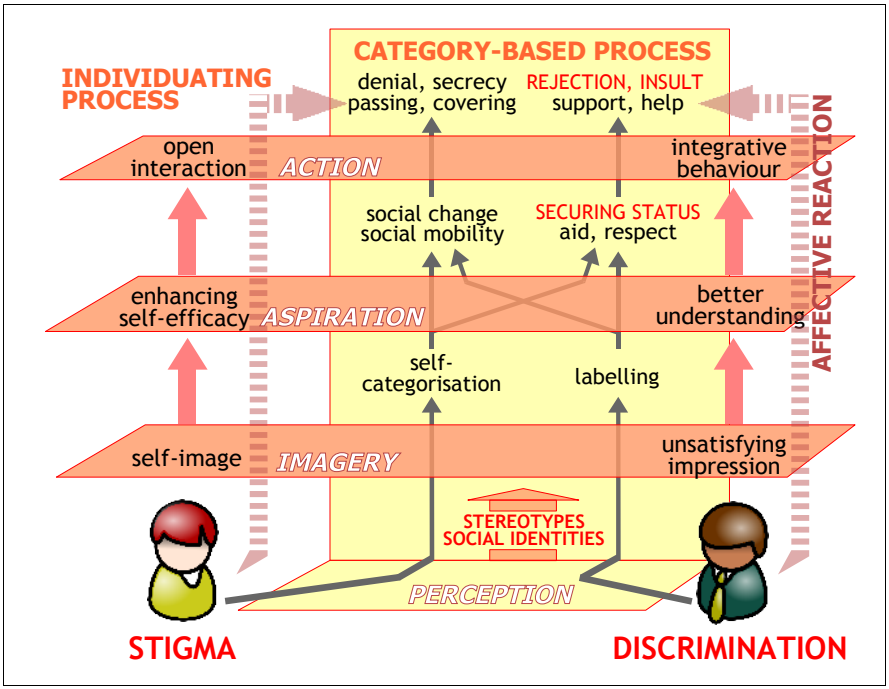

Figure 9: Stigma and discrimination in social encounters

30 In the sphere of action the framework only shows socially integrative behaviour with regard to the individuating courses and opposes them to the socially excluding behaviour in the category-based approaches. This is a simplification that is justified here by the following argument. Of course, some personalities might find pleasure in deliberately hurting other people because of attributes they bear. This, however, can be regarded as pathological unless it is integrated into a hostile environment in which such repressions are customs or are obligatory. Cases in which people act barbarously because of institutionalised injustice unfortunately cannot be regarded as pathological, as will be explained in the next chapter. It will be explained that such cases rely on deliberately induced category-based courses of discrimination.

with the *perception* of a stigma, then proceed via processes of signification that take place in the *sphere of imagery*. Here meaning is attached and images and mental representations are constructed. In the *sphere of aspiration* incentives for action meet these images and people develop targets. Ultimately in the *sphere of action* behaviour and rationally conducted actions are performed. The simplest way through these spheres is the case in which *affective reaction* skips the middle spheres and leads directly from the perception of a stigma to the resulting behaviour. Such cases can be regarded as exceptional because people normally tend to control extreme affective reactions. The other courses are explained successively below. For better orientation the particular terms that appear in the diagram are italicised.

5.2. Stigma and how stigmatisation occurs

The process of stigmatisation in social encounters can be described as follows. Initially, a person is aware of an attribute that he or she bears and that may appear salient in social situations. He or she may have coped to a certain extent with the socially divisive character of the stigma. Furthermore, in day-to-day activities bearers of stigmata largely forget about their attributes when they are engaged in practical tasks.

Nonetheless people will repeatedly experience stigmatisation in social encounters. In such cases, they suddenly anticipate that their attribute will soon become salient in the current social situation. They realise or suspect that another person who is present might react to their stigma in such a way as to threaten the ease of the situation. As already mentioned, stigmata can be socially divisive merely by the way they attract attention. The bearer assumes that the attribute is about to be noticed and might thus threaten social interaction.

Such stigmatisation can be provoked either by the course of the encounter, by an unconscious gesture of the non-bearer, or in a radical way by a deliberate and wicked action. Depending on the nature of the stigma, the seriousness of the scene, and the firmness of the personality, the bearer's self-esteem will be affected to different degrees. When self-doubt or – in case the attribute is valued positively - pride or self-praise is induced in the bearer, this will have an influence on how the bearer further reacts in the given situation. At any rate, the bearer's attention will have already digressed from the task at hand and in the majority of cases, he or she will be tempted to conceal this fact. The situation will not be as easy as before. People may feel uncomfortable and be tempted to refrain from interaction and become alienated in some way. In the worst case,

the social tension will escalate. Such occurrences constitute the social relevance of stigmata.

When such situations occur, the bearers of stigmata assume that they are regarded in terms of *social identities* or social categorisations. People who have a salient attribute usually know what kind of prejudices and *stereotypes* exist about people of their kind. They thus tend to expect others to apply these images to them. A salient attribute can be either more preferable or rather undesirable. Depending on whether the image of the attribute is of superior or inferior social status, the bearer of a stigma will follow the particular courses indicated in figure 9 (p. 147). Persons with superior status will be tempted to *secure their status* and persons of inferior status may desire to *change the social category* they assume they have been put in. In response they will show the corresponding behaviour.

It must be emphasised that these *category-based* courses are not mandatory and that people can escape from these trajectories. The alternative is to choose an *individuating* approach to one's stigma. Such individuating assessment is mandatory for processes of *coping with the stigma*. By following an *individuating* assessment of oneself a sound *self-image* is defended against external rejection. Stereotypes and prejudices need to be questioned and *self-efficacy* (cf. Bandura, 1993) needs to be enhanced. With regard to stigma, enhancing self-efficacy means supporting one's faith in one's abilities to cope.

5.2.1 Victim-blaming?

In fact this notion of stigma is in danger of becoming victim-blaming because it could easily be misinterpreted such that only those who are stigmatised need to change their attitudes (cf. Sayce, 1998). It is therefore essential to complement this notion with a deep understanding of how difficult or even impossible such a change of attitudes might be. A concept of stigma must thus be accompanied by two things: a notion of coping and a notion of discrimination.

5.2.2 Coping with a stigma

"Coping with a stigma" refers in this book to the process of coming to terms with the socially divisive effects that make of an attribute a stigma. It does not refer to the fact that each stigma might lead to other effects and consequences, such as illness, medication side-effects, handicaps, which also need to be coped with.

Coping with a stigma means accomplishing two tasks, a self-related one and a community-related one. First, it is necessary to bring about a change in other people's behaviour and second to learn how to respond to socially divisive actions. Then the social relevance of a stigma might be changed so that it is no longer socially divisive and *open interaction* might be developed. This notion differs from the idea that regards coping as a cognitive response to health or psychological stressors (cf. Antonowsky, 1982).

Coping with a stigma is not a process that can be accomplished by following easy instructions. An affected person must go through an experimental process in which he or she gains experience with how to handle the stigma. The end of such a process cannot be foreseen, defined, or even targeted directly. A person affected by a stigma needs to find a social role that does not ignore the attribute in everyday conduct but deals with it to the required extent.

People to different degree tend to deny their attributes. Denial usually results from the fear that the attribute will not be accepted. This assessment makes the person feel as if he or she is being called into question as an equal member of the community, or that he or she stands out in comparison to other people. Again this should not be interpreted as being only negative. Some might even feel privileged.

The bearers need to find a social role without denying the stigma. This is ambivalent because it requires being open about the stigma. Being open, however, might expose the person to rejection by the community. How a bearer's needs can be balanced with the prevailing attitudes of the community depends on the kind of stigma. Some stigmata can be handled more easily than others. It is therefore not only the bearer who has to be involved in a reorganisation of his or her social role. People around the bearer also need to adjust and need to be committed to the process of coping. When the bearer of a stigma aims at adopting a new social role this also means that relatives, friends and even people acquainted with him or her need to change their behaviour.

But even if the bearer of a stigma has almost coped, stigmatisation can repeatedly be triggered by varying reactions of other people. Organising one's social ties is one thing, but the person needs to learn how to react in social encounters in which his or her attribute is salient. This concerns the behavioural core of a person and requires a change of attitudes. It is not simply a matter of developing strategies for reacting in situations. It requires altering dispositions for behaviour through a deep commitment of the bearer to gaining experience because habits, routines and self-images need to be changed.

The extent to which coping is accomplished largely shapes the social life of the person and determines how sociable the person is. In extreme cases – when an attribute is valued extremely positively - persons might raise their self-esteem excessively and unjustifiably claim an outstanding social role for themselves. A failure to cope, in contrast, might make people retire from social relationships. They might experience anxiety or self-deprecation. The extent to which coping is accomplished further determines how many precautions a person will take to avoid having an attribute of theirs appear salient in social encounters. It also determines whether people can be open about their stigmata.

5.3. How discrimination occurs

In the case of discrimination, people without the characteristic in question distinguish between themselves and the bearer of the stigma. The distinction per se can be called a discrimination. In analogy to the process of stigmatisation, the social relevance is not fixed with the attribute but derives only from reactions that are induced by its perception. A rich person might be a favoured friend because his or her friendship promises advantage. A beautiful woman might be envied because of her appearance. Whichever applies, the effect of the salient attribute nevertheless tends to be that people do not meet on an equal footing.

5.3.1 The basic experience that others have different attitudes

Discrimination is triggered by a basic mechanism. For example, a handicapped person who is wheelchair-bound will repeatedly be confronted with the confined mobility of the wheelchair. Anyone would admit that this provides experiences that can hardly be fully comprehended by those who are not handicapped. Those without assume that bearers of stigmata repeatedly experience how their salient attributes influence their lives. Attributes shape experiences, and experiences in turn shape behaviour. People with different experiences react differently to stimuli. Non-bearers who do not have insight into the lived-in worlds of people with certain attributes might thus question whether they can expect a common basis for interaction.

According to Mead's social behaviourism (cf. Mead, 1934)[31], it can be inferred that all

31 As this is an interpretation that goes beyond some common ideas of what Mead's work is about, a quotation that justifies this interpretation is given here: "The fact that all selves are constituted by or in terms of the social process, and are individual reflections of it – or rather of this organized behaviour pattern which it exhibits, and which they pretend in their respective structures – is not in the least incompatible with, or destructive of, the fact that every individual self has its own peculiar individuality, its own unique pattern; because each individual self within that process, while it reflects in its organized structure the behaviour pattern of that process as a whole, does so from its own particular and unique standpoint within that process, and thus reflects in its organized

individuals have internalised this as a basic characteristic of social life. People have the elementary experience that other people do not necessarily have the same attitudes as they themselves have. Mead identifies the "importation of the social process" as the way people assess how their planned conduct might be received by people of their community. But this idea about how the others might react can always only serve the individual with an approximation of what might be common sense. It will never provide a definite answer as to how something always and generally will be perceived by each and every individual of the community. As a result there is always the possibility that strategies will fail.

Individuals evidently experience different reactions by other individuals than what they had assumed. This is consolidated as a basic experience with each and every individual and this is precisely where discrimination begins. Merely the sight or knowledge of a salient attribute tempts people to assume that bearers of stigmata have different experiences. They will thus question whether even common forms of interaction might be appropriate. As a result they readily apply prejudices and stereotypes in order to gain orientation in the situation of the encounter.

5.3.2 Discrimination as a function of experience

The basic mechanism explained above can effectively be bridged if the people involved gain experience with each other. A son, for example, might anticipate that his mother, who recently had an accident and is now wheelchair-bound, will not be able to climb up the stairs to his front door. He will prepare for that situation when she comes to visit. In this example, the distinction between wheelchair-bound and not wheelchair-bound is obvious, but it does not have a very negative influence on the relationship between the persons involved. The son may have had to change his general view of the capabilities of the mother. Furthermore, mother and son will probably not agree in all situations about how the mother should best be supported. But there will be no general change in the assessment of the mother's character. The son will also not alter his bonds to his mother, in the deep sense of what his mother elementarily means to him, because the son has a more detailed picture of his mother than can be gained from commonly held prejudices against wheelchair-bound people. The common stereotypes are modified by *individuated assessment*.

In the example given above the son is highly motivated to handle the mother's acquired handicap. Fiske and Neuberg explain that motivation can enhance the readiness of people

structure a different aspect or perspective of this whole social behaviour pattern from that which is reflected in the organized structure of any other individual self within that process." (Mead, 1934, p. 201 et seq.)

to commit themselves to individuating processes (cf. Fiske/Neuberg, 1989). The notion of wheelchair-bound people as helpless is surely an *unsatisfactory impression* for him and he will make an effort to gain a *better understanding* of the implications of his mother's handicap. It can be assumed that both partners are used to mutual negotiation. They will thus quickly find a way to prevent this attribute from influencing their interaction too greatly. Provided that the mother herself can cope with her stigma, the son will soon find a mode of *integrative behaviour*. Beyond that, it is obvious that this experience will give the son a much greater capacity to handle other people with such handicaps. He knows in advance about the needs and restrictions deriving from the attribute. Discrimination is thus a function of experience.

In this case, *category-based* processes, as opposed to an *individuating* assessment of the bearer, are almost irrelevant, but in general the opposite applies. As many studies have found, processes of stereotyping and group categorisation have priority over individuating processes (cf. Fiske/Neuberg, 1989, p. 84; Tajfel, 1970 and 1978). Stereotypes, social identities and any frequently repeated image are highly accessible to cognitive processes and are thus often applied automatically (cf. Kahneman, 2003). In addition, in many cases, selfish motives lead to a utilisation of discriminatory processes. This is the field of *labelling* theory. Stereotypical pictures, despite improved knowledge, can be purposely created and efforts can be made to maintain and spread these notions in order to force social segregation (cf. Moncrieffe/Eyben, 2007).

5.3.3 Discrimination in the scope of prosecution and morality

The suggested non-judgemental notion of discrimination will probably never assert itself in everyday language or in political practice. In its common use the term "discrimination" is loaded with negative connotations. This book does not question the need for society to aim at prosecuting certain cases of discrimination, but in the following, it will be explained that it is a difficult task to identify these cases.

The discriminative act by which a person is identified as belonging to a category should not be generally condemned. It is not a fault to call a person a Muslim to make sure that he or she will not be offered pork (cf. Sayce, 1998). This example also shows that it is not per se different treatment induced by discrimination that should be prosecuted. All necessary characteristics of discrimination are present in this example but it is not morally reprehensible.

It remains a difficult task to identify an objective measure for whether actions that result from discrimination should be punished or not. It is a well known fact that alcoholics can

only target their illness when they admit that they are alcoholics. But an alcoholic might be offended if a good friend called him or her an alcoholic, even if that person had the best intentions, namely of making the alcoholic aware of possible solutions. It is obvious that we would refrain from condemning such a case. This example shows that the perception of the people affected is also a minor indicator for identifying cases of discrimination that should be prosecuted.

Stigma is an attribute of which its bearer is aware that it might appear as extraordinary or salient in social encounters. It is socially relevant because it is able to affect the way people interact. A stigma by nature is socially divisive because it lets people assume that they have different backgrounds of experience and thus do not have a mutual basis for interaction. Furthermore, the bearers of a stigma cannot easily develop (success-)promising opportunities of action to avert the socially divisive tendency of the attribute in future social encounters. This is due to the fact that the social relevance of a stigma is not only a matter of the bearer alone but also is induced by the reactions of the non-bearers

The socially divisive effect of a stigma is most severe if stereotypes or social identities about people who bear such attributes exist in society. In this respect, the fact that an attribute is regarded as a stigma can be structurally induced to a large extent.

Stigmatisation occurs when a bearer of an attribute is triggered to regard this attribute as being a stigma. He or she then becomes aware of the fact that the attribute might appear as salient in social encounters. The bearer then assesses what interpretations of the attribute or what social categorisations might be applied to him or her. Even if bearers have almost coped, they will be repeatedly challenged to (re-)assess themselves and their attributes.

Self-stigmatisation occurs when bearers of a stigma themselves trigger the assessment of their attributes as being a stigma. In these cases, the bearers might overemphasise the socially divisive character of their stigma. They might overestimate the importance of prejudices and stereotypes and are tempted to refrain from committing themselves to a process of coping.

Discrimination occurs when somebody perceives an attribute, which they themselves do not bear, with someone else. It can be regarded simply as a distinction which is drawn by the non-bearers. The sheer recognition of the difference in a second stage might induce different treatment of the bearers.

Box 4: Short explanations about stigma and discrimination

Category-based processes may also derive from scientific and medical research. A characteristic of scientific conduct is that it develops categories and defines, as exactly as possible, under which conditions things fall into these categories. Medical science normally defines illnesses as a set of symptoms that can be assessed by doctors. Consequently, illnesses can be regarded as social categories. Diagnosing an illness in a patient thus corresponds to the act of *labelling* and can also be regarded as discrimination.

Furthermore, the diagnosis of an illness even allows the doctors to treat the patient in a special way. In the end, the aim is not morally condemnable because it is a matter of *aid*. Doctors and health workers discriminate in order to *support* people and to commit them to the treatment that can serve them best. As explained above, in inter-cultural encounters discrimination can also appear in the form of *respect* and appreciation of the other culture.

What we experience as condemnable ultimately refers to the intentions of the people who discriminate. It refers to the case in which a person elevates himself or herself above somebody else and attempts to manifest this status. Figure 9 (p. 147) shows the corresponding cases in red capital letters. In these cases it does not matter whether the intentions are conscious or merely derive from the thoughtless adoption of common prejudices and stereotypes. Unfortunately, it is not possible to measure these intentions directly, and this is a problem not only for social science but also when issues of discrimination are to be regulated by law.

To reveal underlying intentions it is necessary to regard expressions in the sphere of action that might indicate such aims. It is necessary to observe each single case of discrimination. Then it is necessary to interpret how *rejection* and *insult* have occurred in these cases in order to assess whether the person who has discriminated against someone else aimed at unjustifiably securing a status for himself or herself and therefore did not appreciate the full integrity of the bearer's person.

5.4. Identity – The key to the societal level

At this point, the term "identity" needs to be introduced as the term normally understood by the social sciences to designate images of groups, including stereotypes and prejudices. The social construction of identities is usually regarded, their effects on societal processes and their political usage. They are thus the key to describing societal effects of stigmatisation and discrimination. Furthermore, this can help us to understand how the individuals concerned are linked to processes on higher levels.

When people perceive individuals they may feel certain that they can appraise the essential nature of the people they observe. People deduce from their observations the nature of other people. People pick images from the background of their experience and apply labels to the individuals observed. The resulting ideas about the people observed appear obvious to the perceivers. The perceivers may even be certain that they know those people's character or their mentality. Such images thus become the basis on which people conceive of society as being composed of different groups. Groups are

conceptualised in their distinct societal roles and their capabilities, and ideas evolve as to how these social groups are related to each other.

This book thus conceptualises "identities" as mental representations of individuals and groups. Images of people like those often purported, reproduced and negotiated on a broad basis in society are the linkage between the interpersonal and the societal level. Identities can be reproduced either in their short forms as labels or in the form of narratives. Labels are often simply applied without an explanation of what they really mean. Each person might have his or her own ideas of what they ultimately mean, but often such labels are not really specified. They are thus a more or less non-verbal justification of the assumption that the people labelled are of a special kind. A basic characteristic of such images is that they easily lose their striking clarity once they are expressed verbally. When identities are presented as narratives they thus often refer to other categories that are difficult to assess but have high persuasive power, such as history or ancestry.

However, images of individuals or groups always entail a complex of attributes of the people represented that can only be understood relationally, which means in relation to the persons constructing these images (cf. Bhabha, 1996). It is thus important to distinguish whether individuals construct these images about themselves or whether they are assessing other people. In analogy to the distinction between stigma and discrimination two approaches are possible.

5.4.1 Two approaches to identities

There are two major approaches to identity. The first is individual-oriented, so to speak a bottom-up perspective which asks how individuals assess themselves and how they see themselves being represented. In such cases it would be best to talk of *self-identities*, because the image constructed is meant to represent a person's self.

It is not possible to talk about (self-)identities as if they really represented the whole of a person's distinct entity. Used in this way the term "identity" would largely remain a hypothetical proposition, because identities are never static and can never be revealed in their full complexity. Works basing their viewpoint on the individual thus have their focus on how individuals create such representations of themselves. They thus concentrate on processes of "identity-building" (cf. Freeze/Burke, 1994; Straus/Höfer, 1997).

The other approach to identities is from the side of the representations prevailing in society. For example, in the discussion about cultural or national identities, identities are

Forms of representation	Considered attributes	Level of activation
Social identity	Stereotypes about group membership	Pre-existing social encounters on a societal level
Individuated perceptions, qualified identity propositions	Stereotypes about group membership and individual attributes	Activated within social encounters on the inter-personal level
(Self-)identity	Group membership (self-categorisation) and individual attributes, life-course of the individual	Constructed privately on the level of the individual, in reference to social encounters

Table 1: Forms of identity relevant to stigma and discrimination

claimed to reflect characteristics that apply not only to a single individual. Identities thus indicate a certain core of attributes commonly borne by individuals of a certain group. In contrast to the idea of identity in individual-oriented approaches, this core of attributes is not meant to identify a single person as unique but to subsume multiple individuals under a social category. It was explained in Part IIb.4.1.3 that, in order to avoid misunderstandings, such categorisation should rather be called "social identities" and be distinguished from "(self-)identities". In this respect different types of identities need to be differentiated (cf. table 1, p. 157).

5.4.2 Identities and correspondence

The term "identity" definitely entails a comparative aspect. In mathematics it expresses the fact that two objects are identical. In its etymological origin, "identity" means sameness, but for the social sciences this idea needs to be broadened. It is obvious that, in its essence, the term "identity" connects two things and compares them. Of course in the social sciences the objects are mostly individuals or groups of individuals. The social sciences can thus assume that an identity indicates a correspondence between its meaning or content and the object of which it is a representation. It is important to see that correspondence here does not refer to something essential such as the "real" or the "nature" of individuals. It refers to the relation between the proposed image and the experiences of individuals, and thus is a *correspondence in experience*. It is the question of whether people readily identify themselves with the images proposed.

The point to be emphasised here is that narratives and images of people evidently need to be understood to claim a correspondence with the individuals they represent. This entails an important implication. The relation between the narrations and their objects must be investigated. It is important to differentiate between the representation and the objects and then to assess how significant the given representation is in the experiences of those

who are represented. It is thus necessary to compare the narration with the observable empirical matter and to assess its validity.

5.4.3 Social identities and narration

Social identities can be more or less reproduced or negotiated in the community at large. They are thus not a product of single individuals but derive from society. For that purpose they need to be fixed in words. When social identities appear at the surface of public discourse, they mostly do this only in the form of labels. Nevertheless, such labels always work as metaphors and refer to larger stories and narrations.

Through discourse such narrations can gain independent existence. They can determine the way people talk about the related things. Social constructionist discourse theory thus describes the emergence of such narratives as structural conditions of society. Such approaches are often based on the work of Michael Foucault (cf. Philips/Jørgensen, 2002) and deny any possibility to look behind such stories.

> *"According to Foucault, truth, subjects and relations between subjects are created in discourse, and there is no possibility of getting behind the discourse to a 'truer' truth." (Philips/Jørgensen, 2002, p. 18)*

As already explained, this book does not subscribe to this view. Social sciences do have means for directly assessing the objects of discursive expressions. Social sciences do have the ability to evaluate which narrations better match what is observed. It is therefore necessary to define criteria for such evaluations. When the criteria can be agreed upon, there is evidence to accept the evaluation and even hegemonic discourses can be shown to be inappropriate expressions. If this were not possible, critical or deconstructivist sciences would also be impossible.

The same applies to the individuals who are involved in processes of stigma and discrimination. It is essential for individuals to have an agentic capability to move beyond existing stereotypes and social identities. With regard to stigma and discrimination this was described on the part of the bearers as well as on the part of the non-bearers of a salient attribute. Figure 9 (p. 147) reflects this in the individuating processes of stigmatisation and discrimination.

5.4.4 Social identity - a common element for stigma and discrimination

Social identities comprise categories on the societal level and thus also the category-based processes of stigma and discrimination. As social or cultural expressions they exist prior to social encounters and are dealt with on the part of the bearers as well as the non-bearers.

As explained in Part I.3.1 (p. 53) Henri Tajfel's *minimal group experiments* revealed that the mere assignment of individuals to meaningless groups can directly induce social categorisation. The subjects of the experiments readily accepted being labelled, and to a significant degree they developed different treatments for in- and out-group members (cf. Tajfel, 1970, 1978). Later, John Turner revealed how easily a simple group affiliation forms a sense of membership and thereby causes *self-categorisation,* which in turn facilitates the adoption of images prevailing about these groups (cf. Turner, 1987). Such stereotypical images are called *social identities*.

The more casual the relationship to a person with a special characteristic is, the more likely it is that a social identity or a stereotype will be assigned to this person. This means that the person is not regarded as an individual anymore. The distinction leads the labelling of the person as a member of an abstract group. When this happens, the salient attribute comes to the fore and the individuality of the respective person is neglected. The attribute might be so influential that the perceivers refrain from directly assessing the bearer, which could possibly lead them to qualify the given image on the basis of individuated experiences. A vital point is that the person who is labelled with a social identity is expected to actually have not only a single attribute but a complete set of characteristics. Social identities mostly entail a variety of attributes.

It is crucial to mention that those who apply such an image do not necessarily need to deeply believe that the social identity applied is an appropriate description of the person perceived. Those who discriminate may be forced by social conditions to apply it. They may lack the time to assess the person more properly. Their attention may be involved by a different task or simply hampered because of the specific nature of social encounters that limits rational reflection within an ongoing social situation (cf. Part IIb.3.1.4, p. 123).

At any rate it is important to see that group definitions can be regarded as structural conditions, because they are capable of determining the way people act with regard to people who bear certain attributes. The single individual cannot directly influence such stereotypes prevailing in society because to a certain degree they derive from cultural beliefs, processes of social learning, public discourse or political will. But it should not be forgotten that each and every individual can theoretically make him or herself aware of

such social identities that he or she has internalised. It is thus possible to decide whether to maintain or reject these images.

✗ Social mobility and the desire for social change

The theory of social identity further claims that groups try to enhance their respective statuses. The members of the groups compare themselves with other relevant groups and a social competition between these groups emerges and finally leads to the domination of particular groups over others. Within such a process, the affiliation with the respective groups becomes more and more determined and inescapable for people who bear attributes that are regarded as constituting these groups.

The concept of *social mobility* or the desire for *social change* especially appears to be very important. *Social mobility* indicates that members of inferior groups try to change group affiliation and *social change* means that people of deprived groups might organise themselves and take measures to alter their situation. These tendencies are crucial in processes of stigma and discrimination. People can attempt to hide or change their group affiliation no matter whether they belong to the inferior or the superior group. People who identify a person as belonging to a group that is often discriminated against might either desire to *secure their status*, *respect the others* or aim at bridging the social gap.

Tajfel explains that superior groups mostly aim to *secure* their high social *status*. Discrimination may be utilised as a means of suppressing inferior groups and this best matches the common notion of discrimination. It was already mentioned that these cases are the ones we usually regard as condemnable and endeavour to prosecute.

The desire for social mobility is greatest when people categorise themselves as belonging to an inferior group. It can even be found in the case of PLWHA[32] in Botswana, where the group affiliation seems to be inescapably given by infection with the HIV virus. The following citation may give an idea how crucial such desires can be. The woman who expressed herself is a person who thinks reasonably, who is also an HIV counsellor and thus has detailed knowledge about HIV-related issues. Nevertheless, the desire for social mobility can be sensed.

> *Maltumelo: „You know, I think I want to go for retest. Sometimes I feel like, you know I am negative. I am fit, and I am not in ARV. One day I will go for retest again. I think this people from Tebelopele[33], they made a mistake. The way I feel healthy and I feel fit, you know, I don't feel any pain in my body. So one time I will*

32 People Living With HIV and AIDS

33 Botswana's voluntary counselling and testing centre.

> *go, maybe I will test negative. I feel like someone who is negative. (laughter).*" *(73 Interview PLWHA)*

The statement was made in an ambiguous manner so that it might easily be taken as a joke, but at the same time it appeared very serious, as if the person speaking were awaiting a response that affirmed the chance mentioned.

As we follow the effects of social identities from the level of *imagery* via the level of *aspiration* towards the observable level of *action* (cf. figure 9, p. 147), it is possible to identify several strategies according to category-based processes. Goffman has described some strategies as possible ways for the 'stigmatised' to deal with their stigma (cf. Goffman, 1990 [1963]). All the examples he gave can be regarded as resulting from the inferior status of an inferior social identity. According to Goffman, an affected person can only follow three strategies, these being *passing*, *covering* and *the attempt to correct*. The 'stigmatised' might be able to *correct* a perceived shortcoming in themselves either directly, by removing the attribute (for example: operation, therapy), or by attaining additional attributes that might balance the stigma (for example: a handicapped person who participates in sports to demonstrate his or her ability). *Covering* means to render the attribute invisible for others and *passing* means to gloss over what the attribute causes in situations when it becomes salient. In addition *denial,* as the attempt not to assign oneself to a special social identity, can also be identified as a strategy resulting from category-based self-categorisation.

5.4.5 Discrimination and individuated perceptions

Here we have come full circle and the framework of stigma and discrimination is almost explained. The only thing left to do is to describe the individuating processes in reference to the elaborations about identities. These were already explained at the beginning of this conclusion, but not their implications on the societal level.

When people subject themselves to an individuating assessment of a person bearing a stigma they can effectively qualify their initial impression. Fiske and Neuberg describe this as a cycle of impression generation (cf. Fiske/Neuberg, 1989). According to them, after an intensified assessment the perceivers are still not satisfied with the improved impression. They may still perceive attributes in the target person that do not fit even the advanced image. Then more attention and effort are required, and in an attribute-by-attribute manner a gradual integration might help to gain *better understanding*. Such piecemeal assessment can help to change a person's attitude towards a bearer of a stigma and ultimately lead to *integrative behaviour* (cf. figure 9, p. 147). In a given society, social

identities will thus never be totally fixed and closed. There may always be variation in the ways social identities are conceived by different individuals. Each and every individual can, to a certain extent, be the administrator of his or her imagination. They can effectively turn their attention towards the bearers of a stigma and find the way to *integrative behaviour*. As a result stereotypical images provided by society might even change.

5.4.6 (Self-)identity and the agentic capability of the individual

(Self-)Identities are mental representations of one's self. They develop when the mind actively constructs an image that considers attributes, capacities and the life-course of the self. (Self-)Identity is a picture people create about themselves that is not always shared with others. During that process, secret information is considered as well as past achievements. It is a more private image. Mead emphasises that personal superiorities are a necessary constituent of such (self-)identities. These superiorities are what a person regards as an ability of his or herself. Things that a person can do better than others are also a basis for self-esteem (cf. Mead, 1934, p. 200 et seq.). People can make themselves aware of these superiorities when they reflect about their behaviour and the result of the self-assessment turns out to be not very flattering.

But individuals are not simply accountants who add and subtract their more or less positive or negative attributes. Identities are not the sums resulting from such accounting, nor do they determine people's self-esteem. It is also inappropriate to imagine identities as fixed or solid constructions. Individuals should rather be regarded as puzzling out or juggling with pieces of their identities (cf. Gross, 1999; Keupp, 1997). They repeatedly reconstruct their identities and each recognition might be a different perspective. As a result, discrepancies and inconsistencies emerge but mostly remain unnoticed. Nobody is able to have a meta-view of themselves. Individuals might also develop *possible identities* and try to strategically achieve these in form of *identity projects* (cf. Bauman, 1996; Bhabha, 1996; Straus/Höfer, 1997). The targets might turn out to be unachievable or in the end the desired identity might be more or less fulfilled.

To accentuate people's ability to actively "play a part in their self-development, adaptation, and self-renewal" Bandura uses the term "human agency" (Bandura, 2001, p. 2). Contesting notions in which consciousness is only an information-processing machine like a computer Bandura emphasises that: "The human mind is generative, creative, proactive, and reflective, not just reactive" (Bandura, 2001, p. 4). The *social cognitive theory* supports these arguments not only with empirical research but also with examples from neurological science.

> *"Research on brain development underscores the influential role that agentic action plays in shaping the neuronal and functional structure of the brain (Diamond 1988, Kolb & Whishaw 1998). It is not just exposure to stimulation, but agentic action in exploring, manipulating, and influencing the environment that counts." (Bandura, 2001, p. 4)*

According to Bandura, *self-efficacy* is a core term for describing a sound personality that is resilient to even adversary social encounters. Self-efficacy is the way individuals believe in their abilities. The actual ability to perform a practical task is not only a matter of having the required knowledge or the required tools. Cognitive, social, motivational, and behavioural skills have to be organised. Bandura emphasises the role of the environment, which, apart from the pure difficulty of the task, is the major source of failure because it can provide hampering conditions. Sound self-efficacy also helps to accomplish a task.

> *"It requires a strong sense of efficacy to remain task oriented in the face of pressing situational demands and failures that have social repercussions." (Bandura, 1993, p. 120)*

Self-efficacy, however, has the value of a belief, which means that it cannot easily be reflected on. But to the same extent to which it is impervious to purposive alterations it has a determining effect because it makes people confine their activities to what they believe is in their capability. This does not mean that self-efficacy is not accessible to self-regulating processes, but it is quite resistant to such efforts.

Identity-building can be a means of *enhancing self-efficacy,* and it has been explained that when it comes to stigma and discrimination, self-help initiatives are very important for supporting people in such processes. The bearers' self-efficacy, their belief to what extent they are the agents of their situation, is the core variable that has to be addressed on the part of the individual in order to develop *integrative habits* that can help to readjust their threatened social stances.

5.5. The societal perspective, consequences and the question of interventions

The framework outlined above makes it possible to analyse the interdependencies between stigma and discrimination. Furthermore, it becomes possible to imagine transitions and processes of change in the social meaning of stigmata. The framework also enables an evaluation of behaviour and actions with regard to their influence on processes of stigmatisation and discrimination.

As Goffman's theory of stigma only looks at *category-based processes,* the derivation of his fatalism is clear. Stigma appears to be determined by structures, and the way people

deal with their stigmata can only be regarded as reactions to these suppositions. But not only category-based identity politics exist, but also *individuating processes*. A change in how a stigma is handled in a given society could be induced if such individuating piecemeal assessments of people bearing a stigma occur in large numbers and common stereotypes become reflected on a broad basis.

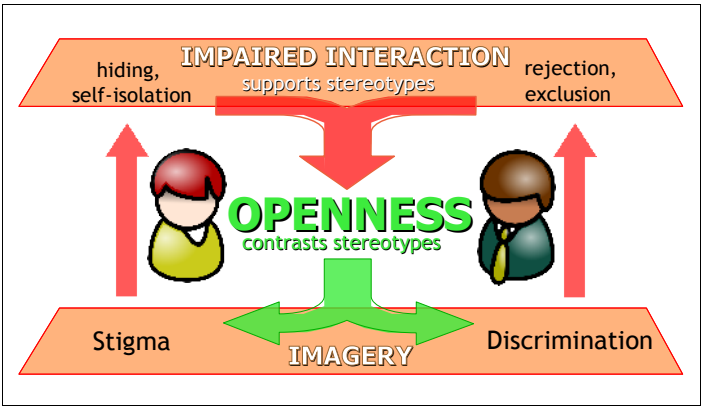

Figure 10: Breaking the circle category-based processes of stigma and discrimination

Category-based processes on the part of the non-bearers are highly accessible, which means that stereotypes easily spring to mind. Turner has stated that self-categorisation on the part of the bearer is also highly prevalent (cf. Turner, 1978, 1987). Consequently, in most cases category-based processes can be assumed to be a general tendency. When such category-based processes are largely in place, individuating processes can only be seen as strategies that can be used by single individuals in opposition to the mainstream. It is thus obvious that the influence of processes that can balance stigma and discrimination is quite slight.

Stigma and discrimination are both functions of experience. They are contrary to experience, because when experience is low, stigma and discrimination tend to be high. There are, however, conceivable cases in which they develop largely independently[34]. As long as it is not initiated with hostile intentions, socially divisive behaviour deriving from discrimination stems from the inability to react to the presence of a bearer's stigma and can thus be regarded as a lack of experience. As a consequence, social interaction

34 The case of HIV and AIDS in Old Naledi is such a case in which discrimination declined after the introduction of the ARV scheme but stigma remained high due to a high degree of secrecy (cf. Explaining the Inexplicable,1.5, p. 260).

becomes impaired, and this in turn might be perceived by the bearers of a stigma. The bearers will take this as proof that reservations exist towards people of their kind. Depending on the stage of coping they have reached, the bearers might take this as an affirmation of their stereotypical self-images. When bearers do not gain the experience that they can successfully reintroduce comfortable social interaction, they will tend to retreat from that social situation.

It is obvious that the socially excluding effects of inter-group behaviour easily undermine the weak possibility people have of becoming acquainted across the border of divisive group identities. This is the circle of stigma and discrimination and figure 10 (p. 164) explains how it can be broken. Inter-group dynamics cause non-bearers to categorise bearers and apply discrediting stereotypes. The non-bearers will either fully avoid any *interaction* or actively *exclude* the bearers by enacting *rejection*, or even injustice or maltreatment against the bearers. In turn, because of self-categorisation, the bearers might adopt the discrediting stereotypes, with the result that their individual processes of coping are corrupted. Then the bearers will be more tempted to *isolate themselves* and *hide* or *deny* their stigmata, which again leads to a lack of experience on the part of the non-bearers. In extreme cases, such behaviour can even make the bearers appear rejective or irresponsible and thus *confirm the stereotypes* the non-bearers hold.

But this notion is not as fatalistic as Goffman's assumption of a normative order. It appears that the amplifying feedback effect between stigma and discrimination can be disrupted. This depends on the extent to which people commit themselves to individuating processes, such as coping on the part of the bearers and piecemeal assessment on the part of the non-bearers. The degree to which such processes are talked about within a given society is also important. In other words, it depends on the *openness* with which a stigma is treated (cf. figure 10, p. 164).

This should not be misinterpreted such that every stigma should be constantly discussed in public. While "public" refers to a society-wide media discourse, "openness" refers to private relationships. Many bearers suffer from their secretive attitude towards their stigmata, but they cannot simply be ordered to "out" themselves. Many bearers of a stigma mention the easing effect of openness, but this has to be a decision made by the individual person and should not be induced by external disclosure. The call for openness does not demand that everybody has to carry their stigmata on display for all to see, but in their immediate social environment they should try to establish a certain acceptance of their stigma.

While socially divisive behaviour may support existing stereotypical social identities, openness is the only way they can be contradicted. Role models that give positive examples of successful interpersonal interaction between bearers and non-bearers are needed. In addition, it is necessary that people not avoid making salient attributes explicit in social encounters. This applies to the non-bearers, who should not shamefully try to avoid any examination of their stigmata, but also to the bearers, who should not always try to hide their salient attributes.

Openness is the only way to reintroduce ease into a social situation or relationship after it has been disturbed by the appearance of a stigma. Failed interaction can be revitalised and in new dealings the stigma might not be rejected or neglected any more. When denial of a stigma has impaired interaction and no negotiation about how a stigma should be interpreted takes place, stereotypes and prejudices can further establish themselves unopposed.

Inexplicable Experiences III: Stigma; a Spatial Parameter?

Three sites were chosen for the fieldwork. These research sites lay at different distances from Gaborone, the capital city of Botswana. One site, Old Naledi, was a deprived township of Gaborone. The other two sites extended into the Kalahari. One was a large village at the edge of the sand veld named Letlhakeng and and the other a very remote village called Tshane. Letlhakeng has certain central functions for the sub-district Kweneng West, of which it is the administrative centre (cf. figure 11, p. 167).

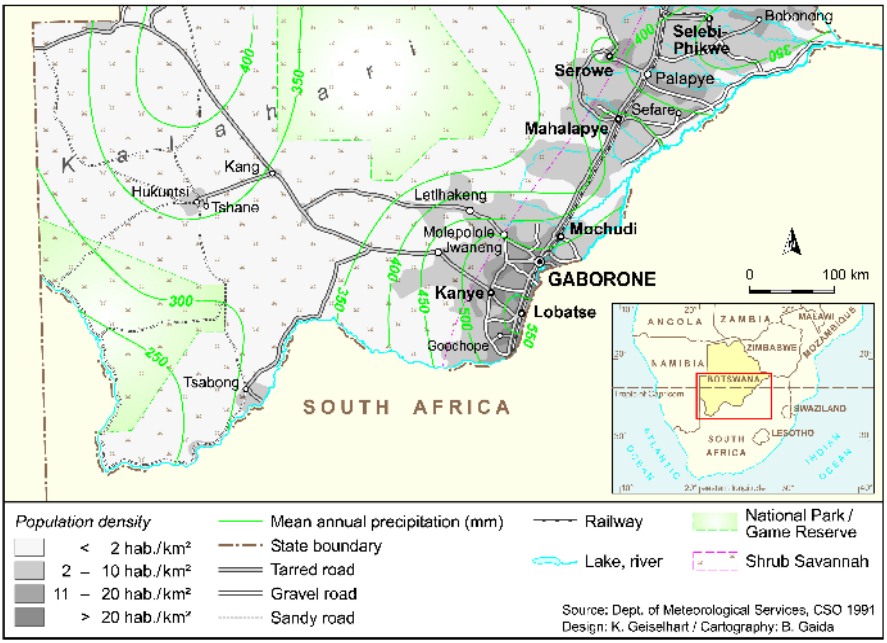

Figure 11: The southern part of Botswana with the research sites

The choice of these locations was guided by the aim to assess the effects of HIV and AIDS under deprived conditions. All three sites provide poor living conditions and are largely characterised by poverty. Old Naledi is Gaborone's most deprived township and the two villages in the Kalahari have poor conditions for subsistence farming. A further reason for choosing villages in the rural area of Kweneng and Kgalagadi districts was the fact that these areas are known to be disadvantaged, because they are the last places to be

affected by innovations, infrastructure development or governmental programmes. This might be due to the fact that this region has a very low population density, compared to others in Botswana. It might also be because of tribal disadvantages, because the people living there do not belong to one of the major Tswana tribes, but are Bakgalakgadi. This argument is often voiced by people living in these areas. It also applied to the implementation of the national antiretroviral scheme (ARV therapy). The medication is provided in various referral sites, which were successively developed between 2002 and the end of 2004. Hukuntsi, which is the nearest referral site to Tshane, started in April 2004 as one of the latest nationwide. To begin with a short characterisation of each research site will be given.

1. Brief Characterisation of the Research Sites

1.1. Old Naledi

Old Naledi is an urban neighbourhood in the southern outskirts of Gaborone (cf. figure 12, p. 170). According to the 2001 census, it officially has 21,693 inhabitants. Other estimates say 46,000[35] or even more than 50,000[36]. The obvious inaccuracy of the official figures is proof that urban planning has almost lost control over this township.

The exceptional case of Old Naledi derived from government acceptance of a squatter settlement in the early 1960s during the initial phase of the construction of Gaborone. The workers who settled there were expected to leave Gaborone at the end of the construction work, but the opposite happened. In the course of the growth of the city and progressing urbanisation, more and more people came to Gaborone, and because of the inadequate housing situation, they settled in Old Naledi. Eventually the government had to re-designate the land of Old Naledi from an industrial to a residential site. Several attempts and upgrading programmes have been implemented in Old Naledi since then but the neighbourhood has retained its unlegislated character. As a result, Old Naledi is still a place where rural-urban migrants first find shelter (cf. Krüger, 1997; Gwebu, 2003).

Initially there were strong restrictions on residential plots in Gaborone. These restrictions stipulated that there should not be more than 2 structures per plot. But this applies only to a minority of the compounds in Old Naledi. On almost every compound there are additional buildings. Only few of the houses meet the SHHA[37] standard, which was

35 This figure is given by the "Gaborone City Development Plan, 1997–2021", 1997, quoted in Gwebu, 2003. p. 417

36 Estimate given verbally by an employee of the Gaborone City Council town planning unit during the fieldwork.

37 SHHA (Self-Help Housing Agency) is an organisation that has supported the expansion of home ownership to low-income households since the early 1990s.

Photo 2: Typical housing units with rented out rooms in Old Naledi

developed to ensure the quality of housing in Old Naledi. A characteristic type of building is based on a simple rectangular ground plan with a plain roof of corrugated iron and no ceiling inside. At the side these housing units have several doors, each leading into a room of about 9 m² and accessible directly from the compound (cf. Photo 2, p. 169). These rooms are often rented out and most of them not only to a single person. Families with up to 5 or 6 persons can be found living in such a room. With an average of 27 persons living on a plot, the township and the structures are extremely overcrowded, causing social, environmental and health problems (cf. Gwebu, 2003). Tenants can be found for almost any construction – even the simplest of wooden shacks – in Old Naledi.

It is especially Old Naledi's "illegal" trait that prevents a sustainable upgrading of the area. An employee of the Gaborone City Council town planning unit once expressed this in the following way. Upgrading of that very dense housing area would require relocation of inhabitants and the problem is that no one can say how many people live in these houses.

In their living conditions the urban households cannot be seen as independent of their rural origin. Even if some households settled in Old Naledi a long time ago, they still maintain their family ties to even very remote villages. Support in the form of agricultural products can be expected but, in turn, the urban dwellers are expected to give financial support to relatives who live in the villages (cf. Krüger, 2006). The extreme density of Old

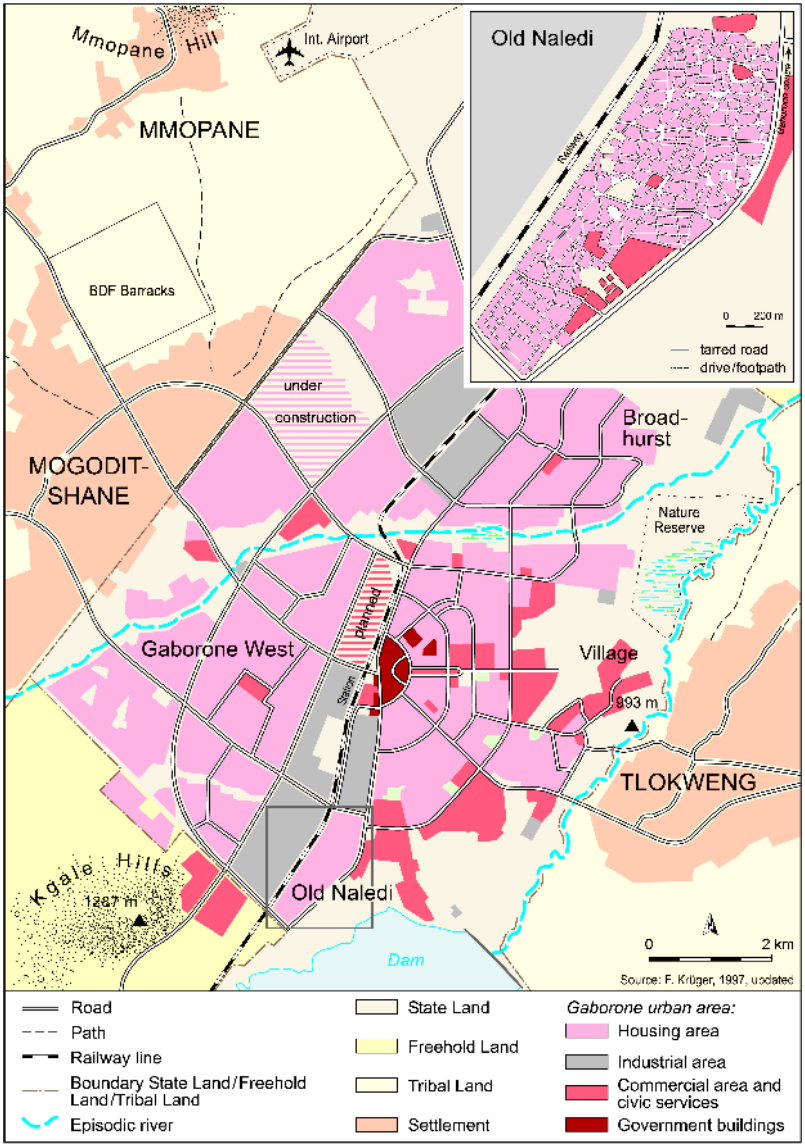

Figure 12: Gaborone and Old Naledi

Naledi prevents the planting of household gardens on the compounds. Such small-scale cultivation plays only a minor role in urban areas of Botswana in general, but in Old Naledi it is almost impossible due to the lack of space. Informal occupation and small-scale self-employment are the major sources of monetary income, but many dwellers face extremely wretched living conditions. The level of education is low, which minimises the opportunities for formal employment (cf. Gwebu, 2003). As Gaborone's population is continually rising, competition is also increasing. The expansion of Gaborone's peripheral dormitory suburbs is a clear indicator of the sheer dynamism that propels Gaborone and whose downside can be found first of all in Old Naledi.

1.2. Letlhakeng and Tshane

1.2.1 The Kalahari basin and its environmental conditions for agriculture

Driving north-west from Gaborone to Letlhakeng, a distance of about 111 km, the route leads through Molepolole where the sill from the hard-veld to the sand-veld needs to be climbed. It is the edge of the Kalahari basin, a large arid to semi-arid area, which extends about 900,000 km² and is mostly covered with deep sands. The sand-veld is mainly covered with thorny trees and grassland and can be characterised as a savannah. The soil consists predominantly of greyish, reddish or brown sands, and no permanent surface water is found in the Kalahari. Conditions for agriculture are very poor because the average precipitation only ranges between 300 and 400 mm per annum, with a tendency to decline in a westerly direction. In addition, conditions for agriculture are aggravated by high rainfall variability. Especially in the rainy season, rain tends to fall in locally very limited areas and thus every year some fields are undersupplied with water. The whole area faces regularly recurring droughts, which devastate local farming systems, and it is only due to very efficient governmental relief programmes that famines do not occur and that no human lives were lost during such droughts (cf. Krüger, 1999).

But even in more fertile regions of Botswana, the 1960's and 70's strategies for improved farming systems proved largely inadequate. According to Gulbrandsen, the prevailing agriculture system can be classified as a "low-risk strategy" because outlays are only made if resources are available (Gulbrandsen, 1996). Nobody in Botswana would count on the outcome of small-scale agriculture and go into debt to ensure a year's cultivation. As a result of these conditions, which only allow extensive crop production, no markets for agricultural products have ever existed in the traditional society. Cash crop production is still not efficient in the area of the Kalahari and subsistence farming is only partly practised. Many, especially younger, people express their unwillingness to maintain

traditional farming, but there are also some who do make a great effort to cultivate their fields under these difficult environmental conditions.

Cattle breeding has a high status in traditional perceptions, and in principle the savannah ecosystem provides relatively good pastures. But due to the large numbers of animals and the resulting high grazing pressure, especially the environment in the vicinity of villages and waterholes is highly overgrazed. According to Moleele and Chanda "in particular bush encroachment threatens the future of the grazing reserve" (Moleele/Chanda, 2003, p 442 et seq.). Gulbrandsen attests a high degree of inequality in cattle ownership. In contrast to nomadic and semi-nomadic pastoral societies in which resources are evenly distributed, in Tswana society the elites own most of the status-bearing cattle (cf. Gulbrandsen, 1996). According to Chanda, high inequality in cattle ownership is characteristic of the whole of Botswana, with about 10% of the population owning 60% of the cattle (cf. Chanda et al., 2003, p. 438; Moleele/Chanda, 2003). As a consequence of the degradation of the environment, the poorer households are again affected, because the possibility to gather wild fruit is reduced.

1.2.2 Letlhakeng

Letlhakeng can be reached by crossing about 60 km of the Kalahari north of Molepolele. It is situated in a flat depression that indicates that once there must have been surface water. Three fossile rivers intersect here. The name "'Letlhekeng' does in fact mean 'the place of reeds', indicating that there was standing water here. According to several elderly informants there was permanent surface water in the valley until some time in the fifties. (Helle-Valle, 1997, p. 57). Helle-Valle describes the village as ambiguously perceived, as both remote and central. The people who live here are, as already mentioned, Bakgalagadi, who are often associated with an inferior status, being regarded as peripheral in three respects, geographically, culturally, and politically (cf. Helle-Valle, 1997). On the other hand, Letlhakeng is not far from Botwana's major urban centres, Gaborone, the capital (111 km), and Molepolole, the district centre of Kweneng (61 km), and there are good public

	Population
Botswana	1,680,863
Gaborone	186,007
Old Naledi	21,693 (estimates up to 50,000)
Letlhakeng	6,032
Tshane	858,000

Table 2: Population of locations mentioned (Source: CSO Census 2001)

transport connections to these places. Moreover, Letlhakeng is the centre of the sub-district Kweneng-West and thus fills several central functions.

According to the CSO Census 2001, Letlhakeng is a village with about 6,032 inhabitants. With regard to employment, the RAC (Rural Administration Centre) plays the most important role, as Letlhakeng is the administrative centre of the sub-district. It is a complex that comprises all important administrative facilities of local government and is a major source of occasional labour, so-called "piece jobs". Looking for a job is the most frequently mentioned occupation for most young people who are not busy bringing up children or with traditional tasks, such as agriculture, beer-brewing or cattle herding.

There are few job opportunities for people with little education in Letlhakeng. Governmental organisations like the police or schools mostly employ only trained and educated staff, apart from a few permanent jobs such as watchmen, drivers or caretakers. There are few supermarkets, bars and restaurants that offer jobs. Small-scale businesses like *tuckshops* provide small items for immediate consumption or goods that are necessary for daily routines. Trade in small easily transportable items is also practised. People travel to the urban centres of Molepolole, Gaborone and also Johannesburg to buy goods there and later sell them from door to door in their home villages. Clothing or pharmaceutical products may well be especially profitable.

1.2.3 Tshane

What applies to Letlhakeng can also be said of Tshane, but the situation there is slightly more difficult. Tshane is situated much further in the middle of the Kalahari desert in the direction of the Namibian border. To get there it is necessary to drive on the Transkalahari highway, which connects Gaborone with the famous tourist route leading from Windhoek (Namibia) to the spectacular natural places of interest like the Okavango Delta and further on, the Victoria Falls. Halfway along on the Transkalahari highway, a tarred road turns to the west and leads 105 km to Hukuntsi, the centre of the sub-district Kgalagadi North. The tarred road ends there and travelling further is only possible with 4x4 vehicles on tracks that sometimes need to cross deep sands. Tshane lies about 14 km south-east of Hukuntsi at the edge of a huge pan and is one of only two villages that has a tarred connection to Hukuntsi.

Job opportunities are much scarcer in Tshane, but a little better in Hukuntsi, where a Rural Administration Centre is also situated that governs the North of Kgalagadi District. The only larger governmental institution to be mentioned is the prison, which is situated directly in Tshane. Commerce is complicated by the remoteness. Fares to the centres are

higher and the journeys last longer, but margins are also higher because every product - even in the supermarkets in Hukuntsi - costs more.

1.3. Life in the Research Sites

In summary, it can be said that life in the research sites is characterised by scarcity. Especially people with a low level of school education, under form five when the senior secondary school-learning certificate is taken, do not have much opportunity to find well-paid permanent employment. While the urban township of Old Naledi with its proximity to Gaborone theoretically provides better possibilities, this is counteracted by the fact that competition is also higher. In the rural villages young people especially express their wish to leave and find jobs somewhere in urban centres and many do so. The government provides several schemes for training and education and those who take part normally have to leave their home villages. But the government also attempts to protect rural areas from depopulation and thus schemes are designed in such a way that people are required to return to their villages. A traditional sense of belonging to the place where the ancestors lived may contribute to the fact that people frequently return to their villages. As a result, a large proportion of the people who can be met in the villages do not currently have any employment or occupation. This was an appropriate situation for a survey aiming at assessing the socio-economic impact of HIV and AIDS under deprived conditions.

All sites are also characterised by inequality. In the rural areas there are well-established elites who hold most of the political power and property, such as cattle or the best locations for cattle posts. These are influential families who effectively maintain their stance through family bonds (cf. Preface.2.2, p. 5). In Old Naledi there are the early dwellers who have developed their plots and now rent out rooms to newcomers. These plots yield reasonable profit, provided the tenants do not fail to pay. Early dwellers may have also established their connections within Gaborone and possibly have jobs. Through education, their children may have managed to find jobs and thus these families nowadays may be reasonably wealthy. Such comparatively minor affluence contrasts with the situation of some dwellers of Old Naledi who lack all resources and additionally need to pay for their accommodations.

People at the research sites are also dependent on government support. There are several schemes such as *food basket*, *old age pension* that directly contribute to the livelihoods but also schemes that offer support for agricultural activities or food tokens for work. To an increased degree, this applies to the villages and especially to the remote Tshane. But

these schemes are often misused and aggravate inequalities (cf. Artzen, 2001). In addition, in Old Naledi governmental aid often fails to help because of the overpopulation of the township, which often exceeds the capacities of social workers and distributing organisations.

2. The sites and their conditions with regard to HIV and AIDS

With regard to HIV and AIDS, however, support is very good (cf. Preface.2.2, p. 5). Even the small village of Tshane has a clinic, a part-time facility run by nurses. But there is also a district hospital permanently occupied by doctors, which is easy to reach in Hukunsti. ARV treatment is also provided there (table 3). Letlhakeng has its own primary hospital, which at the time of the survey did not provide ARVs but there were plans to do so. At that time, the district hospital in Molepolole was the nearest MASA[38] site. Old Naledi, as a township of Gaborone, is nearest to the next referral sites.

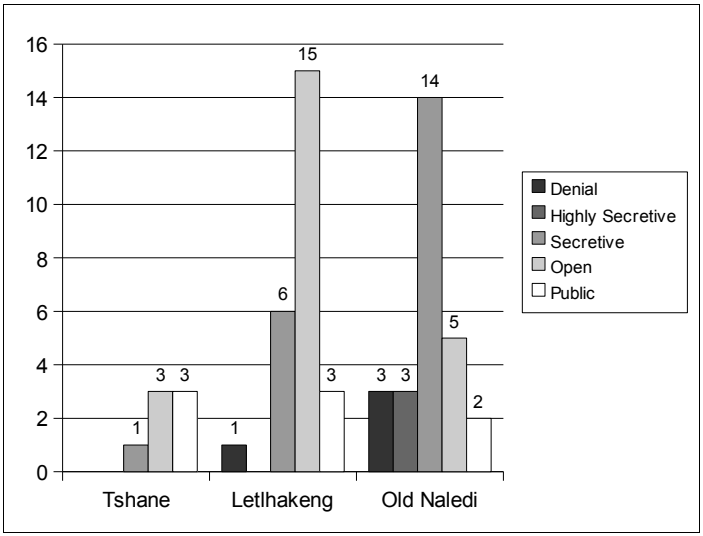

Figure 13: Attitudes of support group members towards their HIV-positive status (n=65, missing 6)

It was surprising to establish that there were differences in the attitudes of PLWHA[39] with regard to their living locations (cf. figure 13, p. 175). About 85 interviews were conducted

38 MASA, the name of the national ARV scheme, is Setswana and means "new dawn".

39 People Living With HIV and AIDS

with members of support groups. They were interviewed about their situation and living conditions. 73 of them could be identified as being HIV-positive. 8 of them were not living in one of the three research sites and thus were not considered in the following elaboration. The remaining 65 were categorised according to their attitude towards their HIV-positive status. 6 could not be categorised because of inconsistencies in their statements or could not be considered because their test had been done recently. PLWHA who learned about their HIV-positive status less than 6 months ago were not included, because it was assumed that they had not had enough time to develop an open attitude. In the end 27 persons in Old Naledi, 25 in Letlhakeng and 7 in Tshane were considered in this evaluation.

All of the interviewees were members of the local HIV and AIDS support groups. It was assumed that members of the support group have the tendency to try to develop a positive and open attitude towards their HIV-positive status and, as a result, we interpret the data as marking the tip of the iceberg. It was therefore all the more interesting to find differences between the places of residence.

The PLWHA were classified in five categories:

- A total of 8 of our interview partners were public about their status, which means that they had spoken at public events where they declared their status, told their personal stories, and talked about their experiences with the illness.
- A large number of our interview partners (23) could be identified as being open about their HIV-positive status. These people would not raise the subject of their HIV-positiveness by themselves but, if asked, would admit to being HIV-positive. They talked about their status with friends, neighbours and even with people less familiar to them if the topic was raised. They also assumed that others knew about their status.
- 21 further persons were secretive about their status, which means that they had disclosed their status to one or more members of their families, but outside the household, their status was kept secret.
- 3 interview partners were highly secretive, which means that even close relatives did not know about their status. However, these people may have had a confidant in the self-help group.
- We also had the opportunity to talk to 4 people who lived in denial. Living in denial means to reject the biomedical explanation of HIV and AIDS and to pretend not to be HIV-positive. Persons living in denial may still actually know about their infection

status, but they may also refuse to go for a test, despite of obvious symptoms. People living in denial could only be identified because others disclosed their status. This was only possible by gaining the trust of the interpreters, who were also members of the support groups (cf. Preface.Methodology, p. 28), but the researcher did not attempt to evoke such disregard of confidentiality. It can be assumed that many of the members who claimed to be HIV-negative were actually infected.

3. Stigma as a spatial parameter

As people who are public about their status act as functionaries between HIV and AIDS organisations at different levels, they have an exceptional position. Their number is less meaningful, because the demand for people who speak at public events is limited. Few find a leading role in the self-help institutions. The number of those who live in denial is also obviously not meaningful because, as the category implies, they are characterised by not accepting their status and thus cannot be assumed to talk about it. The numbers of persons who are open, secretive or highly secretive are of major interest because it is the people in these categories who have the leeway to develop their attitudes. Furthermore, in this category, the statements can largely be regarded as reliable.

In Old Naledi, the group of people who were "open" was very small. In contrast, this was the predominant category in Letlhakeng and also in Tshane, where the majority of support group members were open about their status. In Old Naledi there were a large number of people who were "secretive" and "highly secretive", while these categories played a minor role in the villages. Especially notable was that nobody was "highly secretive".

These findings can be reinforced by some observations. In contrast to the rural sites, in Old Naledi the interviews took place inside the houses. There were only two exceptions, one was an interview with a person who was public about his status, who accordingly did not mind the open scene. In the second case the dialogue partner had also attended the aforementioned interview with the interviewee who was public and thus also accepted the scene. A few interviews were begun outside but were soon moved inside the houses. In one case, a group of people had clustered around the corner close by the house just as we had settled down to begin the interview. Our interview partner immediately felt that the interview was being listened to and asked if we could go inside the house. In many cases, it was obvious that from the beginning interviewees tried to hide us[40]. While we

40 The research team consisted of the author and one member of the respective local support group, who acted as translator.

were doing the interviews inside the houses, someone sometimes knocked at the door. In these cases, the interviewed parties usually opened the door just a slit to make sure that the visitors would not see us.

In the rural sites it was completely different. Often when we were walking through the village to find the next interview partner, people asked us what we were doing. When my interpreter provided information the person who had asked often said that he or she was HIV-positive as well and offered an interview. In the villages people sometimes even exchanged jokes about their HIV-positiveness over the fences of their compounds. In contrast, in the urban sites it was much more difficult to establish contact with the interview partners. In Old Naledi, it was necessary to emphasise the point that HIV-negative interview partners were also of interest. It turned out that there was no consensus within the group about the need for all members to be open about their status. There were frequent discussions about this point and many members demanded that all members should know about each other's respective status, but a decision could not be reached. When asked about this fact, some members replied that they were afraid people who are just inquisitive could come to see who attends the meetings of the support group. As each support group claims to be a group for infected and affected people, non-infected people can join support groups anywhere but do so only to a minor degree. Knowledge of the members' status was restricted to Leabaneng, who was the director of the "Matlo Go Sha Mabapi"[41] support group. Leabaneng had a list of the members that also contained information about their HIV status. It can be assumed that the high number of support group members in Old Naledi who claimed to be HIV-negative (5) also reflects the secretive atmosphere of the support group. Some of them had certainly denied their positive status in the interviews.

It is possible to regard the large numbers of support group members who are secretive as an indicator that stigmatisation is comparatively high in the urban site of Old Naledi. If stigma depended on a norm, as described by Goffman, it would not vary between different locations but would be more or less homogeneous throughout a given society that shares certain values and beliefs. Indeed, this was actually assumed at the beginning of the study. Furthermore, it would be inexplicable why the variation in attitudes is so high. While some people are very secretive and make a great effort to ensure that nobody learns about their stigma, others state that openness is not a problem at all in Old Naledi.

41 The name of the Old Naledi support group, "Matlo Go Sha Mabapi", is a Setswana proverb that means: "We should work together." or "We should work hand in hand."

> *Interpreter: "She said HIV and AIDS here is just like anything, it's not a big issue you know. Everyone here in her family they know, and all her friends, the neighbours, she told them. So HIV today is nothing. She talks about it everyday, with anyone. She doesn't fear anything." (70 Interview PLWHA OldNa)*

It was explained in the chapters above that stigma is dependent on experience. This allows us to interpret this quotation to the effect that some people have already committed themselves to a process of accepting themselves and have initiated a process of coping, which others did not manage to accomplish. In fact the interviewee cited above was a 46-year-old lady who had already joined the support group during the process of its founding. She was open about her status and also had a long history of commitment with the self-help group. But it also needs to be explained why the picture in Old Naledi is less homogeneous than in the villages. In order to understand this, a general spatial perspective is necessary.

4. Time-shifted processes of ARV adaptation

The Botswana ARV Scheme was officially introduced in Gaborone in January 2002. From there the providing sites spread over the country. First the major urban areas were covered and eventually ARV was provided in remote areas. Table 3 shows the distances from the research sites to the next ARV-providing hospital and the starting dates. The table indicates that the referral sites opened increasingly late with increasing distance from the centre of innovation in Gaborone. There is a difference of more than 2 years between the start of the ARV scheme in Gaborone and in Hukuntsi, which is the closest referral site to Tshane. Hukuntsi was one of the sites that started comparatively late, as at the end of 2004, the roll-out of the whole scheme was declared to be complete with 32 sites operating throughout the country. In Hukuntsi, ARV services and treatment were started in April 2004. The official start of the ARV scheme with a public ceremony was even later, in May 2005.

The interesting point is that the remote village of Tshane, which is about 14 km from Hukuntsi, seemed to be fully covered by the programme at the time of the survey in May 2005. There were some patients suffering from symptoms of AIDS but they were all enrolled in the programme and in the process of recovering. The villagers seemed to be informed about the programme and the ways to get access to it. Even if the members of the support group reported that especially young people did not want to listen to them, they confirmed that the villagers (858, cf. with table 2, p.172) were informed about the scheme.

	Tshane	Letlhakeng	Old Naledi
Date of ARV introduction (Source: Masa 14/ April 2005)	April 1st, 2004	Oct. 9th, 2003	Jan. 21st, 2002
Time since introduction	1 year 2 months	1 year 8 months	3 years 4 months
Next referral site	Hukuntsi	Molepolole	Gaborone
Distance to next referral site	14 km	61 km	2 km
Distance from capital city (Gaborone)	532 km	111 km	0 km (is part of)

Table 3: Distances of research sites from ARV providing sites and start of ARV provision (May, 2005)

The same thing applied to Letlhakeng, which - as described above - is not as remote as Tshane but is also off the main route. Letlhakeng, with about 6,032 inhabitants[42], is a small centre in Kweneng West district with minor central functions, covering 9,676 people with all associated localities. The next hospital offering ARV treatment is in Molepolole (as of October 2003), which is about 61 km away. Like in Tshane, people in Letlhakeng seemed to have all important information necessary to get access to the medication.

The village development committees, VDCs, and the local support groups of both villages claimed that there was nobody in need of treatment who did not also seek treatment. In contrast to Tshane, where nobody was reported to have died because of AIDS-induced illnesses, in the last year prior to the survey, two cases of severe illness were reported in Letlhakeng. It is not the number that is interesting, but the reasons given for these cases. For example, one case was reported to be caused by alcohol abuse. It was also suspected that the respective patient had not adhered to his drugs. It was rumoured that he might either have repeatedly skipped individual doses of medication or have stopped taking the medication altogether. Both villages have in common that the acceptance of the ARV therapy was very high. Cases of people dying from AIDS without seeking an HIV test and the assistance of a medical doctor were only reported with reference to the times before the onset of the ARV therapy.

Before the introduction of ARV therapy a major concern was whether remote areas could be reached properly. But geographical dimensions like time and space do not seem to be the crucial factors. If only the physical space is bridged by roads and regular transport, it seems as if there is no constraint for the roll-out of the ARV therapy. Assuming that physical space may be more than an expanded gap, one could expect more difficulties in reaching rural areas. Rural communities are often regarded as somewhat limited with their own sphere of thinking. In innovation theories, physical space is often regarded as

42 Source: Central Statistics Office. 2001 census

manifesting a barrier to information flows that needs to be overcome by special educational efforts. It is also often taken for granted that information needs time to disseminate within a community. As a result it is often regarded as difficult to take innovations to rural areas.

When we compare the situation in Tshane and Letlhakeng with the situation in the urban deprived area of Old Naledi, however, it is obvious that space and time do not play such a determining role. In Old Naledi, the distance to the innovation centre Gaborone is the shortest and there has been enough time since the onset of the therapy. Nevertheless, ARV therapy has not been accepted to the same degree as in the villages.

> *Leabaneng: "Here in Old Naledi, my brother, we are dying. The problem is, not all of them who need also get tested. There is another one who is very very ill. And he don't want to go for a test. We can see he is HIV-positive but he don't want to go for test. There are many people who are ill here. Then, we are dying every day." (39 Interview PLWHA OldNa)*

Between 31 May 2004 and 21 April 2005 Leabaneng, the director of Old Naledi's support group, referred 12 patients to the *Holy Cross Hospice*, which is situated in an adjacent neighbourhood called New Stands, Gaborone. The *Holy Cross Hospice* is not a hospice in the usual sense, because it serves more as a day care centre for seriously or terminally ill patients. The patients get referred to the support group by neighbours or relatives because of their poor physical condition. In most of the cases, they refused to be HIV tested and did not seek treatment in time.

But even if they actively seek treatment, many in Old Naledi do not tell their partner or spouse about the medication. Leabaneng also reported about people who stopped treatment because they were too weak to take the pills with nobody present to help them. AIDS was reported as being a *lonely disease.* In some cases, people were not able to cope with the side-effects of the medication. If nobody is there to talk to them, nobody who could encourage the patient, they often do not adhere to the medication. This is disastrous for the therapy because the virus can easily develop resistances. Leabaneng believes that a lack of support is responsible.

> *Leabaneng: "The most people they don't die because of HIV. They die because of that frustration, that loneliness."(39 Interview PLWHA OldNa)*

It is not only Leabaneng's perception that the situation in Old Naledi is disastrous. In Letlhakeng and Tshane the HIV-related issues were often explained with an air of

confidence. The ARV therapy was perceived to be a release from a burden, but in Old Naledi problems dominated the conversations.

From the viewpoint of space, neither the distance to the capital as the centre of development nor the distance to the next treatment-providing hospital seemed to have an influence on the acceptance and implementation of the ARV therapy. Old Naledi is about 2 km from the Princess Marina Hospital, where the Infectious Disease Care Clinic (IDCC) is situated and the ARV scheme originally started. The compound also accommodates the Botswana-Harvard Partnership with a huge modern research complex. In contrast, people from Letlhakeng have to travel 61 km to the clinic. Moreover, the rural communities assessed also had less time to react to the provision of ARVs. While Tshane had about 1 year 2 and months of time and Letlhakeng about 1 year and 8 months, in Gaborone the treatment had been provided for 3 years and 4 months.

It is a common assumption that urban dwellers may have more flexible lifestyles than rural people. It might also be assumed that townspeople can handle new information better and are more versatile in organising their lives when conditions change. These beliefs are highly contested by the empirical assessment of this study. Regarded from the angle of innovation theory, it might be expected that innovations will be prevented from being implemented in rural areas because traditional beliefs and practices often counter new developments. Such a notion in the case of the introduction of ARV therapy in Botswana appears to be more a prejudice than reality.

Part III: The Geography of Stigma and Discrimination

As this book is mainly about stigma and discrimination, it cannot go into the entire discourse on space. There is such a superabundance of works on this issue that such an attempt would be impossible anyway. This book will thus choose from the variety of theories and elaborations in order to develop a perspective that enables an explanation of what was found in the fieldwork.

In general, it can be said that a dialectic distinction is often made between two conceptions of space. One is more the perspective of the natural sciences, which regards space as an objectively given sphere extending in different dimensions, while the other regards space as immaterial and dependent on human perception and construction. In the first idea, space is seen more as a container while the latter emphasises that people develop their behaviour with regard to their mental representations of space. Markus Schroer raises the question why the change from absolute to relativistic concepts of space came so hesitantly in the social sciences and why these notions of space are often regarded as incommensurate (Schroer, 2006, p.174).

But what is, in fact, contradictory about these ideas? Especially since Newton's absolute space was contested by newer developments in physics, the dialectical distinction seemed to have weakened. In order to support his law of inertia, Newton initially claimed that space stretches ad infinitum. Newton's notion of absolute space included the idea that this space is independent of any influence and is thus immovable and changeless. This notion was often contested but, at the very latest with the work of Einstein, it became apparent that space essentially needs to be regarded as related to the observer (Schroer, 2006, p. 35 et seq.). A frequent criticism is still, however, that scholars regard space as objectively given rather than as relative, as a state of mind relying on perception, or as socially constructed and thus as a result of human conduct. But is there really a contradiction between these two perspectives on space? Behavioural geography has shown that it is nevertheless consistent to assume that people have different individual ideas about locations, places and distances and, at the same time, assume that psychological mechanisms rely on spatial conditions. Kevin Cox and Reginald Golledge claim that in real settings only *behaviour in space* can be observed but that people also have general attitudes with regard to space that can be theoretically revealed as *spatial behaviour* (Cox/Golledge, 1981, p. xv et seq.). Space in the latter sense is conceived as something that is objectively given at least in the way it determines human experience. The concept of *behaviour in space* implies that people's behaviour is influenced by the actually given conditions of a spatial setting. The notion of *spatial behaviour* in turn refers to a

somewhat more general notion of space, as generally given and pre-existing human experience.

This chapter reveals the conditions under which absolute and relativistic ideas do not conflict. This book claims that each of the manifold concepts of space has its respective scope where it can best describe the questions at issue. Consequently the main thing is to differentiate these ideas and avoid misunderstandings and confusion. Today, as a result of the broad discussions, the goal cannot be to develop an idea about what space is, but rather to achieve the capacity to identify the conceptions of space underlying different academic works, statements or politics.

> *"The spatial principle of juxtaposition has virtually caught up with spatial theory. We are dealing with various images, conceptions and perceptions about space that do not replace each other but coexist.[43]" (Schroer, 2006, p. 179)*

The selection of theories in the following is made on the basis of one principle. These theories and ideas are all a great source of inspiration. They provide individual aspects that ought to be preserved later within the formulation of the perspective of this book. Some theories that constitute the basis of this book's view are not outlined in this chapter but will be revealed later when the perspective of this book is developed.

1. A Collection of Ideas Concerning Space

1.1. Spanning spaces, conceptualising spatial units

The discussion that follows is inspired by scholarly works that can be regarded in the broadest sense as being related to post-modern theory or at least have raised doubts about simplistic ideas regarding absolute space. The authors referred to here provide ideas about space that derive from the opinion that in late modernity many assumed certainties need to be rethought. It is an attempt to cope with a world of diversity and multiplicity in which more and more scientific explanations seem to fail. Some of these theorists also often mention new difficulties in assessing space that derive from particular latter-day developments, such as globalisation, international migration, time-space compression, MacDonaldisation and others.

1.1.1 Re-centring the individual in the body

In the last chapter it was explained that post-modern theorists have contested the notion that each individual has an intrinsic core which can be regarded as an integral entity. It is

43 Translation by the author.

often claimed that, in contrast to modern times, today individuals no longer build identities that are meant to last a whole life. Due to flexible lifestyles and manifold changes in location, the subject nowadays is rather de-centred or dis-located. As the post-modern world of employment demands a high degree of flexibility, a too narrowly designed identity project would be a restriction rather than a supporting feature. But it is not only that professions – which always have been a major means of identity-building - have become more unstable today; the post-modern world also provides a variety of identity propositions that are offered for individuals to adopt. Many commercial, civic or political organisations and institutions compete in the task of persuading people to subscribe to the images they offer for identification. Political majorities, social movements and economic profit can be gained by gathering people who ascribe to a proposed view. But to the same degree to which the entire individual has been deconstructed and torn apart in the sphere of meaning, post-modern theorists have relocated the individual on a material basis. Academics have discovered the body as an elementary centre of any worldly experience because it is the centre of all perceptions, cognitive processes and thus of all meaning.

A short digression is required to explain this. Especially in geography this effect has been acknowledged in the form of an intensified recognition of objects. In analogy to what was said before about the individual, a change can be said to have occurred. It is a turn away from the attempt to understand the world in concepts and a turn towards the material guise of existing things. This idea of *post-modernism as an attitude* of mind can best be exemplified with regard to architecture (cf. Cloke, 1991, p. 170 et seq.). Modern architects, of whom Le Corbusier is the most famous example, tried to develop a consistent idea of how modern living should be. Post-modern architecture often lacks such underlying attempts to conceptualise a social utopia. Post-modern aesthetics is often regarded as simply aiming to defy being categorised by creating daring patchworks of different styles, ornaments and symbols. While in modernity conceptualising was regarded as being most relevant, for a post-modern attitude the sheer physical appearance of objects is what is of most interest.

In this sense, post-modern architecture can be regarded as addressing the sense of place to an intensified extent, compared to modern architecture, which is often blamed for destroying the identities of places by implementing its understanding of functionality (cf. Relph, 1976). Post-modern architecture, in contrast, makes use of a large pool of forms that often appear to lack any order. But these compositions in turn might provide means of identification to people because the ornaments that are used often refer to local history

or other specialities of the place (cf. Cloke, et al., 1991, p. 170 et seq.). What Cloke et al. refer to as *post-modernity as object* indicates that reality nowadays can be understood less in terms of theory and more through a turn towards the world in which complexity characterises each and every possible object of interest.

The process described by Cloke et al. is reciprocal. It is not only the post-modern times that create indefinite post-modern conditions. Post-modern mentalities have also developed in people who have internalised this indefiniteness. Designers, architects and artists create objects that no longer refer far back into the history of arts and design. And if they do so, they do so in a superficial way that often only appears as a momentary break in the currently established mode of perception. As a result, perceiving post-modern art is more an outer sensation than mentally inspiring in the sense that the object should be perceived as a whole integral work of art. Contemporary works of art easily demonstrate how arts can play hide and seek with meaning and signification. Especially pop artists expect people to have returned from the far-reaching trip of enlightenment and they pick them up nowadays from the level of their elementary sensation and most stereotypical thinking. According to Dewey's aesthetic theory of *art as experience,* this can be interpreted as follows: when a person perceives post-modern objects, aesthetic experience derives more from the practical sensual relationship between the bodily perceiver and the object than from a transfer of ideas between the creating artist and the perceiving mind (cf. Dewey, 2005 [1934]). In this sense, it is often claimed that post-modernity in the form of short-sighted consumption permeates all realms of life.

This can be understood elementarily as a re-centring of the individual in the body and this is also reflected in the social sciences. Many latterday social theories take up the body as a topic of elaboration (cf. Giddens, 1984; Foucault, 2005[1966]). Geographers also claim that the body was largely neglected in geographical theory. Longhurst has collected some arguments that advocate the importance of the body for geographical research (cf. Longhurst, 1995). It can be concluded that the individual, which post-modernity initially de-centred in the mental sphere of identity, has become re-centred in the material body, not only in theory, but also in day-to-day experience.

1.1.2 Third spaces

The former explanations were given to argue that the achievements of post-modern theorists are not only academic elaborations. What post-modern thinkers have found – some more ideas with regard to identity were outlined in Part II - is elementary to the whole of recent social theory. Questions of identity are elementarily connected to

questions of space, as the case of Homi Bhabha's concept of a *third space* indicates (cf. Bhabha, 1996).

Bhabha derives his notion from the argument that cultures are always in transition. He draws mostly on minorities. In Bhaba's view, cultural space refers to the location of shared practices. When people with different cultural backgrounds interact, these practices cannot be regarded as belonging to a certain discrete group or culture. Social practice causes cultures to merge, or it will at least be difficult to properly identify people who share a spatial unit as belonging to discrete cultures. With reference to the example of Salman Rushdie, Bhaba explains the case of British Muslims "who cannot be authentically Muslims or authentically British, but are both and neither at the same time" (Papoulias, 2004, p. 55). These distinct identities may originate in certain locations, and narratives about these cultures may also exist. But such social identities become mixed in social practice. People copy and adopt each other's attitudes and any culture thus needs to be regarded as hybrid. According to Bhabha, any society opens a multitude of *spaces of in-between.* Here people combine different identity propositions and form new, hybrid identities. Bhabha describes the emergence of in some way distinct life-worlds as new combinations of practices that have already existed. He emphasises that a new combination is never only a part of one plus a part of something else. A new combination evokes new experiences and new effects of synergy or incompatibility. When such a new expression of cultural life arises it adds a new reality to what previously existed. A new form of living is added to the prevailing cultural heterogeneity of society.

According to Edward Soja, questions of space and place have become more important in sociology and he even identifies a spatial turn (cf. Soja, 1999). His concept of *third space* differs slightly from Bhabha's. With reference to Henri Lefebvre, Soja de-constructs the dialectic between the material space (*practique spatiale*), which in Soja's terms is *first space,* and mental space (*représentation de l'espace*), which Soja calls *second space* (cf. Lefebvre, 1991 [1974]; Soja, 1999). Lefebvre's notion of *espaces de représentation* indicates that space is neither real nor imagined. Mental representations of the world can only derive from processes of interpretation and thus require an additional space, which is a system of signification and symbolic meaning.

Soja emphasises the practical aspects when creating his concept of *third space* (cf. Soja, 1999). In his view, *first space* geography aims at describing the physical shape of a given spatial unit of the world, and *second space* geography reveals the perspective of perception and looks at how people think about a given part of the world. According to Soja, the two geographies together will never succeed in representing the totality of what

is happening in the places they assess. But ultimately, his notion of *third space* remains unclear, as does the answer to the question what shape a *third space* geography could take. In his *Postmetropolis* he merely collects a number of subjective textual sources about social life in Los Angeles (Soja, 2000).

It is not easy to identify exactly how far Soja's concept of *lived space* or *third space* extends into epistemological questions, because the examples he gives are always taken from post-colonial or feminist approaches. In his argumentation it sometimes seems as if he mixes a physical concept of space with a very metaphorical usage of the word "space" that includes any other aspect in which individuals might show variability. Despite the abstract ideas that appear in his elaborations, his major aim appears to be very practical. He wants to explain that is the nature of geographical representations of given spaces that they oversimplify the realities of how people live there. Alan Latham has collated the critiques that see a break in Soja's consideration of space. According to Latham, many authors see a gap between the ontological generality of Soja's conceptualisation of space and the simplicity of the resulting conclusion, which only claims that time, space and society are mutually constitutive (Latham, 2004).

Soja's explanation disappoints especially from the interactionist's perspective. It would be particularly interesting to discuss his idea with regard to the limitation of the human ability for sensation and perception, which will never allow an all-embracing representation. It would also be interesting to relate his idea to the fact that verbal and written mediations again provide constraints. But Soja refrains from doing so and ultimately the impression arises that he restricts *imagined spaces* to representations of the world that are shared by large numbers of individuals, for example, the conceptions members of the working class have of life in high income neighbourhoods. As explained in Part I.3.1 (p. 53), such ideas have the character of out-group representations, which have the status of social identities or stereotypes. The impression that Soja limits his notion of imagined spaces in such a way arises because he ultimately leads his argumentation into political dimensions. In a post-Marxist or post-colonial perspective this might be consistent, but from other theoretical points of view, this concept of third space is less attractive. The influence on social power relations ultimately serves as an explanation for why representations of spatial order are as they are. From another point of view, it appears self-evident that under the influence of unequal power relations the public discourse neglects the perspectives and realities of minorities. In an interactionist's view, it would be more interesting to examine how common explanations are supported, negotiated or contested within processes of interaction.

1.1.3 More spaces

These concepts accentuate the practical aspects of space, but it was Relph who already emphasised that space is a fundamental aspect of human existence (cf. Relph, 1976). Relph's interest is in lived world experience. He is especially interested in how people who are situated in space identify spatial units as places. He refers to day-to-day practice and with Schütz he argues: "the place in which I am living has not significance as a geographical concept but as my home" (cited in Relph, 1976, p. 6). Relph identifies four categories of spaces that can be characterised as each representing a different attitude of individuals towards space. *Pragmatic or primitive space* is where individuals move and act unconsciously and of which no mental picture is formed. *Perceptual space* "is a space of action centred on immediate needs and practices" of which the perceiving person is the centre (Relph, 1976, p. 10). It is a subjectively perceived space that is unique to the perceiver. The objects in this space are arranged with regard to the needs of the individual. *Existential space* is space as it is lived by those who inhabit it. In accordance with their culture, people behave differently in different locations; they orientate themselves by means of cultural meanings attached to the respective places. *Existential space* is reproduced primarily unconsciously but can also be reflected on. In that sense it reflects the "inner structure of space as it appears to us in our concrete experience" (Relph, 1976, p. 12). Finally, *architectural space* and *planning space* refer to a space that is formally conceptualised. In contrast to *existential space,* which is primarily used unconsciously, *architectural space* "involves a deliberate attempt to create space" (Relph, 1976, p. 22)[44].

For this book It is especially important that Relph explains in how many different ways people can be related to worldly objects and space. In each of Relph's notions of space an element of experience can be identified.

1.1.4 Multiple spaces

Doreen Massey emphasises that "space is constituted through a process of interaction" (Massey, 1999, p. 179). The argument is that empty space is meaningless because there is no way to talk about it and there cannot even be a witness of an empty space. Massey argues that spatiality is a matter of interrelations because, in space, things are connected

44 Relph describes two more spaces that are not so relevant to this context. *Cognitive* and *abstract space* are both concepts that are means of a kind of thought that orientates itself in dimensions. The first is used to understand space as an object of extension and the second is a formalised idea that allows logical relations between abstract objects as in geometry or mathematics.

only through a sense of meaning. According to Massey, space thus needs to be assessed as a multiplicity of narratives.

> *"An understanding of spatiality, in other words, entails the recognition that there is more than one story going on in the world and that these stories have, at least, a relative autonomy." (Massey, 1999, p. 281)*

Massey does not understand these stories as being totally unconnected but sees interrelations between them. She calls these stories "trajectories", emphasising that they evolve as a line of events. Interaction induces consequences and again reactions to these consequences and thus sequences develop. According to Massey, no attempt should be made to subsume these *trajectories* under a single, closed theory. Such theories have often been developed and Massey cites *modernisation theory* as an example of this. They easily claim that they would make it possible to predict how given trajectories will develop in the future. This is the main idea to which Massey objects. According to her, in the past, *grand-narratives* have negated spatiality in the sense she understands it. For example, when modernisation theory identified certain countries as underdeveloped it implied that they have to follow the trajectories of the industrialised countries. In such a case, societies are regarded as being at different stages of development in time not somewhere else in space.

According to Massey, such theories can only derive from the social sciences' disregard for space. She understands space not as something continuous but as something that is disrupted. The gaps establish a lack of influence which thus allows different trajectories to develop. Massey further sees space as a product of interaction (cf. Massey, 1999, p. 280). In this sense, Massey is in line with authors who refuse to imagine space as neutral or as a priori categories (cf. Callard, 2004). If this were true, each line of interaction that is somewhat separate would produce its own space and multiple spaces could consequently exist. But it is not clear whether Massey really denies the existence of space as a sphere of expansion when she claims that geographies that reveal variations over space automatically imply "a space as a 'thing', 'over which' there can be variation. It implies a space which exists in its own right." (Massey, 1999, p. 280). To what extent Massey contests such a notion remains an open question. Does she simply deny a notion of absolute space as it was developed by Newton or does she really contest any existence of space? Massey does not draw on the phenomenon that distances obviously do exist, she just emphasises the fact that space is always interpreted and that only those meanings applied are relevant for human activities.

Massey also subscribes to Allen and Hamnett's notion of *social space,* which they describe "as being formed out of 'stretched out' social relations, which means that social space consists of all the networks and complexities of social interaction and interconnection, whether these be very small-scale or global in their reach" (cited in Massey, 1995, p. 54). She also opens the perspective to *activity space,* which can be conceptualised as a spatial network of locations and connections in which a particular agent operates. In other words, this is the span of an individual's or organisation's outreach. Activity space can further be understood as the sphere where the influence of persons or institutions can be sensed, to which their power reaches (Massey, 1995, p. 54).

Different conclusions should be drawn from Massey's explanations. It is important that everything that is happening needs to be put into words in order to be conceived. Things need to be narrated if they are to be assessed. Furthermore, Massey reinforces the idea that space should be understood relationally, as a matter of interrelations. It is inspirational to regard more or less distinct networks of such relations as more or less divided spaces. Finally, the argument that manifold trajectories can exist in space is also an obvious insight for this book. It advises against disregarding plurality and demands that a way to conceive multiplicity be found.

1.1.5 Space will be place

The next point to consider within this collection of ideas is the relationship between the individual and space. People refer to space either in terms of distance or as places. It is often claimed that spaces become places when meaning is assigned to a given spatial unit. In this sense, places have not only physical extensions but also additional aspects. There are different approaches to places that will be outlined below.

The first approach emphasises that places have a history and thus a time dimension. This argument is often raised when it is claimed that cities lose their sense of place when only modern architecture is built.

> *"Spaces become places as they become 'time-thickened'. They have a past and a future that binds people together round them." (Crang, 1999[1998], p. 103)*

In this perspective, meaning is attached to places mainly by creating narratives about their development and the incidents that happened in those places. Furthermore, places derive meaning from the targets at which the inhabiting community aims. But spaces do not only become places by having a distinct history and a political agenda.

A second approach draws on processes of identification that are attached to places. It is the emphasis on the fact that people have a sense of place, which means that they are more or less emotionally committed to places. This perspective is often discussed with regard to post-modern developments and opinions vary as to what tendencies can be found with regard to the relations between people and places. One position would argue that many places have have experienced a decline in the way they evoke people's sense of place. This is due to a uniformity that is applied to them by current transformation processes. Relph, for example, argues that modern architecture has almost completely eradicated the uniqueness of many places and has them left unreadable and the people with *placelessness* (cf. Relph, 1976). Other authors might go further and see places as having become almost unimportant. In informated societies, meaning is negotiated and processed within global network structures (cf. Castells, 1996, 1997; Hubbard, 2004). Meyrowitz agrees insofar as he says that in modern societies self-conceptions and identities are to an increasing extent based on global role models. These models are spread by mass media and they assert themselves because of their sheer attractiveness. But Meyrowitz also rejects a notion that totally neglects the importance of places, because places at least constitute a basic source of experience even if experiences induced by media have become very influential (Meyrowitz, 1998, p. 182). Kirby in contrast emphasises that places will always be the arena where people have to compete in order to assess resources, such as shelter, education or other services (Kirbey, cited in Meyrowitz, 1998, p. 178). A similar position might state that place-bounded identities have become more influential again (cf. Hall, 1992; Harvey, cited in Massey, 1995). This is due to the fact that cultural identities are weakened and the identity concepts offered by mass media are extremely volatile. According to these authors, such place-bounded identities rely on traditional bonds to certain spaces and are often used in territory politics. Massey holds the opinion that locations also become more important as meeting places where people with different activity spaces come together and interconnect themselves to social spaces (cf. Massey, 1995).

The third approach to places emphasises the relation of places to social practice. It is a perspective that regards human conduct and identifies which *regionalisations* people produce in everyday activities (cf. Werlen, 1997). People live their everyday lives in space and thus use different spatial units for their specific conducts. In this view, space becomes place when human beings use spatial units. Space does evidently become place through activities and thus places have practical dimensions. Places derive their significance from how and for what purpose they are used, by the practices that are realised within them.

"Taking place" in its purest sense means that all human conduct occupies space. When activities take place, a certain space is filled up with perceivable events. What people do in a spatial unit and the way they do it constitutes the perception of this place. Such meaning applied further is negotiated and thus space becomes socially structured.

1.2. The bodily subject in current social situations

This book is concerned with social practice conceived as the way people interact in confined units of space. What follows should be regarded together with the concept of social encounters that was developed in Part IIb.3.1.2, p. 116. It is the idea that rationality is restricted in the course of social interaction that might cause people to behave in a way they would never do if only they had time to reflect on the situation they are in. Philipp Zimbardo stresses that "situations exert more power over human actions

In summer 1971 Phillip G. Zimbardo conducted the Stanford Prison experiment, which took a dramatic course. The trial was designed to find out "what happens when you put good people in an evil place?" (http://www.prisonexp.org) A jail was set up in Stanford's Psychology Department building. Volunteers were chosen on the basis of the criterion that they were as normal as possible (mentally and physically healthy, no former involvement in drug abuse, crime or violence). Then they were randomly divided into prisoners and guards and were placed in the prepared environment. The experiment was planned for a period of two weeks but had to be terminated after 6 days. "In only a few days, our guards became sadistic and our prisoners became depressed and showed signs of extreme stress." (http://www.prisonexp.org) Zimbardo does not exclude himself from the devastating influence of the experiment. He admits: "I had become a Prison Superintendent in addition to my role as Principal Investigator. I began to talk, walk, and act like a rigid institutional authority figure more concerned about the security of "my prison" than the needs of the young men entrusted to my care as a psychological researcher." (Zimbardo, 2004, p. 40)

Box 5: Stanford prison experiment

than has been generally acknowledged by most psychologists or recognized by the general public" (Zimbardo, 2004, p. 46 et seq.). This idea will later be developed into a concept of *situation control*, but the following paragraph only points out some important works. These works explain how given situations can function as an imperative to participants and can thus gain intense influence over people. In turn, the people who are in charge of the setting of a situation can largely control the people involved.

Zimbardo claims that the setting of a situation can be so powerful that "good people are transformed into perpetrators" (Zimbardo, 2004, p. 21). The basis of Zimbardo's explications is the famous *Milgram experiments* (carried out by Stanley Milgram) in which

students proved very obedient when ordered to expose innocent victims to electric shocks. The students did so willingly when they were given a rational explanation of the underlying reasons. Zimbardo describes several continuations of the obedience experiments. After his initial study, Milgram himself discovered that especially peer behaviour can enhance the readiness to carry out cruel actions. Obedience was maximised when subjects had first watched peers enacting similar "evil" and it was minimised when they observed peers rebelling against the order they were given. Zimbardo later conducted the famous *Stanford prison experiment,* which showed in an appalling way how far people are willing to subordinate themselves under rules that someone has defined for a situation (for an explanation of the experiment see box 5, p. 193; Zimbardo, 2004).

Zimbardo provides a model of *deindividuation* and *moral disengagement* to describe measures that can be taken to make people do things they normally would not do. The strategy of *moral disengagement* is derived from Bandura.

> *"Bandura's model outlines how it is possible to morally disengage from destructive conduct by using a set of cognitive mechanisms that alter (1) one's perception of the reprehensible conduct (e.g., by engaging in moral justifications, making palliative comparisons, using euphemistic labeling for one's conduct); (2) one's sense of the detrimental effects of that conduct (e.g., by minimizing, ignoring, or misconstruing the consequences); (3) one's sense of responsibility for the link between reprehensible conduct and the detrimental effects (e.g., by displacing or diffusing responsibility); and (4) one's view of the victim (e.g., by dehumanizing him or her, attributing the blame for the outcome to the victim)." (Zimbardo, 2004, p. 31)*

Zimbardo complements this model with a concept of how cognitive controls that "usually guide behaviour in socially desirable and personally acceptable ways" can be influenced.

> *"The two general strategies for accomplishing this objective are (1) reducing cues of social accountability of the actor (i.e., "No one knows who I am, nor cares to know"), and (2) reducing concerns for self-evaluation by the actor. [...] (e.g., via drugs, arousing strong emotions or hyperintense actions, creating a highly focused present-time orientation wherein there is no concern for past or future" (Zimbardo, 2004, p. 32)*

According to Zimbardo, these measures to influence people's behaviour can be supported by examples from anthropological research. Societies that mask warriors in advance of a battle are found to achieve a higher degree of destructiveness than societies that do not disguise their warriors. A psychological trial about Halloween disguises also showed significantly higher aggression when children wore masks. Zimbardo also finds real examples in history that show the obviousness of his findings. He describes the Holocaust

as an example in which inter-group relationships were strengthened and out-group aversion was enhanced to a barbarous degree by utilising the mechanisms explained here (cf. Zimbardo, 2004).

Behaviour can, however, also be influenced in a positive sense. Yoram Bar-Tal (1989) analyses the ability of leaders to change stereotypical thinking. With reference to *lay epistemology theory,* he explains that when considering an issue, people recurrently create new hypotheses and validate them in comparison to knowledge they already hold.

> *"As the individual continues to collect information and makes these comparisons, his or her epistemological activity can be characterized as "open." But if testing shows that the hypothesis is consistent with the evidence, and it is accepted, the individual "closes" on the knowledge." (Bar-Tal, 1989, p. 226)*

This closed knowledge could also be called 'frozen' and stereotypes and social identities are, by nature, prototypes of such frozen content of knowledge. Other authors who show how stereotypes serve people by helping to reduce complexity in order to understand reality have already been quoted (cf. Kahneman, 2003). Stereotypes meet the need for high accessibility, which is required for easy orientation. According to *lay epistemology theory,* knowledge and also additional information that can enhance existing knowledge are acquired in two distinct phases.

> *"[F]irst, a cognitive generation stage, in which the contents of knowledge come into existence in our mind; and second, a cognitive validation stage, in which the degree of validity attributed to the generated contents is assessed and the degree of confidence with which the knowledge is held is determined" (Kruglanski, 1980; Kruglanski & Ajzen, 1983 quoted in Bar-Tal, 1989, p. 226).*

Bar-Tal explains that in a minority of cases stereotypes can be changed by simply providing additional or better information. Beyond that, it is necessary to change the *epistemic motivation* when existing knowledge should be altered. That means that the individuals need incentives to unfreeze their knowledge and to reconsider it. This idea is in line with the explanations of Fiske/Neuberg, who also emphasise the role of motivation in the process of overcoming stereotypical thinking (cf. Part IIa.2.4.5, p. 110; Fiske/Neuberg, 1989).

Especially with regard to interventions against stigma, it is interesting to understand which strategies can be adopted to influence underlying sets of knowledge. According to Bar-Tal, leaders can take the following measures to change the stereotypical beliefs of in-group members.

- In principle, stereotypical perception is enhanced when a salient attribute is exhibited. In turn, the effort can be made to divert the attention of the in-group members towards non-stereotypical attributes of the out-group. The centrality and accessibility of the in-group/out-group distinction can thus be reduced.
- Positive expectations about future interactions can be created. People can be shown individual cases that illustrate how a change in stereotypical beliefs might help to fulfil desires or help to achieve goals.
- Moral norms can be emphasised and stereotypical thinking can be shown to conflict with them.
- It can also be very productive to convince a person that committing oneself to a mistake can be very costly. Thus inconsistencies between stereotypical contents and important needs can be strengthened and made salient.

These examples should suffice to show that there are a number of possibilities available to a single individual for influencing other people's behaviour. These measures can be taken either to enhance or to mitigate socially divisive attitudes. Of course, the effectiveness will depend on the scope of influence of the person taking the measures. In the following we will explain how these measures can be taken to reduce stigma and discrimination in a given local community.

1.3. An approximation to the space of stigma and discrimination

1.3.1 Absolute space, physical space and experience

The question whether an absolute space exists as an entity or whether space can always only be conceived relationally is a meta-discussion which will probably never be answered satisfactorily. As explained in the previous chapter, many scholars repeatedly emphasise that space needs to be regarded as being socially constructed, but nevertheless space is often conceived as being something objectively given. The explanation that follows will show that it is consistent to distinguish between space as a priori and space as socially constructed, when these ideas are related to experience.

Many authors, such as Kant, Leibniz or Bourdieu, have reflected on the relation between space and experience (cf. Schroer, 2006). Some emphasise that space is a precondition of experience, while others emphasise that space can only be conceived through experience. Ultimately it seems to be a mutual interdependence. Obviously, there are two modes of sensing space. The first mode is a concrete sensation of actually existing spatial settings.

For example, when a person who is busy fulfilling a task is always confronted with the fact that he or she has to move between the positions of the objects being used. As a result, the person forms a mental representation of how the things are situated in that given spatial environment and will further try to arrange the objects in space in such a way as to facilitate the task.

The second mode is in effect when individuals develop a more general idea about space on the basis of their everyday experiences of actual spaces (cf. Tuan, 1977, p. 8 et seq.). Individuals behave in the world as described in the example above. But from multiple such tasks they derive the experience that things in general are situated in relation to each other and that there are always distances between and to these objects that need to be bridged. Individuals constantly deal with the world and thus evolve a more general experience of space as a *sense of space*. Individuals abstract from given spaces and create a notion of distance as an intrinsic value. Ultimately, individuals conclude that moving in space and bridging distances is somehow universal in character. To reach out one's hand is experienced as always being the same action, independent of the actual spatial environment. It is thus understandable that the "ell", derived from the elbow, developed as an early measure of length.

Such an experience of space as an intrinsic value becomes an elementary basis of every individual's set of attitudes and determines a person's sensation of closeness, proximity and distantness. In this second mode, space is experienced as a precondition of any human activity. Individuals automatically estimate distances and then they choose a way to bridge the distances in order to accomplish the task at hand. As a result of these two modes, it is possible to distinguish between *space,* which is an elementary experience and is thus immaterial, and *(actual) arrangements in space,* which are definite and can be either material, like buildings or furniture, but also immaterial like symbolic meaning.

It is necessary to see that spatial arrangements are definitely socially constructed. Space as an elementary experience is less a cultural construct, because it obviously relies on the constraints of the human body. It is self-evident that the body is the elementary spatial unit that any individual occupies. As a biological unit the body provides the material basis for any sensation of and interaction with worldly objects by the individuals. The body is thus the point of reference from which any individual experiences the world.

Of course, people's sense of space also derives from their individual dealing with worldly objects, and, of course, these objects are the result of cultural practices. But the important thing is that people deal with these objects and in a later step detach what they

have experienced from the concrete conditions. At the end of the experience, occurrences become stripped of all their unique attributes and a sense of orientation arises that is assumed to be universal. Each individual can be assumed to have an elementary *sense of distance*.

Individuals with a certain cultural background can be assumed to have a more or less similar sense of distance, because societies pass on certain modes of performing tasks. With regard to space the development and accessibility of transport utilities is an especially important factor that shapes people's sense of distance. This is supported by the fact that cultural techniques like measurement methods exist in order to give an objective reference to spatial experiences and make it possible to express their amounts intersubjectively in figures. Measurement devices can be regarded as cultural expressions that are developed in order to define experience on an inter-subjective basis. But the elementary point is that each and every individual has to deal with such cultural techniques and has to relate the objective method of measuring to his or her own sensation. An individual, however, can only more or less exactly show how long one metre is. A sense of distance can thus be understood as an individual property.

A basic sense of space like that achieved by any individual is the foundation for any activity in the world. Space in this sense is a *system of dimensional ordering* which is experienced as being the precondition for localising things in different positions relative to each other. This perspective explains why space appears to individuals to be absolute. This should not be mistaken as an argument for reinstalling a notion of *absolute space* in the essentialistic sense of Newton (cf. Part III, p. 183). It is thus better to use the expression "physical space", because it refers to the sensation of distance between material objects. People experience space as a container of all concrete things they perceive and also as a fundamental precondition of all their activities. Only if *physical space* is related to experience is it consistent to regard it as somewhat "a priori" and to assume a pre-conditional character of space.

1.3.2 Reflection on 'social space', distance and dimensions

With regard to *social space* two phenomena are often mentioned. On the one hand, the way things are arranged in space, whether, for instance, the arrangement is that of a church or a discotheque, can have a fundamental influence on the way people perceive and interpret a place when they enter it. Such settings can influence how people feel, how they interpret the things they see and how they ultimately act. On the other hand, people actively arrange spaces. People use the arrangements of a given spatial unit and thus

redefine or even rearrange them. Spaces thus develop their unique shapes as places (cf. Part III.1.1.5, p. 191).

While a place develops, various processes may take place that then manifest themselves in the material appearance of that location. Autocratic decision-making, for example, is represented in the architecture that Albert Speer designed for the German Nazi regime. It is also possible for illegal movements to establish squatter camps and fill locations with uncontrollable growth. In contrast, modern processes of governance try to induce a negotiation process by including a variety of different actors in civic society. According to the way spatial arrangements were constructed, they will contain the corresponding symbolic meaning. They will be used for different means either in accordance with the intended purpose or even totally against it. At any rate, in accordance with their material appearance and their symbolic load, places have an influence on the way people behave when they enter these spaces.

Many authors have reflected on such processes by which spaces become constructed. In his concept of *heterotopias* Michel Foucault holds utopias responsible for the shape of spatial arrangements. According to him, imagination leads people to make the attempt to realise their ideas in reality. Real existing spatial settings thus derive to a large extent from ideas (cf. Foucault, 2005[1966]; Foucault, 2006 [1967]).

Henri Lefebvre in turn emphasises the role of perception. His elaboration starts from the given worldly objects and explains how the way people act (spatial practice) is dependent on their perception of existing spaces. From existing spaces people derive their representations of these spaces. But, also more generally, the whole system of symbols and signs that is used when people refer verbally to spaces stems from actually existing spaces. In this sense: "The spatial practice of a society secretes that society's space; it propounds and presupposes it, in a dialectical interaction, it produces it slowly and surely as it masters and appropriates it." (Lefebvre, 1991 [1974], p. 38)

Giddens calls spatial units that are permeated by social practice *locales,* emphasising that they are arranged to constitute settings for social interaction. He devotes special attention to the fact that they have definite boundaries that are designed to support the interaction for which they are reserved in one way or another. Giddens conceptualises *spacing* and *regionalisation* as societal processes of organising space and the order that is applied to these spaces (cf. Giddens, 1984). He emphasises that it is not only the material bodies of architecture and furniture that might influence people's behaviour in a given space. According to him, there is also a kind of *spacing* that derives from how people position

themselves during an encounter (Giddens, 1984). The way people arrange a meeting expresses the character of the relationship between the meeting parties and may indicate power relations.

So far *social space* has only been understood in a metaphorical way, either as an attribute of space, or as the social meaning of places. But it is too restrictive to refer to spaces as "social" simply because people socialise within them. It is also not satisfactory to limit the notion of social space to the way existing spatial settings determine people's behaviour and how people in turn shape these places. To overcome such metaphorical use of the term "social space" it is necessary to return to the more general meaning of space as it is manifested in people's experience.

Cox and Golledge have explained that it is important to distinguish whether behaviour can be explained as *spatial behaviour* or only as *behaviour in space* (cf. Cox/Golledge, 1981). They emphasise that it is important to see whether behaviour is induced by the material objects of a given spatial setting or by the general attitudes the individuals have with regard to space. In the latter case, it is especially interesting to see which decisions people derive from these attitudes. Behavioural geography thus often focuses on distance and the perception of distance and how distance influences human activities. The perception of distance is seen as more important than the objective distance. People base their decision on whether to make any attempt to bridge a given distance on how they estimate and judge the distance rather than on the basis of the objectively measured figure.

Such a behavioural perspective on people's attitudes lacks the previously given explanations about social space. The question is how experiences of social space determine social relations, what general attitudes do people have with regard to social distances? This will become especially important later when we come to the question of how social distances are measured. In our elaboration of stigma and discrimination it was shown that even small attributes can be extremely socially divisive, quite apart from the physical distance that separates the individuals involved. In the following, the concept of social space will be broadened by introducing an idea as to how social dimensions can be conceived.

1.3.3 Bourdieu and the relation between social and physical space

Bourdieu conceptualises social space, in analogy to physical space, as a set of dimensions. According to him, an individual's position within social space is defined by his or her possession of economic capital, but also of social capital. In his concept, the total amount

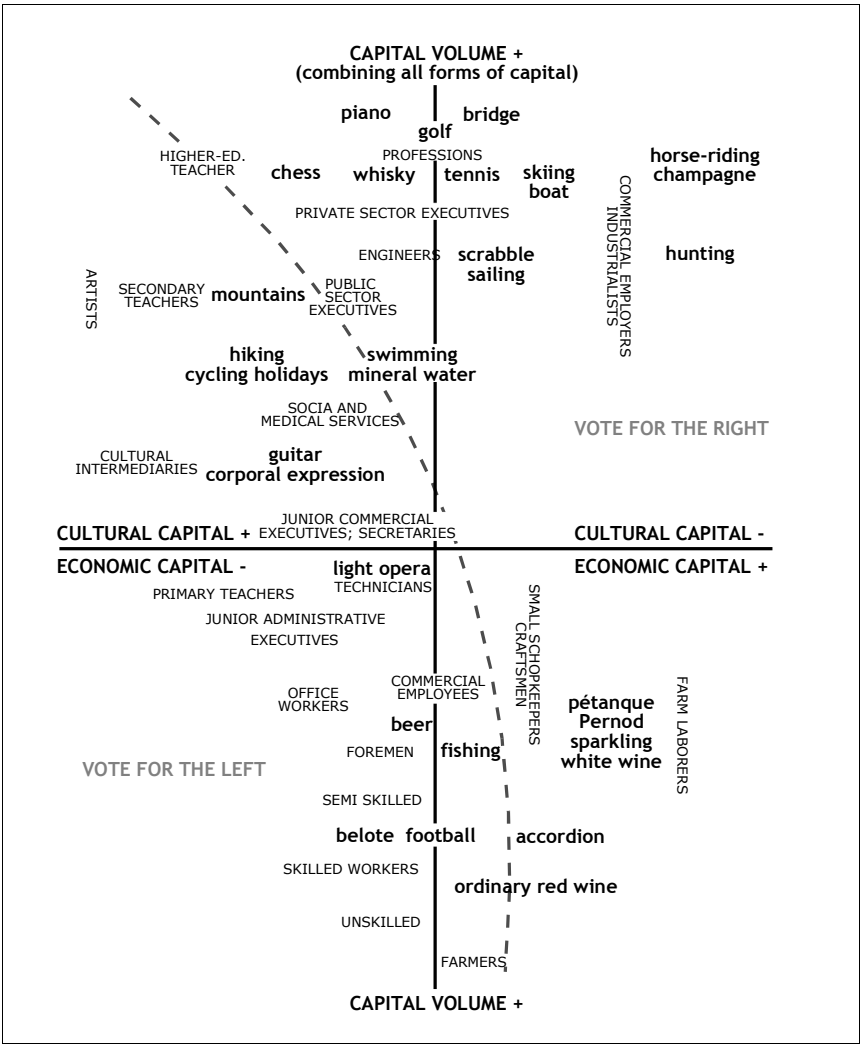

Figure 14: The space of social positions and the space of lifestyles (the dotted line indicates probable orientation towards the right or left) (Source: Bourdieu 1998, p. 5)

of capital constitutes one dimension and the degrees to which this capital is composed of either economic or cultural capital provides the second dimension. Bourdieu thus

developed a positioning of different lifestyles he found in France in the 1970's (figure 14, p. 201; cf. also Bourdieu, 1982; 1998; 2006 [1989]). Bourdieu's major achievement is to qualify common notions that regarded society as stratified by given stances or material possessions.

Bourdieu derived his dimensions of social space as empirical findings and he initially theorised social and physical space as two distinct things. He developed the lifestyles relatively detached from an elaboration of geographical or physical distances. But later, he found relations to be obviously given and thus the relation between social and physical space needed reflection. People who had a certain position in the social dimensions also seemed to be spatially separated. Bourdieu finally concluded that social space obviously shapes physical space. In Bourdieu's perspective, there is no incentive for people of different social status to deal with each other. Because people of different social stances grow up differently, they ultimately have completely different attitudes, habits, opinions as well as aesthetic sensations. According to Bourdieu, these *habituses* constitute social ordering because, as he concluded, these people who behave in an elementarily different way will in the long run hardly be comfortable in each other's presence. Ultimately, Bourdieu infers that social closeness must precede spatial closeness (cf. Schroer, 2006, p.96). In his concept, social space is interconnected with physical space so that the place a person occupies in the physical world is an excellent indicator of his position in social space (cf. Bourdieu, 1991, p. 26).

Bourdieu further claims that in a hierarchical society there is no single room, place or other spatial unit that does not reflect the hierarchy of the social space. This is often disguised by what he calls an effect of naturalisation. What he means by this is that as structured space is material, it is perceived more easily than immaterial social stances. There are signs that indicate social stratification, and these are observable, not the stratification itself. The signs thus appear to be facts rather than results of a probably unjustified social hierarchy. Perception then easily turns things around and regards the hierarchy as deriving from the nature of things. But according to Bourdieu, the fact is actually that social differences constitute spatial separation (cf. Bourdieu, 1991).

Bourdieu's idea to regard social space as being spread along dimensions on which relational positions can be defined will provide the major orientation in the following sections, but with a minor modification. For cases of stigma and discrimination it was found that people often hide their stigmata to avoid being rejected and socially segregated. Bourdieu's equation of social and physical space seems at first sight to also be verified for questions of stigma and discrimination. But often people know about their

respective attributes and do not segregate themselves. On closer inspection, it appears that people bearing a stigma and people who do not bear a stigma live together in a spatial unit and socialise, but at the same time they are essentially separated by a single attribute that assigns them to different social positions. Social distance can thus also be non-effective in physical space. Furthermore, strategies for bridging the social gap do obviously exist. Consequently, Bourdieu's concept needs to be extended.

1.3.4 Spaces versus systems of categorisation – Thinking relationally

The next paragraph deals with the question as to what should be taken into account when conceptualising social dimensions if they are to be useful in social sciences and research. With regard to what was said above, it is important to consider that if space is to be a valid system of ordering used by many people for orientation, it needs to refer to an elementary basis of human conduct. It was explained as obvious that the dimensions of such an ordering system need to have an equivalent in the elementary experience of human beings. The dimensions of such an ordering system have the character of pre-conditional paradigms, because they are internalised as rules and thus appear to be a natural order. Moreover, the individual experience of these dimensions is mostly assumed to be intersubjectively valid, certainly because cultural techniques were developed to measure it. It is important to recognise that two things need to be distinguished. On the one hand, there is a basic intrinsic experience and on the other hand there are always several ways to measure these experiences. For example, it is a basic experience that a person is able to reach out in front of him or herself, but the distance can be measured in ells, inches or metres. This allows communication about the felt distance.

The latter also applies to more complicated conceptions of space. In many realms of human life certain common modes of perception prevail. Each and every more or less separated discipline, sector or field has developed a way to assess the world in order to gain the required information for the tasks at hand. These realms of life often derive their special way of perception from a long tradition during which these techniques were developed. In the end it may appear that these realms have distinct abstract notions about space.

Classifications can only be relational if their categories refer to each other. This sentence appears to be obvious but as a look at the literature shows, there is a widespread misconception about absolute and relational positioning that is indicated in the following quotation:

"The site (le lieu) can be defined absolutely as the point in *physical space* where an agent or a thing is situated, 'takes place,' exists: that is to say, either as a *localisation* or, from a relational viewpoint, as a *position*, a rank in an order." (Bourdieu, 1999, p. 123)[1]

Actually it is the other way around. Today it can be regarded as an agreement in the social and natural sciences that an absolutely given space as conceptualised by Newton (cf. Schroer, 2006, p. 35 et seq.) does not exist. If this is the case, the definition of a site as a location can only be identified with regard to an ordering system that was previously agreed upon. This means that the point of reference to which the distance is measured needs to be agreed upon. In this sense, such a definition of a place is relative and relational. Consequently all points that are defined within this system can be understood as being related. By subtracting their coordinates it is even easy to calculate their distance.

In contrast, what is mentioned as a positioning within a ranking needs to meet some additional qualifications to be relational. This can best be explained by sketching those cases in which such positioning remains absolute. It remains absolute if the categories in the ranking are positively defined and if the ranking has only the character of a classification. This is the case if the classes of the ranking are derived from observations that regard only the positive characteristics of the objects classified. When something is identified as being a part of a certain class, it is an absolute positioning because it refers to a definition of this class that has no relative character. Even if a ranking is attached to these classes, it is not self-evident that these categories will automatically become relational. Whether or not this is the case depends on the explanation of the relationship. For example, if the explanation ranks things merely because they cannot be explained all at once and because they need to be explained one after the other, this does not not constitute any relation. It is not sufficient for a categorisation to state that things are different without explaining what relationships these differences constitute. Ultimately, rankings can only be relational if the classes within the ranking are defined in reference to each other.

1 *This quotation was taken from the the article "Site Effects" which was first published in French under the title "effects de lieu". "Le lieu peut être défini absolument comme le point de l'espace physique où un agent ou une chose se trouve situé, 'a lieu', existe. C'est-a-dire soit comme localisation, soit, d'un point de vue relationnel, comme position, rang dans un ordre." (Bourdieu, 1993, p. 250)*

Box 6: Notes on relational and absolute positioning

These ideas are, however, not perceived spaces but conceived space. For example, the *two dimensional map space* is the basis for many planning activities and can thus be regarded as a pre-conditional paradigm, for example, for urban planning (cf. Relph, 1976, p. 22). *Architectural space* can only be regarded as pre-conditional if it is conceived as the realm of the three physical dimensions in which buildings can spread plus an additional dimension that refers to aesthetic sensation. Aesthetic sensation can also be regarded as a basic human experience. Subjective impressions that range from beauty to

atrociousness need, however, to be sorted on an inter-subjectively valid scale. For architecture this scale is provided by the history of fine arts. Any student of architecture needs to deal with the narration as to how different times with different spirits chronologically developed certain forms and aesthetic attitudes. This narration is obviously important for anyone today who wants to communicate about his or her aesthetic ideas. As a result, the history of fine arts can be regarded as largely determining even current aesthetic sensation. Such architectural space can be conceived as being pre-conditional to the experience of all who study architecture. Such architectural space in turn later influences how architects work. Their plans can be conceived as being positioned within this space. This example illustrates that the dimension that is aesthetic sensation refers to a basic experience, but that the scale that is applied to such dimensions can only be a product of human convention. This aspect will be explained more precisely later.

At this point it is necessary to see that if the term "architectural space" is used to simply designate the structural shell of a given city, the concept becomes restricted and has definitely lost its pre-conditional character as a dimensional system of ordering. The term is now used only in a metaphorical way. As in the example explained above, a given building can be defined in the three dimensions of space. In a construction plan normally all points refer to each other. A system of dimensioning ensures that each distance can be read from the plan or at least can be calculated. Furthermore, the planned building can be described as a composition of different styles, with reference to several points in the history of fine arts. Then the planned building is explained relationally in its aesthetic dimension as well.

In the other case, in which architectural space is conceived as the whole of a city's buildings and spatial organisation, the position of a given object is normally not specified relationally. It is not described by a set of coordinates that indicate the distance from a central point but is instead dependent on the actual spatial organisation of the city. In accordance with the organisation, a building is specified by street names and house numbers or plot numbers and neighbourhoods. Such ordering systems do not rely on an ordering in dimensions in which positions can be defined in relation to a single point of reference. Positions are then defined by a special system of orientations that must be unique to every city. Such systems use classifications (neighbourhoods) and identifications (streets, house numbers).

This book is based on the view that when Allen recommends to geographers that they should think relationally (cf. Allen, et al. 1999, p. 327), it is thinking in dimensions rather than classifications that is required. But this is more complicated than Allen claims. It is

not only binary thinking that manifests absolute rather than relative distinctions; all kinds of categorical thinking do so when the transitions and relations between the categories are not explained precisely. In this sense we need to ponder upon the question whether Bourdieu's concept of social space meets this requirement of relational positioning.

> *"In fact, the main idea is that to exist within a social space, is to differ, to be different."(Bourdieu, 1998, p. 9; also: 2006 [1989], p. 361)*

But being different does not automatically mean that the difference is specified. Thinking relationally requires not only an idea about how individuals are positioned in social space, but also an idea about how the relations between the positions are shaped. When conceptualising the dimensions on which social division can be conceived, the factor that relates the positions and determines the perception of those who obtain other positions needs to be taken into account. With regard to Bourdieu's notion of social space it is questionable whether only the composition of peoples' capital determines whether they go *fishing* or drink *whisky* (cf. figure 14, p. 201). Is the amount of financial capital really the determining factor that affects the way *commercial employees* regard *primary teac*hers? In box 6 (p.204) this thought is explained in more detail. In the following some basic orientations will be given as to how such dimensions can be conceived.

1.3.5 Conceiving social dimensions

Developing additional dimensions of social space that can be useful in the social sciences and research means developing an abstract idea of what constitutes social difference. In this regard, Harvey draws a helpful distinction between *empirical concepts* and *theoretical concepts* (Harvey, 1981, p. 22 et seq.). According to Harvey, empirical concepts derive directly from an observation of the world, while theories can in principle exist as an abstract calculus. A good example of an empirical concept would be a travelogue about a city in which a traveller describes how he has experienced the city. A theoretical concept of a city could be knowledge of how to design the administrative order of such cities. Such administration follows special rules, for example, the guideline that says that a street name should not occur twice in a city in order to avoid confusion. According to Harvey, such theoretical concepts need epistemic correlations in order to reconnect them to empirical concepts and make them perceivable. In the case of the administrative order of a given city this could be place-name signs or a map of the city that displays the spatial organisation of the city.

According to Harvey, understanding can be achieved in two ways (Harvey, 1981, p. 24 et seq.). Either theories use simple categorical distinctions that can be easily comprehended

rationally or they provide distinctions that are linked to people's experience and can thus be intuitively understood. With regard to the first, Harvey emphasises that theoretical concepts that make distinctions that "readily spring to mind" are most influential in the scientific community. This means that theories need to be easily assessable by the perceiver's mind. Such distinctions can easily prove to be metaphysical "academic" differentiations, because it is considered to be more important for the distinction to be easily conceived than whether the distinction that is being made is important in the real world.

In contrast, the second way of understanding will finally provide epistemic correlations that connect theory with relevant phenomena in social life. In such cases a theory does not automatically gain credence only because it is logically correct. It needs to be important with regard to practical dealings and given phenomena. In the context of a conceptualisation of social space, this means that any dimension that is theoretically conceived requires a correlate in human emotional and practical experience, not only in intellectual distinctions.

Social life provides manifold experiences and it can be asked whether these experiences constitute social dimensions. For example, any given society has developed a certain kind of ranking or hierarchy. Wealth was already mentioned as a possible dimension. The economic status in modern societies ranges from affluence to poverty. This can be conceived as a dimension on which distance can be measured in terms of material possession. But the impression emerges that when the gap between different positions on a dimension of wealth is regarded as a social distance, the interpretation of the respectively other position is not conclusively determined. It will be shown that we need to regard the attitudes that individuals have developed. Wealth is elementarily a matter of human experience, but it may effect emotional attitudes towards people of other earning capacity.

Many dimensions can be conceived. Age can also be conceived as a dimension, even if it is not totally independent of the dimension of time. Nevertheless, at a certain point in time people are of different ages and this constitutes differences. At this point it becomes obvious that the full complexity of social life can hardly be revealed. Social geography should thus carefully decide which social parameter is worthy of being conceived as a dimension of social positioning.

2. Stigma and Discrimination – A Spatial Perspective

2.1. The space of stigma and discrimination

The conception of social space that will be outlined in the following should not be seen as an essentialist understanding of space or an ontological endeavour. It should be regarded as an epistemic vehicle, as a concept that can guide interpretation.

2.1.1 The foundation of social dimensions

It has been explained that, in contrast to three-dimensional physical space, social space needs to be conceived as multidimensional. It has been also explained that it would not be possible to accomplish a project that tries to reveal the full complexity of social systems in all its dimensions. It is thus suggested here that socio-geographical works that attempt to reveal processes of stigma and discrimination should identify which dimensions are important with regard to the topic at issue. In the following we will explain how such dimensions can be conceptualised.

It is important to trace our topic back to a basic human experience. People derive their sense of physical distance from their everyday experience that there is a gap between one's body and worldly objects that needs to be overcome when one aims to reach an object. As this is an everyday experience, individuals take the phenomenon of physical distance as objectively given. In this respect, people's sense of physical space obviously relies on their bodily existence. Furthermore, physical space is regarded as dimensions that spread out because it obviously matters where someone is situated on these dimensions. People's position determines the perspective they have of the world.

For social dimensions, the same criteria should be applied. First we need to ask how the basic experience that constitutes people's sense of social distance derives from everyday experiences. Second, the questions as to how people basically experience given social positions and what perspectives of the world derive from their distinct positions have to be raised.

✗ A basic social experience

It can be seen as a basic experience of every human being that others have different attitudes than they themselves and that people might react differently to situations. When people plan their activities they try to anticipate how others might react. By means of such an "importation of the social process", they will never be able to anticipate all opinions or standpoints others might have. Social life thus always entails insecurity.

The same applies to habitual behaviour. Many people may accept the way a given person behaves, but it is always possible that one day or other someone will be offended by that person's usual behaviour. It can be assumed that people recurrently have such experiences. It can further be concluded that they derive a sense of social distance from the experience that other people are different. People compile their sense of social distance from a basic insight. They undergo the basic experience that people develop different sets of attitudes during their life-courses.

As a result, it is a fundamental desire of any individual to detect such differences before misunderstandings impair social interaction. People search for indicators when they meet others and wish that such differences could be detected simply at the sight of another person. This wish is probably the reason for the high value of appearances in social encounters. The extent to which visual or only known attributes will influence the behavioural attitudes of a person is estimated. This should help to anticipate what can be expected from that person.

A sense of social distance is thus the deep conviction that attributes can determine lives and a basic characteristic of a stigma is that it induces the anticipation of distinct backgrounds of experience in its bearer (cf. Part IIa, p. 82). In this respect, a stigma triggers people's sense of social distance at a basic level and induces social distance between bearers and non-bearers. Attributes relating to physical and mental health are especially capable of inducing such divisive perceptions, because they often directly induce empathetic sensation.

✗ Primary and secondary experiences

Some attributes can be directly traced to essential differences between the physical, psychological, or social beings of individuals. In the case of these attributes it is conceivable that they constitute social distance independent of cultural backgrounds. If a person cannot walk, it is reasonable to think that he or she might develop a distinct sense of physical distance and space. The same applies to Giddens' example referring to Goldstein's observations among brain-damaged people. "A person can point to a part of the body only if he or she is able to watch the movement carried out and actually touch that part of the body"(cf. Giddens, 1994, p 65). Analogously, it is conceivable that attributes also exist that obviously influence the way people develop their basic senses of social distance. This is especially conceivable with regard to the communication and perception abilities of people. Those attributes that rely on basic abilities should be

thought of as generating primary experiences, because it can be assumed that they have a core that is independent of actual cultural conditions.

In the case of some attributes, primary and secondary experiences become extremely indistinct. Taking wealth as an example, it is obvious that people whose financial strength differs have different perspectives on the world. They may have a strong feeling of self-efficacy with regard to what they can achieve in the world, or they may feel at the mercy of others. But these experiences are extremely dependent on how society deals with questions of wealth and social justice. It is thus difficult to identify a primary experience within this social dimension. Perhaps a sense of superiority and inferiority can be seen as such a foundation based on the perception of wealth. As already mentioned, the distinction between primary and secondary experiences is not a sharp one, but it can be important to ponder the question to what extent the prevailing conditions are the result of social constructions.

✗ Scales of measurement

Furthermore, it is necessary to ask what methods were invented in order to achieve mutual agreement on such experiences and to measure these phenomena. It is important to ask which scales are applied to the dimension. Physical distance, for example, can be measured either with a metric scale in metres or with other scales, for example, in inches. Both scales are measures at the interval level. Behavioural geographers have determined, however, that other ordering systems are often more important for spatial decisions than the actual distance in metres. When it comes to deciding on a location to spend the evening, for instance, an important question is often whether it would be necessary to go to "the next town", which is a nominal measure.

For example, when measuring wealth on a scale of monetary value, an individual can theoretically occupy each point on this scale from extreme poverty to extreme affluence. Then the scale is metric but other scales have distinct levels. No matter whether scales are distinct or metric, it is important to see that such scales are cultural expressions, because they were designed to allow inter-subjective agreement. Furthermore, it needs to be stressed that even metric scales are continuous only in principle because they are restricted to the preciseness of the measuring tool. Ultimately all scales are the foundation on which categorical thinking is based.

Which scale of measurement is commonly used to describe a social distance is mainly determined by its tangibility. With regard to physical distances few people can correctly guess the distances in metres. The same is true of social distances. Here we come to

questions of stigma. It is important to ask what is directly perceivable or conceivable as being relevant for the estimated otherness of another person. Is the salient attribute visible, or otherwise tangible? Is the attribute very evident or only slightly? Is there a resulting difference in behaviour and if so, how can it be assessed? In the last chapter we will explain how the incurable disease with which this book is concerned frequently is measured (cf. Explaining the Inexplicable.1.1.4, p. 237).

2.1.2 The space of stigma and discrimination

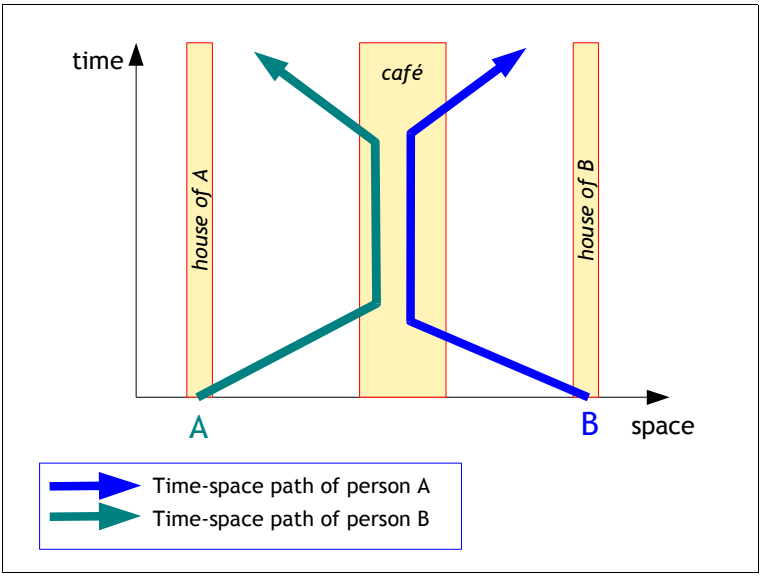

Figure 15: Time-space paths and co-location in time-space

In the course of conceptualising the space of a stigma, the conception of a multidimensional social space initially needs to be reduced to something manageable. Only dimensions that are spread by the experience of stigma and relevant to social processes of differentiation should be taken into account.

Such dimensions can be explained in analogy to the three dimensions of physical space. Figure 15, p. 211 shows the well-known diagram that sociologists have also adopted from Hägerstrand's time geography (cf. Giddens, 1984, p. 113). It is shown here with the alteration that the three dimensions of physical space are reduced to just one single dimension. Giddens develops his notion of *regionalisation* on the basis of Hagerstrand's

figure in order to explain that time-space is divided into certain zones. These zones separate certain social practices in different locales in order to facilitate the tasks that are meant to be fulfilled there. Giddens explains how the respective spatial arrangement can be designed in order to allow different uses. For example, he explains how flats and houses can either deny or provide room for privacy (cf. Giddens, 1984).

Spatial arrangements can be material settings and positions. Material settings are shown in figure 15 as time-continuous objects, such as the *house of A* or the *café*. Positions in turn are temporally limited. Figure 15 shows how person A and person B leave their homes to meet in a *locale,* which is a café. B arrives a little bit earlier and can choose his position in the material setting of the café. A, who arrives later, has to occupy the position B has left for him. Giddens emphasises that such *spacing* can obviously influence interaction. While sitting in the café, A and B can talk until they say goodbye and leave the location.

If a social dimension is added to this figure, it can be seen that A and B are probably in the same physical room but may be separated in this additional dimension (cf. figure 16, p. 213). The figure assumes that A has a different value on this social dimension than B does (indicated by 1 and 2). Probably A is fairly rich, while B is of low income. Or A weighs 96 kg while B weighs 72 kg. It is obvious that it only makes sense to conceive such a difference as a social distance if the corresponding attributes have the character of stigmata. This means that the attributes need to be socially divisive because of a basic social experience, as described in Part III.2.1.1, (p. 208). The important thing is that the different values make a difference in the experience of the individuals, and that people assume that these different experiences evoke different behavioural attitudes.

The dimension may be continuous. For example, a person may find that he or she is increasingly gaining weight, but, within the process of discrimination, distinct values, such as "being fat", will be assigned. This means that the scale which is applied to a social dimension is usually ordinal or even nominal. In turn, in the process of stigmatisation, which is a process in which the individual refers to him or herself, the attribute might be evaluated differently. In an individuating process the corresponding individual may have decided to "be fat, but not excessively so". The person might also discriminate against the other person by categorising him or her as "being thin". It is obvious that from different positions on such a social dimension, different perspectives derive from day-to-day experiences. The body mass index, as a cultural achievement, may define what should be regarded as thin or fat on an inter-subjective level. It can thus provide a common background of knowledge for all people who have weight problems, but it is the

perception from the perspective of the respective individuals that constitutes and measures the social distance in social encounters.

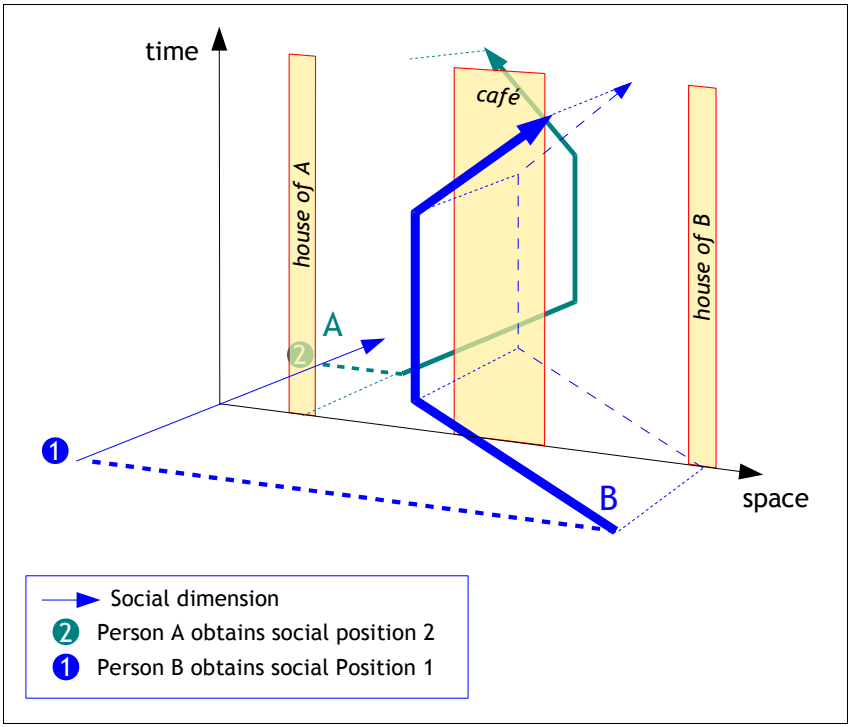

Figure 16: Trajectories in social time-space

Figure 16 shows how such a dimension might separate two individuals. It is not self-evident that when people interact within a physical room they automatically meet on a position in social space spread by the stigma. The example in figure 16 is displayed under the assumption that there is a convention in the community that the respective attribute that distinguishes the social partners is not talked about. Under this condition, physical fabrics in physical space, like the café, will appear as a flat layer, which spreads out only in space and time (cf. figure 16). Such conventions can often be found. For example, it is considered impolite to mention the weight or age of a woman. Many people are of the opinion that monetary things are private matters and should not be discussed anywhere.

As a result, it appears that spaces like the café are not per se open for an exchange about what it means to have different values on a social dimension.

2.1.3 The expansion of physical spaces into a social dimension

Even if theoretically convention does not restrict discussions of divisive attributes, *locales* are often limited in the corresponding social dimensions. The inter-personal effects of stigmatisation and discrimination especially can limit them. Whether they perceive the social distance between them as insurmountable depends on the perception of the people involved. It is further up to them whether they confine their conversation and interactions to proceedings that carefully avoid touching their salient attributes. In analogy to a dividing wall in physical space, people can establish a separating attitude of rejection or secrecy, but they can also aim at breaking down barriers. The extension of physical spaces can also be expanded into the social dimensions, however, if the social partners behave in an integrative way. By recognising the respective attributes and by dealing with them, people can open up the three dimensional settings of physical space. The socio-spatial setting is formed by the attitudes of people, by the way they handle the attributes at issue.

From this elaboration an additional aspect that shapes spatial settings derives. With regard to *spacing* not only material settings and positions are relevant. It is not only important how things are related to each other in therms of physical distance but also how they are related through intention and interpretation. This can be understood as *postures*, for example, how one thing is related towards another with regard to a social dimension, or what attitude someone has towards something or someone else with another position on the social dimension.

Figure 17, p. 215 again displays the above example in which A has the value of 2 on a social dimension, while B has the value 1. In this drawing it is implied that stigmatisation has a preferred direction, which means that value 2 represents the salient attribute that is often discriminated against and that is often experienced by the bearers as socially divisive. Value 2 thus represents the stage of bearing a stigma.

If A has an open attitude towards his or her stigma the dimensional gap might be bridged. Person A theoretically offers an exchange about his or her experiences and any location he or she enters thus theoretically is opened into the additional dimension. When a certain attribute or stigma is actually discussed or negotiated, this can be regarded as a temporary socio-spatial *localisation*.

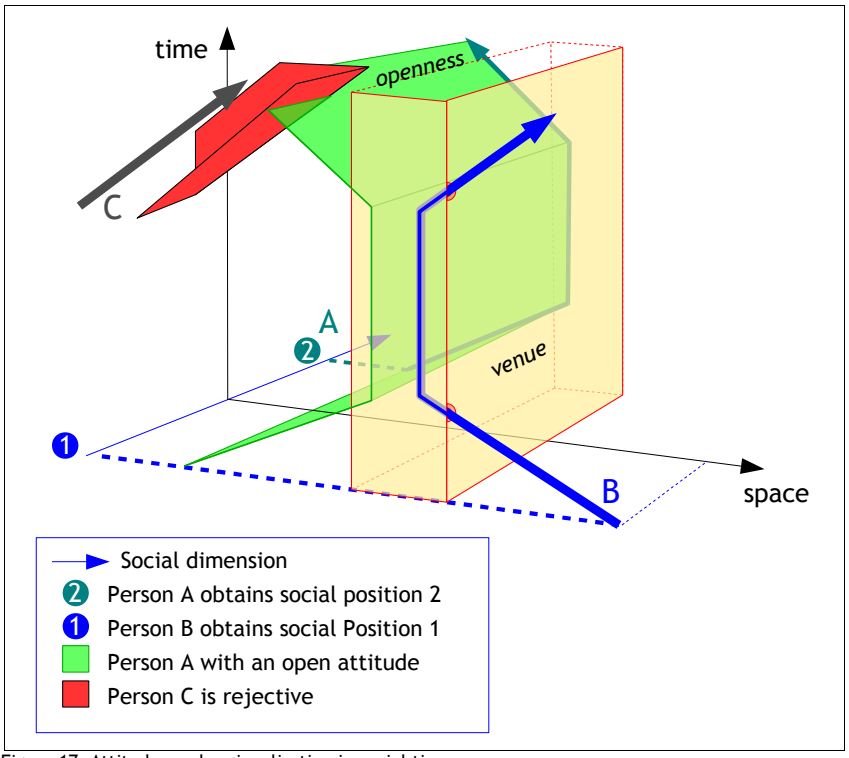

Figure 17: Attitudes and regionalisation in social time-space

By their attitudes people determine how the social space is shaped - whether it is open or whether there are gaps or even barriers that strongly divide the partners. The latter case is displayed in figure 17 in which C has a rejective attitude. As the illustration shows, being rejective often also means keeping a physical distance. It also becomes obvious that socio-spatial settings due to attitudes have the character of *postures* and are not time-continuous in physical space. In social encounters, individuals might attempt to establish a socio-spatial setting according to their personal needs and opinions. They can do this by showing how they interpret a specific characteristic of a person or by propagating a certain attitude as the right perception and interpretation of the stigma at issue. This is an attempt at *situation control*.

But socio-spatial localisation can be not only temporary. Cases of permanent expansions of physical space can also be conceived. This is the case when a social practice concerning a characteristic that people can bear becomes firmly linked with a given physical location. People who experience intense stigmatisation often attempt to establish places to meet, venues where they can deal with their respective interests and concerns. These might be centres of self-help initiatives but also club-houses of, for example, gun clubs (on which, in Germany at least, opinions are divided). Such centres require physical locations such as plots, flats, offices, or any sort of closed structure, even if it is a caravan.

To restrict a physical location to exclusive use by a defined group of people can be regarded as an attempt to extend the outreach of a physical space into the dimension that is relevant to the group members' special attributes. This socio-spatial extension should furthermore be established as time-continuous. The physical location is dedicated to the respective attribute. The place is then established as a location where the interests of the bearers of that attribute can be dealt with openly, where activities can be carried out and where concerns and experiences of group members in out-group relations can be discussed openly.

Regularisation is needed to define how open the institution or organisation is towards out-group members. In most cases a person like B (cf. figure 17, p. 215) who has a different value on the social dimension will be allowed to enter such a location and inform him or herself about the group that occupies the location. For example, many HIV self-help centres in Botswana are very open to non-infected people. Normally such organisations have information material and members who are willing to inform out-group members. Such a case is also displayed in figure 17. Member A approaches out-group person B in an open manner, in order to meet B at the level of B's experience. B can thus become informed about what it means to be like A. In addition, B can gather experience with people of A's kind and develop integrative behaviour.

2.2. Upscaling stigma and discrimination

2.2.1 Regionalisation, localisation and situation control

In the previous explanation *localisation* and *situation control* were identified as relevant processes that shape conditions affecting stigmatisation and discrimination. These processes unify social practices at different places in space and thus can be regarded as the reason for the multitude of different expressions of human life in the world.

Ultimately, they are the source of multiplicity, because they cause places and the practice at these places to develop uniquely.

Localisation concerns physical space. It was conceptualised as the process occurring when social practice occupies physical space. This notion implies that people interact within a spatial unit and that the way they interact is influenced by the current spatial setting of the respective location. In turn, social practice also shapes the places where it takes place.

While localisation refers to the fact that all activities require space, situation control refers to the possibility to influence social interaction. In analogy to place, which is a unit of physical space where social practice takes place, situations can be regarded as the equivalent in the social dimensions conceived.

Situation control thus concerns the social dimension. It was described as the influence individuals or organisations can have on the preconditions of given situations. Situations are characterised by the fact that they generate expectations about how people should behave, and they can thus be regarded as a setting that pre-conditions social interaction. Situation control is the attempt to define which opinions, rules, role models, stereotypes and prejudices should be presumed to be adequate within a socio-spatial unit.

It has already been explained that Giddens conceptualises the term "regionalisation" as describing the fact that people divide time-space into zones in order to facilitate different activities. It is now possible to understand *regionalisation* with regard to additional social dimensions. It can be understood as *localisation* plus the attempt at *situation control*.

In reference to stigma and discrimination *regionalisation* needs to be understood as a zoning in all dimensions regarded. A situation always provides suggestions that guide the perception of a stigma and furthermore indicates how people should evaluate the distances in the relevant social dimension. Regionalisation with regard to stigma means that an imperative for handling is postulated for a certain unit of time-space. An attitude as to how the stigma should be dealt with is suggested and this attitude can be intended to induce either integrative or rejective behaviour. It is the attempt to zone social space for either recognition or rejection of a given stigma.

2.2.2 Regionalisation from a multi-level perspective

Figure 18 shows the framework of stigma and discrimination within levels of larger scale. Socially divisive behaviour was explained in its interpersonal dynamics, which actually need space to take place. When it comes to the question who might be interested in

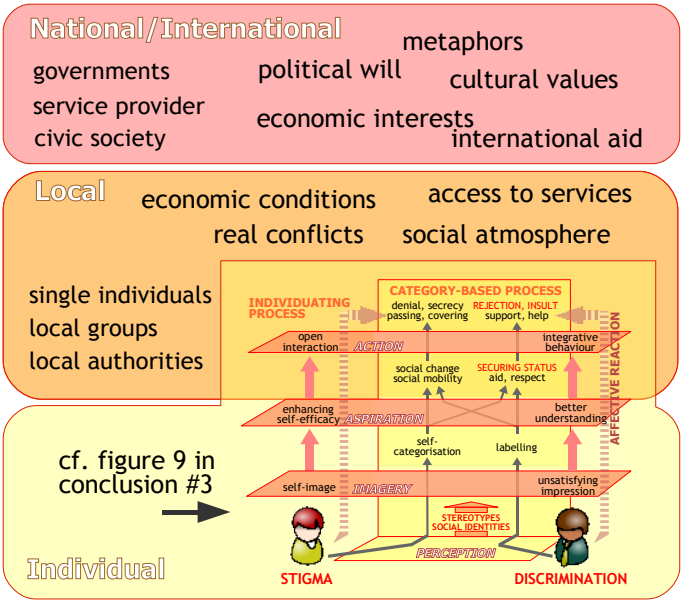

Figure 18: Outer framework of stigma and discrimination

influencing processes of stigmatisation and discrimination at the local level, all factors that can cause competition can be identified as possible factors. Tajfel has explained that social status is a major good for which people can compete and therefore they might reinforce discrediting social identities for out-group members (cf. Tajfel, 1978). Giddens and Bourdieu emphasise that competition for resources is a major factor in the desire to gain power or to establish social rankings (cf. Giddens, 1984; Bourdieu, 1991). The contested resources might, for example, be access to services, employment, or economic wealth.

In this respect, all sorts of actors need to be regarded. They can be single individuals, local groups, or local authorities. It is important to reveal the ways in which they influence local conditions with regard to stigma and discrimination. It is particularly interesting to know whether actors support category-based processes of stigmatisation and discrimination or whether they support individuating behaviour. Social identities can be utilised effectively in order to secure access to resources for one party only and exclude the other.

The same applies to the national and international level, where political will, metaphors, cultural values, international aid and also economic interests can be reasons to either enhance or reduce stigmatising and discriminating effects. Governments, various service providers and civic society can interfere in local conditions.

Measure	*Inclusive*	*Rejective*
Influencing bonds between people	Supporting acquaintance	Enhancing anonymity
Creating present-time orientation	Festival	Mob
Commanding	Prohibiting overbearing discriminative behaviour	Segregation law
Giving examples	Role model strategy	Scapegoat strategy
Inducing expectations	Benefit from approximation	Benefit from segregation
Emphasising norms	Overall norms, e.g. humanity	In-group norms, e.g. loyalty
Contradictions	Display	Glossing over, disguise

Box 7: Measures to reduce or enhance stereotypes

A brief recapitulation of what different means of influence can be taken to reduce or enhance stereotypical thinking is necessary (cf. box 7, p. 219). The measures outlined in Part III.1.2, p. 193 have now been raised to a more general level. These measures can be taken to either expand or diminish the distance caused by a stigma in its social dimension. All measures can be used either in an integrative or a rejective way.

- Social distance can be deliberately increased by anonymising people. In anonymous environments people tend to think that they cannot be identified if they act in a certain immoral way. In contrast, acquaintance stabilises moral bonds.
- The degree of people's social accountability can be reduced or enhanced by inducing intense present-time focused emotions, for example, in mass movements or by drugs. In such moments the readiness to follow suggested ideas is high and concerns that might guide self-evaluation are reduced. While *festivals* can be utilised to reinforce integrative behaviour, *mob*s normally are thought of as having the opposite effect.
- Authorities or actors who pretend to be authorities can simply command certain modes of behaviour that only give people the choice of whether to follow the instructions or to ignore the orders and bear the threatened consequences.

- It is further possible to make individual cases public. These cases can either confirm or refute existing stereotypes. A distinction should be made between a *scapegoat strategy* that stresses what is "condemnable" in order to reinforce stereotypical thinking and a *role model strategy* that allows both sides identification and thus aims at integration.
- Positive expectations about what a convergence or a division between the social groups might entail can be propagated.
- Social distance can be influenced by emphasising moral *norms* that might prohibit or suggest socially divisive behaviour. Norms refer to different levels. Humanity, for example, covers the whole of society or even mankind, while loyalty addresses in-group relations.
- There are probably incompatibilities between what might be a general assumption or belief and what the acceptance of a stereotype implies. Such contradictions can either be displayed in order to make people aware of their conflicting assumptions or they can be glossed over or even disguised in order to support rejective behaviour.

Social geography that tries to reveal processes of stigma and discrimination should look at such possible influences and try to assess which forces compete in the social space of stigma and discrimination. Local conditions can thus be portrayed as geographies of rejection and integration.

3. Conclusion #3: The Geography of Stigma and Discrimination

3.1. Geographies of rejection and integration

The core of the concept outlined above is the distinction between discursive images and matters of experience that have a more general status. While images are socially constructed, experience derives from dealing with worldly conditions and objects (cf. Dewey, 2004 [1939]; 2005 [1934]).

"Space" in a basic sense refers to experience. There is substantial evidence that some dimensions pre-determine our everyday experience. This is most evident for the three dimensions of physical space that can be directly experienced by moving forward, backwards, sideways and upwards (cf. Tuan, 1977, p. 8 et seq.). Time is the fourth dimension that is largely accepted as such a pre-condition for human conduct. The basic experiences people undergo in the world form the internalised conviction that these dimensions exist. This book assumes that, analogous to their basic experience of space

and time, people also have a basic experience of social distance, which is the internalised and unconscious belief that people have different behavioural attitudes and thus might react to occasions differently. This basic sense of social distance make people try to assess their social counterparts and thus create ideas about how such social distances can be evaluated and measured. In this sense, social dimensions evolve.

With regard to stigma and discrimination especially, social parameters can be conceptualised as dimensions. Stigmata are socially divisive and thus situate bearers and non-bearers in different positions within the social texture of society. From these different positions people automatically anticipate different backgrounds of social experience in the others. In this respect, stigmata trigger peoples' basic sense of social distance. Furthermore, it is possible that within a given society, people who bear the same attributes will treat these attributes in different ways. This means that the attitude they have influences the way they live their lives and also makes the world appear to them as different subjective realities. Accordingly, there are two things that differentiate perspectives on the world; attributes and attitudes.

According to their attributes and the way they deal with them, individuals use different worldly objects; they use these objects differently, and they perceive given conditions differently. As a consequence, they develop different *lived worlds*. People develop their distinct attitudes towards social differences and social categories which result in different practice. Individuals can either support or defend social identities and stereotypical thinking. In everyday life, they can live *geographies of rejection* or *geographies of acceptance* (cf. Massey, 1995, p. 67, p. 75). It is suggested here that the latter should rather be called *geographies of integration,* because acceptance is usually impassive.

3.2. The space of stigma and discrimination and lived worlds

People proceed on different paths through time-space and also on the social dimensions. These individual trajectories through social time-space determine how the world appears to the individuals as a reality. It is the aim of a sociology of "Verstehen" to understand such individual perceptions of the life-world (cf. Schutz/Luckmann, 1973). However, Schutz's notion of life-world is not very clear. Schutz repeatedly emphasises that life-worlds are intersubjective but then explains that:

> *"By the everyday life-world is to be understood that province of reality which the wide-awake and normal adult simply takes for granted in the attitude of common sense." (Schutz/Luckmann, 1973, p.3)*

It has already been explained with regard to Goffmann's stigma theory how such normative settings lead to theoretical difficulties. To avoid such difficulties, this book confines life-worlds to the objectively given conditions of the world. Of course, these conditions can never be revealed by scientific research, but every individual anticipates that they exist. The shape of the "real world", and the question whether human beings can discern it, is less important than the belief in its existence, which not even radical constructionists would deny (cf. Saalmann, 2007). In contrast, lived-in worlds can be thought of as individual perceptions of the world.

Life worlds are the material counterpart experienced by individuals while dealing with objects. They are intersubjective and the precondition for any human conduct. They are objects of people's perception and thus determine how people react to them. But life worlds are not free of any social construction. They are also shaped by people's activities. Life worlds are the result and, at the same time, the source of experience. Nevertheless, life worlds appear to the individuals as given realities because they are confronted with them in everyday life.

Lived-in worlds, in turn, are individual representations of life worlds and need to be understood as the whole of an individual's perception and interpretation of the world. Lived-in worlds derive from sensory, perceptional, intellectual and practical dealing with the world and manifest themselves in the individual as a set of attitudes. Lived-in worlds are experienced worlds and thus always linked to individuals. Of course, some people may have similar lived-in worlds but, ultimately, lived-in worlds can only be assessed from the standpoint of the individual. Research on lived-in worlds would mean to reveal individual perceptions of the given worldly conditions, which would be a totally individualistic approach.

But it is not always necessary to reveal lived-in worlds in minute detail. For many works it would be even more interesting to see what can be concluded about lived-in worlds on a higher level. In this respect it is more interesting to know how individuals usually perceive a given subject, or whether different ways of perceiving a worldly object can be distinguished. In order to conceptualise such a notion of common perceptions of aspects of the world, the term *lived* w*orld* should be distinguished from *lived-in world*.

Lived worlds need to be thought of as much more practically confined to the process of scientific research. Lived worlds should be thought of in broader terms, as scopes where life with regard to a special aspect of the world is organised in a more or less similar way. The inspiration for this term stems from Soja's *lived space* (Soja, 1999), which implies that

space is not only a matter of consideration but that people really act and live in space and thus create factual expressions of life. The notion of lived worlds should be a means for describing how people usually live their lives with special attitudes towards a given topic.

The idea of lived worlds can be a helpful concept, especially for interpreting empirical data on a higher level than the individual. Lived worlds can be identified as phenomena themselves and must not necessarily be understood in their internal logic or with their underlying psychological explanations. In contrast to lived-in worlds, which also cover reasons and incentives for why people perceive, react and deal with worldly objects in a certain way, lived worlds can be understood as the observable expressions of people dealing with aspects of their life world in a special way. They can thus be tagged by identifying different forms of social practices that are assessable because they express themselves in tangible, perceptible and observable results.

In reference to stigma and discrimination, lived worlds should thus be conceptualised as the perceptible expressions of the way people live their everyday lives with regard to a certain social position they themselves attain (stigmatisation), or that others attain (discrimination). They should be thought of as phenotypes of social practice resulting from attitudes towards social distances.

- ✗ **Lived worlds reduce multiplicity**

A three-dimensional space was found to be inadequate to explain multiplicity within a given unit of physical space, as claimed by many post-modern authors. The time-space paths of time-geography and concepts of social stratification are not detailed enough to explain why a multitude of different personal realities occur. A concept of multi-dimensional space is required to see that individuals can have a multitude of different life-courses. Post-modern pluralism can be understood as deriving from trajectories joining, meeting, separating, or avoiding each other in social time-space. Lived worlds and social time-space can be epistemic vehicles for describing such distinct expressions of life.

Lived worlds can be identified as meaningful categories. For this purpose it is necessary to reveal relevant social dimensions, the scales that are used to measure social distance, and the possible attributes people can have with regard to social positions. If so, lived worlds identify different perspectives of the world. Furthermore, the ways in which lived worlds are related to each other can be analysed.

✗ Crystallisation points of lived worlds

Utilising the notion of lived worlds, social geography can thus define groups of individuals who do not necessarily need to be an institutionalised group, a social strata, or a life-style group. A lived world is more than a simple sociological group defined by a single attribute, because it entails aspects of social practice. When, for example, people deny or cover a stigma which they bear, they will thus gather the corresponding experiences. Such people do not necessarily form groups, do not even necessarily know each other but have similar perspectives of the world. Furthermore, an individual might share different lived worlds, each with a different number of people whom he or she probably does not even know.

These people can, of course, form groups. Because they gather somewhat similar experiences, people who bear a certain attribute often want to share their experiences. They will probably form more or less closed groups and adopt each other's already similar perspectives. The effect of regionalisation can then be that people normalise their perspectives of the world. But within such groups, certain perceptions of worldly objects can become the perspective of the whole group through the influence of single individuals, who have extraordinary experiences.

When members adopt each other's views, a group becomes institutionalised. Ultimately the members will jointly subscribe to a certain perception which is then propagated as the group's policy. Such issues are necessarily related to the group members' common attribute, which initially constituted the reason for the foundation of the group. More precisely, it needs to be seen that what can be at issue at an institutionalised level in such a group can only be a topic that is definitely relevant to all the people involved. This can ultimately only be something that is related to the reason for the group's foundation. Many things thus remain unmentioned in such groups and the individual trajectories might lead each single individual into other congregations or groups that serve them in questions relating to other social dimensions. Such groups can thus be regarded as crystallisation points for lived worlds, a mode of regionalisation in which the concerns of the affected people are dealt with.

✗ The postures of lived worlds

As they live their lives individuals permanently reach beyond lived worlds and thus frequently encounter people who do not share their attitudes and perspectives on the world. Different lived worlds then come into contact. People who deal with things differently may be offended or disgusted by each other, but they might also exchange ideas in a friendly way. As was already mentioned, however, it is not easy to exchange

experiences and misunderstandings are not easily avoided. What it really means to live a certain lived world can hardly be communicated. At this point the full set of evils that might arise from stigma and discrimination can come into effect.

The social sciences can analyse lived worlds in different parameters that are socially relevant with regard to the question at issue. These can be, for example, the prevalence of certain practices, their extent in physical space, or their authority for opinion-forming. A geography of stigma and discrimination can therefore analyse the postures these lived worlds obtain towards each other. Are lived worlds in juxtaposition within a given physical space? Are they in opposition or do they aid one another? Do they show different geographies in additional dimensions? It is further of interest to investigate to what extent lived worlds are closed or open towards other realities, whether people of a certain lived world avoid each other or whether they share meetings or events. Ultimately it can be analysed whether lived worlds coexist in a rejective or integrative way. Rejection and integration can thus be understood as socio-spatial processes and be described as *geographies of rejection* or *integration*.

3.3. Yields, implications and insights deriving from a socio-spatial perspective

The spatial perspective on stigma and discrimination explained above should only be understood as an epistemic tool that suggests how social dimensions can be conceived as a means of understanding relevant processes. It might appear simplistic, but its strength is that it allows a systematic analysis from a genuinely geographic perspective, as will be exemplified in the next chapter (cf. Explaining the Inexplicable, p. 229).

It needs to be seen that this approach could only be developed on the basis of the previously explained framework of stigma and discrimination (cf. Conclusion #2, p. 144). It could only be developed by accepting that individuals can never be completely equal, that differences actually appear and need to be recognised rather than glossed over with the false intention of treating everybody in the same way. Furthermore, it could not be developed without accepting that discrimination that assigns different values on a social dimension can theoretically be value-free and is not condemnable per se.

There are four insights to be gained from the perspective outlined above. The first major one is that the explanation is a processual view of how stigma and discrimination divide people. Sociological approaches often reveal social stratification either in a perspective that regards stances or in a materialistic way with regard to possession. Furthermore, sets of socially constructed attitudes are regarded as capable of manifesting distinct social phenotypes (*habitus*). But this is not the only source of social differentiation and

segregation. It becomes understandable how single attributes can also obviously influence the lives of individuals and position them in a social texture.

The second insight is that social segregation is not necessarily dependent on separation within physical space. Social and physical space cannot simply be equated. Isolation can also take place in dimensions that are not as obviously observable as the dimensions of physical distance. As a result, it is possible for people to live closely together though they are actually far from each other. With regard to stigma and discrimination in Botswana this was definitely the case. As it is part of the nature of stigma that it is often kept secret, social distances often remain unrecognised. By means of the perspective of this book, the social geographer can thus detect such social distances even if they do not have an equivalent in physical space.

The third insight concerns the complexity of social life. In social research often more than one factor is looked at and accordingly more than one dimension can be conceived. In such cases it needs to be asked how the dimensions are related to each other. Does the position on the one dimension influence the position on the other? Then these dimension are dependent on each other. If they do not, they are independent and can be conceived orthogonally. This is important in cases in which several explanation of a phenomena are prevalent, as was in the case of HIV in Botswana (cf. Explaining the Inexplicable.1.1.2, p. 232). In such cases the different explanations can also be perceived as different dimensions, but then the dimensions are not independent.

The last insight is the methodological utility of the approach with which empirical analysis can be structured. With regard to stigma the following things need to be analysed.

- First, why does the stigma at issue trigger people's sense of social distance? Is the relevant dimension constituted by a definable primary experience or is it fully socially constructed and based on secondary experiences only? Is there a core of the stigma-induced experience that is evident apart from any social context? The question of such cores is ultimately a rather ontological question that cannot be conclusively answered even by means of scientific reflection. It was explained that primary and secondary experiences cannot be strictly separated. Nevertheless, it is important to try to make this distinction in order to get an impression of the degree to which the stigma is socially constructed.
- Second, the scales that are applied to the relevant dimensions on which stigma-related experiences occur should be assessed. Which labels are applied to which

stages, and how are they defined? It is important to see whether the scales are continuous or only allow distinct values.

- Third, which social identities are frequently applied to the different stages? This is the level of discourse and signification that goes beyond the simple names applied to the stages. It is the question about metaphors and explanations that come with the labels. What are the relations between the different stages of a social dimension? How are the social distances that result from a stigma usually measured?
- It should be asked what major explanations and evaluations of the attribute exist. A historical perspective might help to develop an understanding of how these images emerged. An impression can be gained about how people normally perceive the social distance caused by the stigma and how they commonly treat people who bear this stigma.
- Fourth, it is necessary to see whether people are definitively assigned to certain social positions or under what conditions they can move from one level to another. Can they deliberately proceed on the dimension? Is mobility possible in both directions, whether it is stoppable or whether it progresses inexorably? It is the question of whether social mobility is possible or not.
- Fifth, which different attitudes can people have towards the stigma at issue. The attitude towards a stigma obviously determines the way it is dealt with and thus how far it influences social interaction. As a result different *lived worlds* develop from different attitudes. How are these lived worlds related to each other?
- Sixth, which institutions, organisations, authorities, or private persons impact the processes of stigmatisation and discrimination? From which levels do they interfere with the local conditions and how far does their influence reach?
- Seventh, social practices should be regarded and analysed in the way they *regionalise* the stigma at issue. How are stigma-related topics localised. Are permanent locations installed or are there only temporary public campaigns? Which attempts at *situation control* are made in the respective activities and events? Which attempts are made to establish certain behavioural imperatives towards the stigma at issue? This should be done using a multi-level approach in two steps.

1. Social practices should be looked at in order to raise questions of *localisation*. It should be asked where zones in space emerge in which the stigma is made explicit. For example, where are people with special attributes explicitly integrated or

separated? From which *locales* are these people excluded? It is also important to determine whether people try to establish certain physical locations in which certain activities related to the stigma are practised. Furthermore, it is interesting to know whether these localisations are time-continuous or only temporary.

2. Finally, ongoing attempts at situation control should be identified. It should be assessed how individuals or organisations try to influence the pre-conditions of social interaction with regard to norms, values and imperatives. It is important to ask whether people confronted with a certain attribute behave in ways from which they would refrain under other conditions. Are people manipulated to adopt a certain behaviour with regard to the attribute at issue? Do people even behave against their mores and norms? It should be assessed which actors support or defend such "immoral" behaviour or whether such behaviour is even induced by the sheer salience of the stigma.

The next chapter will exemplify how the approach presented here can guide a systematic empirical analysis.

Explaining the Inexplicable

The conclusion reached in this book is that stigmatisation and discrimination are spatial parameters that are dependent on conditions that can differ from one location to another. This last chapter will give an analysis of the situation in Botswana at the time of the survey, based on the framework developed above. Furthermore, this chapter will draw some conclusions with regard to practical implications. Some options can be derived from the perspective suggested here.

1. Spatial Differences in Stigmatisation and Discrimination

The case of Botswana has shown that among PLWHA[45] the degree of openness varied in different living locations. More PLWHA living in the rural villages assessed in this study were found to be open about their HIV-positive status than in the urban site of Old Naledi. This should not be interpreted to mean that all PLWHA in rural areas are generally more open than in urban sites. The interviews were held only with members of support groups. It was assumed that members of support groups attempt to positively influence their situation and thus tend to be more open than others who live with the virus. Even among support group members many were secretive about their status, and the findings thus need to be interpreted as marking only the tip of an iceberg. Secrecy about HIV infections was still widespread everywhere in Botswana. As a result, the data can only be interpreted as follows:

PLWHA who are willing to be open about their HIV-positive status obviously found better conditions in the rural communities that were assessed than in the urban site of Old Naledi. People obviously have a better chance to develop a positive attitude towards HIV and AIDS in the rural communities, provided they aim at such a process of opening.

The findings are also restricted to the sites assessed and cannot be generalised. Activists in the rural support groups who also did outreach activities in remote villages reported that some rural communities were still unwilling to deal with HIV and AIDS-related issues. Furthermore, the conclusions are confined to the lower social strata, because mainly poorer people were interviewed. This reflects the composition of support initiatives, whose members are predominantly people of lower social status. But a few interviews and observations and also a discussion at a workshop in Gaborone[46] showed that among more

45 People Living With HIV and AIDS

46 Within the context of the author's research project a workshop was organised in Gaborone, the capital city of Botswana. The workshop, entitled: "Changing HIV/AIDS impact patterns in the wake of ARV-therapy", was held on 30th March 2006.

affluent PLWHA openness can be assumed to be even more of an exception than in the survey sample.

1.1. The space of HIV

It is first necessary to talk generally about "the illness" because the term "HIV" already implies a socially constructed explanation. Initially, people experience pathological symptoms affecting their bodies. Societies classify such phenomena as illness, meila[47] or probably witchcraft in order to explain what is going on and to treat those who suffer. If we wish to regard the topic at issue from a spatial perspective, it is necessary to identify social dimensions that constitute social distances that cause people to assume that affected people differ essentially from themselves. In accordance with what was said in the previous chapter, two things need to be distinguished, the basic experiences people have with the topic at issue and the mode of measurement that is applied. While the first is a matter of individuals, the latter is a social construction that lifts those individual experiences to a societal level and provides an explanation.

The dimension of "the illness" is thus primarily that representing the experiences people undergo when developing the respective symptoms. It is now possible to conceive different measurement scales to deal with "the illness". These scales can be applied to the dimension in order to assess different stages of the illness on an inter-personally valid level of signification. When we attach the term "HIV" we refer to a biomedical explanation of a defined complex of pathological symptoms. The biomedical explanation is only one option from which a scale can be derived, but as successful treatment options show, it is obviously the most useful and it gained credence in Botswana.

With regard to the space of "the illness", various questions need to be raised. First, the dimension of "the illness" should be conceptualised as being spread by what can primarily be experienced from the illness affecting the body. Second, it is necessary to discuss which scales of measurement are applied. Then it needs to be assessed what secondary experiences derive from the scales applied to the dimension of "the illness". These need to be distinguished from primary experiences. In other words, that which derives from people undergoing the illness, either personally or in an empathetic way, must be differentiated from that which derives from the metaphors that accompany the explanations of the illness[48].

47 An autochthonous explanation of AIDS in Botswana.

48 It was already explained that primary and secondary experiences cannot be distinguished accurately, but it is important to attempt to do so in order to get an impression of the common ground on which all explanations of "the illness" are founded. The question is that of the phenomenological background of "the illness".

1.1.1 The experience of being sick

A large number of people in Botswana have suffered from AIDS-induced illnesses. From the 1990's up to 2002 long suffering and deaths were prevalent and were not always recognised as being a result of HIV and AIDS. "The illness" normally develops by weakening the body, influencing well-being and appetite. There can be headaches, skin rashes, attacks of sweating, nausea, diarrhoea, fever and other symptoms. Finally the patient loses a tremendous amount of weight and becomes bedridden. Other symptoms can be induced by secondary illnesses that can take possession of the weakened body. Not only the ill person is affected. Relatives and friends who have to care for the patient and have to deal with the HIV and AIDS-related stigma undergo physical and emotional hardship.

With the introduction of ARV therapy the situation changed. Once on treatment, many who had been extremely ill recovered. For those who had suffered from the disease the experience of being sick is unforgettable. This is probably the reason why adherence rates to the medication proved to be unexpectedly high. Many concerns have been raised whether ARV medication programmes could be effectively implemented in developing or even in middle income countries (cf. Prescott, 1997; Forsythe, 1998; Thomas, 1998). One objection was also that biomedical explanations might contradict traditional beliefs and the therapy programme might thus lack acceptance. But adherence rates proved to be comparable to those of western countries.

> *"Adherence to treatment is among the highest in the world (85 – 90%) [...] This is a significant achievement for the treatment programme (Masa)" (ACHAP, 2006, p. 4)*

These figures need to be seen as optimistic, however, when we take into account that measuring adherence involves many difficulties and is still an open field for research (cf. Weiser, et al., 2003; Korte, et al., 2004; Hardon, et al., 2006). Nevertheless, Botswana is doing well with regard to adherence. Even so, Dr. Gaolathe, the director of the HIV Clinic at the Princess Marina Hospital in Gaborone, expresses her concern that the high rates of treatment adherence might be due to the traumatizing experiences that the patients still bear in mind. She explains that more and more patients enter therapy without ever having been sick due to the virus.

> *Gaolathe: "So we think for the future that maybe the patient population may not truly have appreciation for what these drugs are doing for them, because they really never have been down. So they don't know, they have never been sick but they have to take it for life." (06 Interview Exp.)*

At the time of this study, because of the available treatment options a person who was identified as being HIV-positive did not necessarily need to undergo any experience of sickness. Since the introduction of ARV therapy, the experience of HIV was often confined to psychological effects ensuing from the diagnosis and the effects of stigma and discrimination.

1.1.2 Explanations of "the illness"

Of course, the biomedical explanation of HIV is not the only explanation that is applied to the corresponding symptoms, which are often referred to as AIDS. Other traditional and superstitious explanations also prevail (cf. Rakelmann, 2004). Often other scales of measurement are still applied. This occurs when, for example, the biomedical explanation is denied and cultural beliefs provide other explanations. From this fact, ethnographers often derive the claim that more attention needs to be paid to indigenous conceptions. For this book it is important that each and every conception about an illness is a distinct explication that contends with other explanations.

Susan Sontag has clearly explained that it is the term that brings its metaphors (Sontag, 1990 [1977 / 1988]). If the explanation of HIV is truly rejected, the discrediting stereotypes that can support stigma are also rejected, unless a person who denies the biomedical explanation does not truly believe in this rejection. If the claim not to believe in the biomedical explanation is not fully sincere, obviously biomedicine provides the scale of measurement and its metaphors furnish the source of stigma. In reality people do not definitely subscribe to one of the proposed views and are often undecided about which explanation to believe.

A strength of the approach outlined here is that it is possible to conceive these explanations as different coexisting social dimensions, each with its distinct scales. This is justified because each explanation induces different secondary experiences. This approach can thus help to illustrate how people try to move between different beliefs in order to escape social identities and to gain social mobility. It can further explain that such an attempt is usually of no avail, because these dimensions are not independent of each other. As they rely on the same primary experience of being sick with the same symptoms, a move along one dimension also means a move on the other.

Each and every explanation of "the illness" brings its own form of stigmatisation. The reason for this is that the explanation induces a corresponding social handling of the illness and the patients. This becomes apparent in the following quotation referring to earlier times.

> *Spew: "People they didn't have this what you now call stigma. It was when you are ill, you are ill, you should go to a traditional doctor or to the private doctor so just to the hospital. But when you go down a little bit from where you come from [he means: if people deviate from traditional beliefs], if they can see you, they will talk about you then. OK, this is what we have heard of in the radios. It means they are now talking about you that you are infected with AIDS. They don't call it HIV, they call it AIDS. You see, and that's when maybe now you start to be also affected." (21 Interview PLWHA Letlh)*

Spew indicates that stigmatising signification is tied to the label associated with "the illness". The term used decides which images, stereotypes and prejudices are applied. With regard to stigma, it is thus feasible to consider only the biomedical explanation of HIV and AIDS, because it constitutes a closed system of signification. Of course, we need to understand how the biomedical explanation is related to cultural attitudes, norms and general cultural beliefs, but not necessarily in relation to other ontological explanations that might exist of HIV and AIDS. If such explanations exist, they compete with each other for their followers. But precisely because of this competition they are opposed and can be considered separately with regard to stigma, as different dimensions. It can be interesting to explain how people move between different explanations in order to gain social mobility. The explanation here should be restricted to the stigmatisation that comes with the explanation of "the illness" as HIV and AIDS.

By the time of the study it could be assumed that basic knowledge of the biomedical explanation was disseminated throughout Botswana. The 2002 surveillance report found that "awareness on AIDS is very high. Overall, 96.7% of men and 98.4% of women have heard of AIDS. [...] In urban areas, 92% of men and 94% of women knew that AIDS can be avoided. In rural areas, knowledge of AIDS avoidance for men was 84% and 85% for women" (NACA, 2002, p. 34). More recent surveillance reports identify a lack of correct knowledge but at least high percentages of people who know that condoms can prevent an HIV infection and that healthy-looking persons can also be HIV-infected (MOH, 2005, p. 50). A survey among pupils in primary and secondary schools showed that the young generation is much more informed. "In general, students were knowledgeable about how HIV/AIDS is communicated from one person to the other"(ROB, 2003, p.55). Among the population as a whole at least the major modes of transmission can be assumed to be known. Many people further have basic knowledge about the development of the illness. It could be assumed that people were aware, for example, that the infection begins with a long period during which no symptoms can be perceived and that they knew what symptoms mark the outbreak of AIDS and what possibilities for treatment exist.

Prevention campaigns had started in the early 1990s and were conducted countrywide. It could thus be assumed that even people who deny the biomedical facts had been confronted with these explanations.

1.1.3 Experiences that derive from being HIV-positive

✗ In advance of the diagnosis

It is a special characteristic of an HIV infection that it cannot be perceived by the person who contracted the virus. Shortly after the infection, the person may develop flu-like symptoms that quickly disappear. The person can live for several years without any symptoms until AIDS breaks out. Then the illness has progressed greatly within the patient's body. The immune system is weakened and the patient falls ill. The patient begins to suffer from the symptoms mentioned above, but also from so called "opportunistic infections". These are illnesses that can develop because of the weakened immune system.

Each and every individual in any society in which prevalence rates are as high as in Botswana will frequently ask him or herself whether he or she has contracted HIV. Until a test is done and a diagnosis provides certainty, many might assume themselves to be HIV-positive, as a 47-year-old man from the village Tshane expresses bluntly:

> *"We just have a positive mind before we have a positive result" (34 Interview PLWHA Tsha)*

Many refrain from being tested. Many people assume the likelihood of an infection to be high. They fear the diagnosis to the same extent as they assume they are HIV-positive. The diagnosis thus appears to be the decisive point that ultimately separates those who are sick from those who are healthy. ARV therapy has, however, helped to increase the number of people who seek voluntary counselling and testing services. The number of individuals who enrolled for the first time in such a service offered by Tebelopele increased from 1,903 in 2000 to 22,703 in 2002 (NACA, 2003, p. 72). Moreover, the government introduced routine testing in 2004. This means that every patient who goes to a hospital is tested for HIV if he or she does not explicitly object. The number of tests has thus further increased. Routine testing met with serious objections on the part of human rights activists. It could only be justified by referring to the extraordinary severity of the circumstances and the possibility to receive ARV treatment free of charge. It was argued that people should be caught at earlier stages of the disease, before they fall seriously ill, because the chance of successful treatment is much higher then.

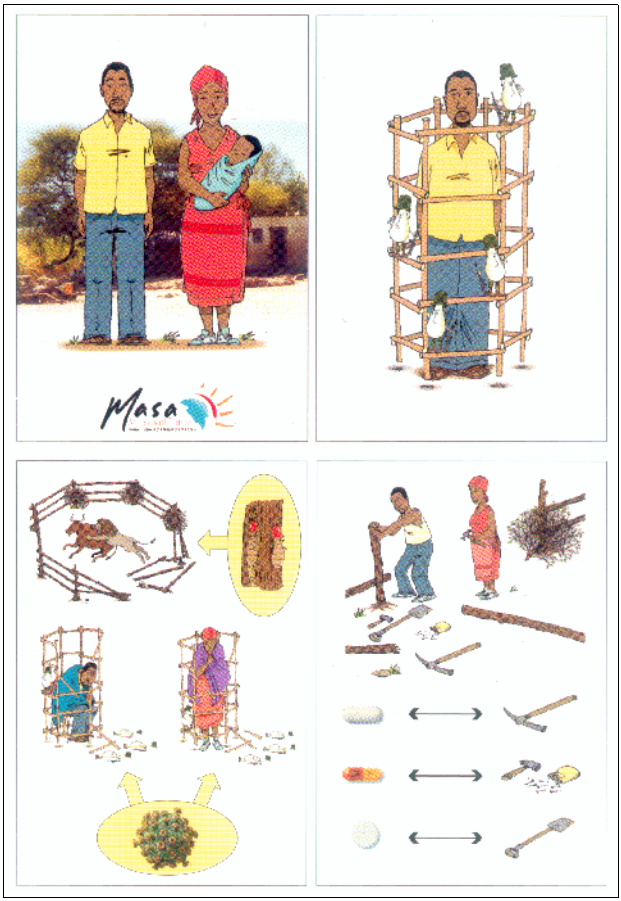

Figure 19: Kitso and Kebonye

✗ **The social meaning of the biomedical diagnosis**

The biomedical diagnosis of an HIV infection is often devastating. This is understandable, because the patients are confronted with an inescapable fact that from now on will be indivisibly attached to their bodies. Furthermore, the diagnosis entails a connotation of illness, suffering and death. HIV tests thus need to be accompanied by counselling

services, but often these services are insufficient. Shortly after the results have been presented most patients are not receptive enough to the information offered. Ongoing counselling is thus highly important.

After the diagnosis, patients need to commit themselves to a process of accepting themselves (cf. Inexplicable Experiences II, p. 69). They experience fear and self-reproach and they may also blame others. The corresponding thoughts are induced by the metaphors and stereotypes accompanying HIV and AIDS. A 15-year-old girl from a family in which several cases of HIV infections are kept secret explained why they do not disclose their infections to their neighbours.

> *"They think HIV is like death sentence. So they even call you a thing. 'That thing is going to die tomorrow. That thing can die any time, so it's useless.' Calling a human being a thing." (04 Interview COCE)*

But HIV is not a death sentence any more, and many people in Botswana have experienced people who recovered. Nevertheless, when people who are affected try to assess how people might regard them, they still refer to the time before ARV therapy was introduced. Ostracism and maltreatment of patients were frequent then, as Tapologo Kukune, the chairperson of the home-based care committee in Tshane explained:

> *Kukune: "They were discriminating them, they were kept that side of the house, if you arrive, they tell you: 'He is that side'. You say: 'Oh let us go together to your patient.' Then they say: 'You go, the council is paying you, not me, I don't want to touch that person, he has the HIV.'" (05 Interview Exp HCC Tshane)*

Kukune also explained that such cases do not appear any more since people have made the experience that patients can recover. She further explained that the villagers know exactly who has suffered from AIDS and who consequently is HIV-positive. For the period since ARV therapy was introduced, she also attested a broad acceptance of HIV-infected persons within the community. Nevertheless many keep their infection secret. A question that will be discussed in more detail later arises here: Why do people, despite improved knowledge, refer to old imageries and stereotypes when things have changed and broad acceptance could be assumed?

Susan Sontag has explained that metaphors obstinately accompany illnesses (cf. Sontag, 1990 [1977/1988]). They are evoked by the explanations of the illnesses. With regard to HIV, many "military metaphors" are frequently used. Sontag mentions the metaphor of "invasion", which reflects the biomedical explanation that regards the body as being invaded by the HIV virus. Such "war-making" metaphors are not only reproduced in the

explanations as to how the body reacts to an HIV infection. They can also be seen in the Kitso and Kebonyo education campaign that is a part of the MASA ARV programme. In it the CD4 cells are displayed as soldiers (cf. figure 19, p. 235). "War-making" metaphors are also reproduced in the national response to HIV, especially in its motto: 'Ntwa E Bolotse" which means 'the fight has begun'. This slogan was initially coined by President Festus Mogae. The achievements of the national fight against HIV are indisputable, but it is important to be aware that PLWHA easily appear as victims, as lost soldiers in this fight.

✗ Challenges for individuating self-assessment

Beyond the necessity to cope with metaphors and stereotypes that are ascribed by society, PLWHA have to accomplish additional tasks in their self-assessment. As already explained, an infection with the HIV virus goes largely unnoticed. But once the virus has been acquired, the disease occupies the body. The eventual fate is a severe illness, even if this can be postponed by ARV therapy. The perspective of impending death is a basic characteristic of HIV that creates a huge element of fear. In the stage in which the illness is without any symptoms, PLWHA can only ascertain the progress of HIV and AIDS within their bodies on the basis of two abstract figures, the *CD4 count* and the *viral load test*. These figures can only be measured in a laboratory by examining a blood specimen. They cannot be noticed and are thus not experienced tangibly by the individual. This means that a patient cannot assess his or her health status directly. Patients are consequently forced to rely on these abstract figures when they want to know how healthy they are. These circumstances are specific to the character of HIV and make it an abstract disease (cf. Inexplicable Experiences II.1, p. 69).

As the *viral load* test, which is be the more reliable test, is very expensive, the *CD4* count is the common measure used to monitor patients. If the CD4 count is dropping it indicates that the immune system of the patient is getting weaker. A normal person has a CD4 count between 500 and 1200. When the count drops below 200 it is most likely that the patient will develop severe illnesses. But the CD4 count is a figure with a certain normal variation and it was already explained how that figure might cause stress if a patient learns that it has dropped (cf. Inexplicable Experiences II.1, p. 69).

1.1.4 The scales HIV and AIDS

The scale that measures the social dimension of HIV and AIDS is comparatively rough because it is extremely difficult to identify the progress of HIV on a metric scale. The CD4 count and the viral load test are such metric variables, but as we have said, they are

difficult to assess. Furthermore they are figures that are divulged only to the patients and thus are not tangible for the people in the community. The community thus relies on identifying distinct stages of HIV and AIDS.

A person can be said to be "HIV-positive". Sometimes people can see that someone is HIV-positive. Often, however, this is not tangible and merely circulates as a rumour. As explained, some people are open about their status and thus others know. The same applies to the next identifiable stage, which is the "onset of ARV therapy". PLWHA are required to take medication at regular times. They have to consult the hospital more often; this stage is thus more tangible for the community. An HIV infection becomes obvious at the outbreak of AIDS. Except for some visible symptoms or side effects, which do not necessarily connote HIV, there is almost no possibility for further distinction. The scale consequently does not provide subtle distinctions. It is not a continuous scale, but one with distinct stages such as "HIV-negative", "HIV-positive", "on therapy" and other categories deriving from the symptomatology, like "full-blown AIDS". Hence, only a few identifiable stages are of significance at a societal level.

The different stages induce huge social distances, because they are obviously associated with intense implications for the affected person. Mobility on the scale is virtually lacking because people have little chance to move deliberately from one stage to another, even though there are some rules for behaviour that are believed to improve health and thus might be considered means to enable certain moves on the scale. Medical support might also allow patients to recover and thus enables a slight degree of mobility.

1.2. Lived worlds of HIV

On the dimension of HIV and AIDS, different lived worlds can evolve. People who bear a stigma have different attitudes towards their salient attribute. They consequently carry out different practices. The different attitudes towards an HIV infection were described as public, open, secretive, highly secretive and denial (cf. Part III.2, p. 175). From these attitudes and the respective practices the individuals gather different experiences, which are vital for the process of coping (cf. Inexplicable Experiences II, p. 69). The attribute of being HIV positive and the different ways it is handled, combined with the resulting effects and experiences, are conceived here as "lived worlds of HIV".

A main distinction can definitely be drawn between those who are open or public about their status and others who are more or less secretive. Those who are public about their status try to fulfil a role as activists. Some of the early activists became famous in Botswana and thus gained respectable social positions. It can be said that in Botswana

HIV activists have developed a community of their own. People who go public about their status experience appreciation while socialising with other activists at various events related to HIV and AIDS activities.

PLWHA who are open about their status also often report about good experiences with their openness. These people who are open do not raise the subject of their HIV positivity by themselves but, if asked, will admit to being HIV-positive. As they have frequently talked about their infection, they also assume that others know about their status. Some of them stated that they feel relieved from the burden of hiding the infection. They often find confidence in a new role as an advisor to others who are less self-reliant.

> *Bogosi: "I did counselling to most of my friends, most specially who are new in the ARV system. I sit down with them, counsel them, tell them look: I've been having HIV for so long. I have discovered for so long that I am HIV-positive. But this thing is not going to disrupt me anyhow." (38 Interview PLWHA COCE) (cf. also Maltumelo cited p. 90)*

Some interviewees who were open also claimed that they can easily recognise other PLWHA who are open and situations in which issues related to HIV can be dealt with freely.

> *Lesego: "When you are with people maybe, I am out there and I meet friends. Sometimes, just by the way they are talking or something, or something. I mean, you can be free to talk freely with them about your status or whatever. You end up talking about this thing because they are free to talk about." (75 Interview PLWHA COCE)*

In contrast, PLWHA who are secretive about their status cannot experience such positive examples. They probably experience rejection less frequently because their HIV infection is rarely recognised. In turn, they are often entangled in a game of hide and seek with friends, family members or partners.

> *Leabaneng: "There is another lady, she is in the support group. She is on ARV. I was getting shocked. After three years, that's when I realised that her husband doesn't know that she is on ARV. Which is very very dangerous. How do this lady, how do they stay, how do they live together, somebody on ARV and the partner doesn't even know what these tablets are." (39 Interview PLWHA OldNa)*

The ways in which people handle their stigma influence the way they react to situations when the topic of HIV is raised. They determine whether they totally avoid any possible confrontation with HIV and AIDS-related issues or whether they deal with them. A person's attitude not only obviously influences his or her perception of activities with

regard to HIV and AIDS, but also the way normal everyday life events are interpreted. People who feel ashamed often interpret small normal happenings in daily interaction as possibly referring to them. They feel they are being gossiped about. This can cause negative emotions. People who live secretively, at least in Botswana, are likely to experience special hardships. They are likely to assume social control and a lack of confidentiality and thus they never know how far the news of their infection has already spread.

The way PLWHA handle their HIV infection determines social interaction and to a large extent affects the way they interpret their relationships. Lived worlds are thus the key to the way social distances are perceived. It was explained that labels or stages on the social dimension of HIV are largely the effects of social construction, which relies on metaphors, knowledge and personal experiences. It is thus necessary to take a look at the background that formed the public awareness of HIV and AIDS. This can be done by looking at activities in the field of HIV and AIDS education, in other words, at the multitude of events taking place when HIV and AIDS was and still is becoming regionalised. Regionalisation of HIV and AIDS is understood here as the opening of a physical location for the negotiation of HIV and AIDS-related topics (cf. Part III.2.2.1, p. 216).

With regard to PLWHA attitudes, the following questions are at issue: First, which influences, past or still prevailing, are responsible for the large number of people who keep their HIV infection a secret? Second, why do only few admit to being HIV-positive and why do these numbers differ in different living locations?

1.3. Past and present regionalisations of HIV in Botswana

1.3.1 Early prevention campaigns

As explained, due to early prevention campaigns knowledge of HIV and AIDS is comparatively widespread in Botswana. But these campaigns were not always handled very sensitively. HIV and AIDS came like a shock into public awareness. People were actually watching their friends and relatives suffering and dying from an incredible disease. The explanation given for this disease was that it is incurable and is acquired through practices that are related to a taboo issue, namely sexuality. The biomedical explanation furthermore contradicted traditional notions about body and sex (cf. Rakelmann, 2004). The early prevention campaigns appealed to rationality and propagated a behavioural change. These campaigns tried in a provocative manner to

bring the danger of death to people's minds (cf. photo 3, p. 241). But often they achieved the opposite: shame, blame, and denial. As a result, traditional explanations were often reinforced. HIV and AIDS initially appeared to be a foreign disease and it took long time before it became locally adopted and understood (cf. Rakelmann, 2005).

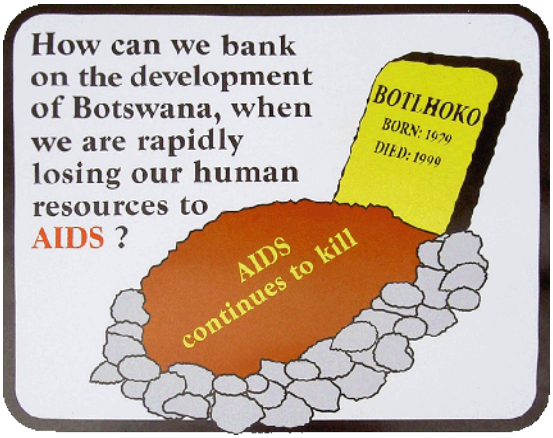

Photo 3: Members of parliament appeal to youth in 1999

In addition, these prevention campaigns often referred to multiple sex partners as a major source of infection, thus enforcing prejudicial stereotypes about the people who had acquired an infection.

> *"It was announced in the radio that it is a sexually transmitted disease. So the elders, and even people... the way they understood it. They think when you've got HIV, but which is true, maybe you adopted it from somewhere sexually. [...] they didn't understand that maybe it can happen when you are sleeping with one person." (44 Interview PLWHA OldNa)*

Because the possibility that faithful partners could be infected by their spouses was neglected, HIV became closely tied to immoral sexual behaviour.

It was already mentioned that the national response to HIV and AIDS is often titled a 'fight' or a 'battle'. Newspapers frequently report about people who are honoured for their commitment in this war. But as already explained, war-making metaphors also effect stigmatisation.

It is a pity that the mistakes of the past campaigns can hardly be corrected. The professed ideas became entrenched in people's minds. These developments can thus be assumed to still largely determine how people deal with HIV and AIDS in Botswana, and we will explain later how the campaigns had different effects in different living locations.

1.3.2 Current regionalisations of HIV and AIDS

There are several places where HIV is currently made public. Many campaigns try to provide opportunities for an engagement with the topic of HIV. VCT (Voluntary counselling and testing) centres, HIV wards in hospitals, prevention campaigns, and finally all HIV and AIDS-related activities can be regarded as regionalisations of HIV and AIDS. All these measures localise HIV and AIDS, which means that they use units of time-space for dealing with related issues. Furthermore, the situations that people encounter when they enter these places or attend these activities are controlled by behavioural imperatives. But they do have different purposes and exert their controlling power in different ways.

✗ Public health services

First and foremost, there are the large numbers of public health services giving support to persons affected by HIV. They all have in common that they are designed on the basis of the biomedical explanation of HIV and the requirements of the ARV medication programme. In their attempts to control situations, they act in comparable ways. In Botswana, all official health services are designed in accordance with human rights laws. According to these rules, the major imperative is confidentiality. This prescribes that information about a person's health status should only be disclosed to that person.

Photo 4: Condom dispenser appealing to responsibility

A further imperative is voluntariness. "Know your status" is a slogan that calls on people to be tested voluntarily, and various organisations offer the respective services. This imperative was suspended only for hospitals when routine tests were introduced in 2004.

The call for voluntariness finally implies a third imperative that is entailed in the organised response to HIV and AIDS. An appeal is made to people's sense of responsibility.

Individuals are asked to deliberately choose the best option with regard to their own health care. Photo 2 shows a condom dispenser with the slogan "responsibility starts with you" (cf. photo 4, p. 242).

With regard to localisation, health services differ greatly. Some establish fixed locales, such as the ward of a hospital where HIV patients are treated. Tebelopele, the voluntary counselling and testing organisation, in contrast, goes to remote villages with a special 4x4 camper van which is used in the villages as a surgery. In order to facilitate confidentiality, the team of the camper van usually chooses a place in the village that is not very conspicuous, away from the main paths. Due to the imperative of confidentiality, the impact of such health services is confined to treating individuals. They can thus only be regarded as small-scale regionalisations, even if they cover large numbers of people. The insight that HIV and AIDS-related stigma can only be coped with with the help of the community can only be given as advice to the individuals.

✗ Awareness campaigns

A second category of HIV-related regionalisations comprises the awareness campaigns. On a national level, they often subscribe to the same imperatives as health services. Today awareness campaigns do not threaten people with horrible images of death any more but aim at showing options that they can actively choose. Appeals are made to the individuals' responsibility for the whole of society, as HIV awareness posters indicate:

> *"Our population must not be reduced due to AIDS. Staying alive will sustain good population levels. Abstinence, Condoms or Fidelity - are the key to Life." (CSO, 2002)*

> *"The obligation to defend our community against HIV infection... BEGINS WITH YOU." (BDF, 1999)*

It is obvious that these messages appeal to individualised subjects; to individuals who can make choices and regard themselves as masters of their lives. This is most apparent in a more recent poster showing a woman at a crossroads (cf. photo 5, p. 244):

> *"Which road are you travelling today, to help you reach the safety of a destination without HIV AIDS?" (South East District council, 2003)*

This emphasis on the notion of the individualised subject contradicts some regionalisations of HIV that can be found at the community or private level. A Botswanean way of providing health support is the concept of home-based care. Patients are not only treated in hospitals but are largely cared for in their private homes. These services are organised

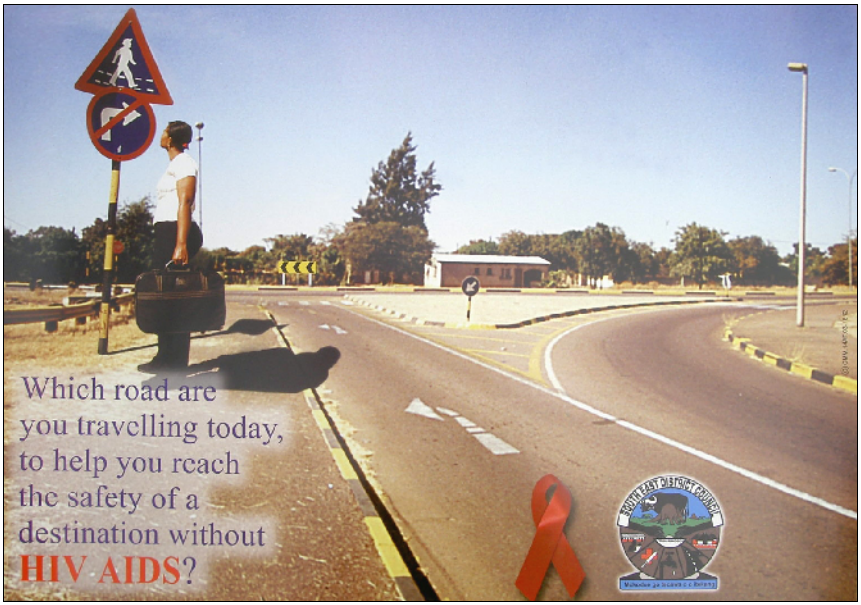

Photo 5: HIV awareness poster, South East District Council, 2003

by so called "Community Home-Based Care Committees", which have been established throughout the country. As these committees derive from the local communities they often have problems understanding and meeting the demand for confidentiality. The term "confidentiality", which refers to the obligation of professionals not to privately transmit knowledge they earned during their professional work, is virtually impracticable when health care relies on social networks. Furthermore, the term cannot be translated into Setswana.

- **Groups and societies**

There are also some indicators that people are not as individualised as the public awareness campaigns desire them to be. A large number of PLWHA actively commit themselves to churches after they have learned about their positive status. This has been repeatedly confirmed by HIV counsellors. Many PLWHA can be assumed to have a need for succour distinct from opportunities that can be derived from an individualistic perception of life.

Kefilwe, a 16-year-old girl from Letlhakeng, had assigned herself to a PACT (Peer Approach to Counselling by Teenagers) club. Such clubs are autonomous groups that are often stimulated by religious organisations.

> *"PACT is a remarkable and important programme. At a time when the HIV epidemic seems to be assuming overwhelming proportions, often leading to feelings of fatalism and demoralisation, the PACT programme offers young people hope for the future. It is difficult to imagine where else the youth of Botswana could obtain such a comprehensive package of information and skills to guide them through an increasingly dangerous and rapidly changing world."(EAA, 2001, p. n.s.)*

PACT clubs are groups of teenagers who choose a chairperson. Such clubs often form themselves in junior and secondary schools but can also develop outside schools. Kefliwe explained that within group discussions the topics of AIDS, alcohol abuse, drug abuse and sex are addressed. She was excited about how openly these issues can be discussed in her group. Even very shy girls would talk about sexual experiences.

Kefliwe was obviously very enthusiastic about her PACT club. She explained the rules that they imposed on themselves. Members should, for example, abstain from alcohol and sex, but also refrain from visiting bars. She said that if a member of the club were found breaking one of these rules he or she would be excluded from the group. She said that she appreciates the social pressure deriving from these rules because it facilitates good behaviour. On a hot and sunny afternoon when she joined us on a walk through the village, we entered a bar in order to buy some refreshments. Kefliwe did not come with us. She stayed outside, shamefully hiding behind the building. She obviously was afraid of being seen at the bar, even though the purpose of our visit there did not contradict the rules of her PACT club.

The attitude Kefliwe showed differs very much from what might be called an individualised, self-responsible lifestyle. Nevertheless, she was a very intelligent young lady with good marks in school and reasonable ideas about her future life-course and career. It is surely not specific to Botswana that individualisation will remain an abstract idea more than it will ever be totally achieved. This can be taken into account by considering people not simply as rationally endowed subjects but also, to a large extent, as social beings who are dependent on the attitudes they have gained from previous experiences (cf. Part IIb.3.1.3, p. 117).

✗ **Self-help initiatives**

Whether coping succeeds or fails depends to a large extent on the circle of family members and friends a P*erson*LWHA can rely on or not (cf. Inexplicable Experiences II, p. 69). This is the reason why coping can be effectively supported by self-help initiatives.

> *Leabaneng: "I mean support groups are needed because at the support group we go there and share our experiences. Because this HIV and AIDS, the signs and the symptom of them, they are not the same. There are those people who don't even have any symptom. There are those who have got some symptoms and I think at the support group, that's where we have to share ideas. To see: 'Now I've been... I've got these sores and I've healed them with this and this...' And if you spend the day at the support group, you are free. So if I spend the whole day at the support group, I feel at home. I am stress free." (39 Interview PLWHA OldNa)*

In accordance with the measures that can be taken to reduce stereotypical attitudes, the group meetings can be regarded as inducing present-time orientation (cf. Part III.2.2.2, p. 217). This helps members to overcome manifest prejudices, which are attached to them by the part of the community. Furthermore, during the meetings the members can make the experience that it is possible to talk about their HIV infection. Openness can thus prove to be a valid strategy. Support groups and self-help initiatives are helpful regionalisations with regard to HIV. They can have a positive impact on the attitudes of PLWHA towards their HIV-positive status. With their aim to induce an open atmosphere they can be seen as addressing a local, if not a societal level.

In Botswana, self-help initiatives are usually led by at least one or two HIV activists who are public about their HIV-positive status. They serve as role models for the perspective of possible societal acceptance and integration. But PLWHA who go public play very ambivalent roles because they often expect too much from their "outing". After a short period of intense media attention they have to experience how recognition progressively declines. Those who are public also often have an affinity to publicity and serve the groups by raising funds and gathering media attention. The real sustainers of support groups, however, are those who are open about their status and commit themselves to the task of supporting other members in their process of coping. By relating their own experiences these PLWHA who are open can gain trust and credibility and can thus counsel others more effectively.

✗ **The support group centres**

The aim of self-help initiatives is to induce mutual support among their members with regard to HIV issues. They thus need centres where they can meet and socialise. It is obvious that counselling especially requires a private sphere where eavesdroppers can

Photo 6: A centre for PLWHA

effectively be excluded. Unfortunately, support groups seldom succeed in localising their initiatives. The support group in Letlhakeng even had to meet in the foyer of the hospital through which people continuously passed. Without any exception, all support groups assessed in the study aimed at establishing a permanent meeting place. They mostly tried to get a "portacamp", which is a relocatable cabin that normally provides two small rooms. To allocate space for their activities is a major challenge for any support group. At the time of the study only the two organisations operating nationwide, COCEPWA[49] and BONEPWA[50], could rely on their own facilities; all smaller local support groups could not.

49 Coping Centre for PLWHA

50 Botswana Network for PLWHA

Where self-help initiatives have managed to establish meeting places they can be seen as prototypical regionalisations of HIV and AIDS. Photo 6 shows a COCEPWA coping centre in Botswana. The walls were covered with posters relating to HIV and AIDS. They all contained a message expressing how PLWHA should be treated or how they should act. One, for example, says: "People with HIV/AIDS need love & support too." (cf. photo 6).

The centre can be understood not only as a *localisation* but also as a zoning in all dimensions regarded. The way HIV and AIDS should be regarded is prescribed in the design of the room. This is an attempt at *situation control*, because it tries to establish behavioural imperatives. In the centre HIV issues are made explicit in a way that raises the expectation that they will be dealt with openly at that place.

✗ Rise and fall of the big self-help initiatives

But even the two biggest initiatives, COCEPWA and BONEPWA, were successively refused funds after certain evaluation reports were compiled about them. These self-help initiatives were found to have major problems in their management structure and especially in their financial organisation (cf. Oakwood, 2004; Kgosidiile/Moroka, 2005; Geiselhart, 2006). As a result, COCEPWA, which was once the most influential self-help organisation and had provided HIV coping centres in the major settlement areas of Botswana, was finally terminated.

Since the 1990's, COCEPWA had given support to large numbers of PLWHA in a time of severe hardship when an HIV diagnosis was a death sentence. Furthermore, COCEPWA provided high quality HIV-related services, including basic education about HIV and AIDS, first and ongoing counselling, education about ARV treatment, and training of counsellors. COCEPWA also invented the "buddy programme". This programme arranged a "buddy" for each P*erson*LWHA who had problems with coping. These buddies were also PLWHA who were specially trained to support and counsel others. Incidentally, the buddy programme was greatly appreciated by the Botswana-Harvard Partnership[51], which at the beginning of the ARV therapy used it to connect patients with people who can effectively support them. Especially for critical patients, who recurrently failed to adhere to their medication, the Botswana-Harvard Partnership was interested in the continuation of a collaboration with COCEPWA, but in the end this proved impossible. COCEPWA eventually ceased to exist, and as a result, many useful services have been discontinued. Of the large self-help

51 The Botswana-Harvard Partnership is a joint venture between Harvard University and the Government of Botswana. The Botswana-Harvard Partnership maintains an HIV and AIDS laboratory in Gaborone, Botswana, and has supported the preparation, implementation and execution of the MASA Programme with scientific research and advice.

initiatives only BONEPWA, which actually has more of an administrative function, has survived. But in 2007 BONEPWA was again criticised by an evaluation report and as a result has had some of its funds cut.

The decline of the big self-help initiatives is accompanied by a spread of small support groups in almost every large village throughout the country. But these small groups mostly lack any essential facilities and skills. With the closure of COCEPWA the education of activists about counselling skills and other related issues has lost quality. Ultimately, the leaders of support groups are less educated and PLWHA are less integrated. As a result, the influence of activists has declined. PLWHA call for a greater involvement in governmental schemes and health services, which could compensate for the loss of the self-organised structure. But this demand has also not been answered. The chance that properly educated PLWHA can utilise their counselling capability and credibility, which they have as experts due to their personal experiences with HIV and AIDS, is virtually unexploited.

1.4. Spatial differences in stigma and discrimination

The conditions that determine stigma and discrimination at a certain place were found to be influenced tremendously by various measures (cf. Part III.2.2.2, p. 217). Differences can be induced either by single individuals who have a certain authority or by external organisations or institutions. These influences at the local level interfere with networks of day-to-day interaction. People are influenced to alter their behaviour and also their interpretation of the things that happen. In turn, what people experience as a result of these altered attitudes constitutes what these people expect of others and what behaviour they regard as being appropriate. Consequently, spatial practice is not only a result of all people interacting on an equal footing. In this respect, spatial practice needs to be understood with regard to different social institutions and organisations on different levels of society (cf. figure 18, p. 218).

The processes of stigmatisation and discrimination are to a large extent unique to the locales where they take place. In the following, we will deal with the question as to what aspects shaped the differences that were found between the rural villages and the urban neighbourhood of Old Naledi.

1.4.1 Individualisation and the messages of HIV

The process of *identity building* is the threshold at which individual processes become inter-personal and thus become influential on a higher, at least local level of society. On

the one hand, *identity projects*, which are aspired to ideals about oneself, guide individuals in their aims and the way they design activities. In this respect, individuals act on their own behalf and try to develop their own unique way of life. But individuals also aspire to be socially accepted. They can only work on their social integration by assessing how others might perceive them and then try to influence these images. In this respect, identity building needs to be regarded as a competition between personal uniqueness and social standardisation, as a process between *individuating processes* and *category based processes* (cf. figure 9, p. 147).

But different environments challenge individuals to commit themselves to processes of individualisation and identity building to different degrees. The urban neighbourhood of Old Naledi obviously requires a much greater effort in these tasks. Old Naledi is an overcrowded gathering place for rural migrants. Those who come here find themselves in great competition for one of the coveted jobs. It was already explained that Old Naledi is a somewhat lawless area where criminality is comparatively high. At least at night or in the frequent alcohol drinking sessions the prosecution of criminal offences by official law is not guaranteed and so-called "fist law" can be more effective.

In an urban world of employment, which is largely characterised by commercial thinking, values such as flexibility and productivity are very much required. In commercial thinking, each and every person stands for him or herself. Many authors have explained how the necessity to build identities has successively increased from traditional societies via modern transformation processes to late-modern or post-modern times (cf. Beck, 1986; Giddens, 1991; Sennett, 1999; Bauman, 1996). Individuality was present in every society at all times, but the authors explain that life has become more plannable and thus requires more and more reflection about one's individuality, aims and special abilities. As a result, an increased sense of self-responsibility is necessary. Individualisation requires people not to simply adopt given roles but to understand the environment as variable, as changeable (cf. Beck, 1986). In largely individualised environments, a lack of success will thus not be regarded as fate any more but will be seen as a personal shortcoming or failure. When it is assumed that every individual has the chance to develop a successful life-course, everybody who fails this target appears to have missed something.

This also changes the perception of health-related issues. In such perception, illnesses appears to be a result of disregarded health precautions and can be understood as a failure of prevention. The messages of the HIV and AIDS prevention campaigns also appear to blame those who have contracted HIV. This applies to the older campaigns as well as to the later ones with their emphasis on responsibility. The biomedical explanation

refers to individual behaviour, and HIV and AIDS inevitably appear self-acquired. It is obvious that these coherences trigger blaming and self-blaming and thus aggravate discrimination and stigmatisation.

1.4.2 Poverty and stigmatisation

In the urban site of Old Naledi, the effects of stigma are not only enhanced by the advanced individualisation but also by the deprived character of the neighbourhood. Stillwaggon has explained the interdependencies between deprived socio-economic conditions and HIV and AIDS (cf. Stillwaggon, 2006). There are many aspects of poverty that facilitate the spread of HIV and AIDS. For example, infections can spread better among people of low health status, but behavioural aspects also play an important role. Alcohol abuse can often be found under poor living conditions and is also known to be a factor that facilitates risky behaviour. Behaviour that facilitates the spread of HIV and AIDS cannot only be reduced to the fact that drugs cause people to lose their inhibitions. Peer behaviour in general reduces responsibility. It can also be assumed that poor neighbourhoods do not generate the most virtuous gangs and cliques of children and adolescents. It is more likely that the lack of prospects induces despair.

Old Naledi is furthermore characterised by a high degree of dependence, which also facilitates HIV and AIDS. If large numbers of individuals rely economically on a few persons who earn salaries, the role of dependent often devolves upon females. Girls and women especially might thus be subjected to arbitrariness. But dependence also facilitates secrecy.

> *Leabaneng: "The fear of disclosure as I said is: If I disclose, people will know that I am HIV-positive and my partner will know. And if he will go. So how am I going to survive, he is the breadwinner in the house, he is giving me everything and you'll find most the ladies here which are HIV-positive their partners don't know their status. (39 Interview PLWHA OldNa)*

Furthermore, Ezeh, et al. have revealed that in environments that are characterised by poverty, large numbers of women need to care for their children without a partner and any opportunity for a regular source of income. Sexual services or prostitution may often then be the only way to sustain a living (cf. Ezeh, et al. 2004).

1.4.3 How Old Naledi facilitates prejudices

Old Naledi showed a lower degree of openness among members of support groups, and even the variation in attitudes was higher than in the villages. Some PLWHA in Old Naledi

claimed that HIV and AIDS is an illness like any other illness, while others in contrast were very reluctant to even consider that the severe symptoms they suffered from might result from an infection with the HIV virus. These people mostly did not seek treatment even though they had obvious signs of the infection.

Even if Botswana is a country where many basic needs are served, all the factors described above apply to Old Naledi. For example, sanitation and clean water are guaranteed. But in many cases the nutrition status is poor, even if nobody actually starves. Behaviour-related factors lead especially to an aggravation of the socially exclusive effects of stigma related to HIV and AIDS.

Old Naledi is known as a place where sexual services are offered and thus any woman who is HIV-positive is easily characterised as practising discrediting sexual behaviour. The same applies to men, who are readily assumed to have multiple sex partners in the course of excessive alcohol consumption. PLWHA who live in Old Naledi are most likely to be associated with immoral behaviour.

Anyone who discovers that he or she is HIV-positive will be confronted with all modes of HIV-facilitating behaviour that are regarded as being especially prevalent in their neighbourhoods. If it is not the community that confronts PLWHA with such reproaches, the individuals themselves can develop attitudes of self-reproach. They might ask themselves whether they could rightly be imputed to partake in such behaviour.

Those PLWHA who do not actively commit themselves to a process of coping thus experience intensive stigma from long-standing stereotypes. They largely adopt discrediting ideas about HIV and AIDS and are afraid of being labelled with such notions. When HIV is kept a secret and the topic is never talked about, these stereotypes are reinforced. This is especially the case in an environment like Old Naledi, which itself provides conditions that support prejudices. Under such conditions a social atmosphere of distrust easily evolves and feeds the circle of category-based stigma and discrimination. It is thus interesting to ask how far the influence of HIV activists and those people who are open about their status extends.

1.4.4 Leabaneng Masedi's localisation and situation control

In Old Naledi it seemed as if secrecy and distrust had even caught up with the support group. The "Matlo Go Sha Mabapi[52]" support group was split at the time of the research.

52 "Matlo Go Sha Mabapi" is the name of the Old Naledi support group. It is a proverb that means: "We should work together." or "We should work hand in hand."

The members were divided about the question whether they should be open about their status within the group. There were some who claimed they should be, but others were afraid that their status might be disclosed. The following quotation is a representative answer to the question why the members of the support group were secretive within the group.

> *Bontle: "In our support group? I think it's because of the gossip. Because if you look at our support group most of our members are youngsters. We think some [...] they don't come here because they want to support anybody. They just come here because there is a support group and it needs people. That's maybe why we are not open maybe even to our support group members." (42 Interview PLWHA OldNa)*

Some members feared that nosy people might come only to find out who attends the meetings and then might spread sensitive information by gossip and slander.

The members of the "Matlo Go Sha Mabapi" support group included Leabaneng Masedi - she has already been quoted in this book - who stood out from the rest. She achieved the status of director of the group. Some say that she did that by unfair methods, but there is little knowledge about methods, values and norms for running organisations of civic society in these circles. In fact Leabaneng was a very committed person. At the time of the first research campaign she was the only member of the support group who was public about her status and who was known as an HIV activist. She had married an HIV negative husband, which was recognised as a positive example in the fight against stigmatisation.

The group initially met at the community hall, which was given to them only at limited time slots. Like most of the support initiatives they did not have a permanent house or meeting place (cf. Explaining the Inexplicable.1.3.2, p. 246). Because of the shortage of space Leabaneng had converted her private house into a centre for the group. Members of the group cooked there, performed different activities there, and ran the group from this place. Views about this fact were divergent. While some members appreciated the possibilities the house allowed, others objected that the relocation of the group into a private house was not acceptable because it gave the owner of the house a powerful privileged position.

Leabaneng had made a list containing information about each member, including their HIV status. She was the only person who had access to this information and this furthermore enhanced her position. On the one hand, Leabaneng was the only person who could provide important data and information about the group's extent and the impact of the group. This was often helpful or even necessary when raising funds. As a

result, the way she conducted the group was comparatively successful and her house became a lively meeting place. The group was able to cook food donations there, and space for counselling sessions was also provided. Income-generating activities could also easily be arranged there. As she was an activist, Leabaneng gave the group an image and thus the group gained publicity and connections to larger organisations such as BONEPWA[53].

On the one hand, this was a thorn in the flesh of many members and they criticised the way Leabaneng had taken charge of the group. Some members claimed that she regarded the group as her own property, and that she ruled it like an autocrat. This was especially the case when donations had to be distributed within the support group, when the outcome of the income-generating activities needed to be administered, or when places in education programmes for PLWHA were offered to the group. Besides the fact that some claimed that Leabaneng used her influence to privilege those who were obedient to her, others even felt that they were exposed by the way she dealt with her exclusive knowledge of their status. They related how in meetings she had responded to their objections by referring to information that they had related to her in privacy. She was reported to be indiscreet and it was said that she disregarded the rules of confidentiality. Observations made during the fieldwork supported these reproaches. Confronted with these reproaches, Leabaneng emphasised the benefit her activities were to the PLWHA in Old Naledi and claimed that the members were jealous and just wanted to hamper the development of the group. In fact, it is often the case that members only want to benefit from the support groups without showing responsibility for the duties that arise.

It can be assumed that Leabaneng's behaviour encouraged distrust among the members of the support group. What she did was not only localisation in the form of providing space. She also exploited the widespread attitude of secrecy to enforce her personal importance. She controlled the information about who was infected. She was thus the only person who was able to open the space in the social dimension of HIV. She often stressed that she was the only person the members could talk to openly. It can be assumed that she either deliberately or unconsciously supported secrecy among the members to secure her position. This can be seen as her way of *situation control*, as her attempt to influence behavioural imperatives that underlie social encounters.

Unfortunately Leabaneng was not an isolated case among the leaders of self-help initiatives in Botswana. Activists who led such a group often lacked essential management skills on the one hand, but, on the other hand, made a bid for the leadership. They

53 Botswana Network for People Living With HIV And AIDS

derived their claim to leadership from their public disclosure, which most experienced as a groundbreaking precondition for the group's existence. This can be regarded as a general *directors' dilemma* (cf. Geiselhart, 2006).

The example of the "Matlo Go Sha Mabapi" support group shows how a single person can deliberately or unconsciously use local preconditions in order to reinforce a distinct spatial practice. Leabaneng started to build her influence in an atmosphere of distrust and a high degree of secrecy in Old Naledi. She was the administrator of the lived worlds of those who were secretive about their status. She related their experiences, which she was obviously informed about, to donors or to the public at large. She posed as the guardian of those PLWHA who lived in her neighbourhood. She represented their needs and spoke on their behalf. She supported them and supplied them with daily necessities donated by aid organisations, but she also established a division between herself and the other members of the group. It is almost impossible to evaluate her role because she achieved a great deal of benefits for "her" people, but it must be remembered that the way she did this was controversial.

It is not surprising that many of those members of the group who were open about their HIV-positive status stood in opposition to Leabaneng. Some continued to meet in the community hall and thought about founding a group of their own[54]. On the one side the quarrels resulted from a general atmosphere of distrust and secrecy, but they certainly also contributed to it.

1.4.5 Fear of the village

The finding of a more open and relaxed atmosphere with regard to HIV and AIDS in the villages at first sight contradicts the fear expressed by many urban dwellers who are HIV-positive when they think of going to their home village. In the villages as well as in Old Naledi a lack of confidentiality can be found, but it has different effects. In Old Naledi, nobody knows where circles of acquaintance end and how far rumours reach.

54 It is important to point out that this circumstance did not distort the findings explained in Inexplicable Experiences.2 (p. 175), because the interviewees were largely recruited among the latter group. It may have been due to Leabaneng's sense of protection that most of the interviewed partners met in her house claimed to be HIV-negative. Probably she even reinforced such testimony. As a result, many of the members of Leabaneng's division were not considered in the analysis. Furthermore, due to the publicity of her group, PLWHA who had been tested recently used her house as a first place of refuge. These interviewees were also not considered in the categorisation of attitudes.

In urban areas it seems possible to hide behind one's namelessness and the urban anonymity is often perceived as providing protection from disclosure. Asked whether she knows the HIV status of her neighbours, a 35-year-old woman from Old Naledi answered:

> *Bontle: "I don't know their status, can't say they are open because. Knowing a person is... I don't know. I cannot say I know them or.... Because even my neighbours... How can I put it? I am here since 1978 but it's not like I could have friends around." (42 Interview PLWHA OldNa)*

Bontle was also secretive about her HIV status and really believed that she could keep it a secret. Confidentiality is also not upheld in urban areas, but people in Botswana often feel weaker ties to urban sites. In urban areas there is, finally, also the option to move house when information is disclosed. By moving to another neighbourhood PLWHA can again settle in an environment where nobody knows about the issues they want to hide.

The villages, in contrast, are regarded as places of origin and in Botswana they have a special value as the place where a person belongs. They are not replaceable and are thus a vital part of everyone's identity.

> *Spew: "If you are away from your community. If we meet in Gaborone we don't have any trouble. But when I come home, I found that they are looking at me, because they knew I was like a bold man and they now say: 'He is thin. Look at his hair now, it's like a rat fallen in water'. (Laughter) That's the way how it is." (21 Interview PLWHA Letlh)*

Although it often may be only an illusion to think that one's HIV infection can be kept secret in an urban neighbourhood, the social control of the village appears to be a threat.

1.4.6 Confidentiality and social control in the villages

In the villages, social life is more binding. People in the villages have mostly known each other for a long time and thus recognise changes in each other when they appear. They might thus assume people to be infected if they identify possible symptoms.

> *Interpreter: "She was saying, at first she was very fat, and now she is thin. And they know that... They just look at her and know this one maybe she is HIV-positive." (10 Interview PLWHA Letlh)*

No matter whether information is reliable or not, rumours are very likely to evolve in villages. Once it comes into existence, information is assumed to disseminate easily throughout the whole community and almost everybody can expect that others are well informed about him or herself.

Neo: „The situation of HIV in this village? I think ... In the village, you know when a person is positive... the negative persons... I mean the atmosphere has changed between the two, the positive and the negative. Life is just going on as usual, you see. No discrimination."

Interviewer: "Do people know who is positive?"

Neo: "Ehh (means yes). From gossiping or friendships. You know if you trust... a friend you can tell him or her."

Keledi: "But they used to tell others that they have been at Tebelopele [HIV voluntary counselling and testing service] and are positive. That is nothing."

Interviewer: "If they all know who is positive and who is negative why don't they all talk openly."

Keledi: "They are few, not many."

Neo: "There are few of us who are open about it. You see. We positive ones know who are positive. All of them I know them." (34 Interview PLWHA Tsha)

In the rural areas, a great lack of confidentiality is intermingled with social control. Information can hardly be kept secret. But what according to governmental and human rights imperatives is to be valued negatively, also has a compensating effect. Because people know very well about each other's life courses, any new information about a person will be firmly linked to an already existing notion of the respective individual. This has a mitigating effect with regard to discrimination, especially when people learn that someone is HIV-infected.

1.4.7 The advantage of the village

When rumours go around in the village, they are automatically more than category-based forms of discrimination. When a person is well known, prejudices and stereotypes are not easily applied when it is heard that they are HIV-positive. As the life-course of the person is known, information about a possible HIV infection will be connected to already existing knowledge about the person.

People do not simply apply all prejudices that exist about PLWHA without reservations when they have much more information about the respective person. They will automatically ponder whether one allegation or another might apply or in what way the respective individual contradicts common stereotypes. In anonymous environments this can hardly happen. In this respect, social control might, on the one hand, cause indiscretion. But on the other hand, it seems that such a community where people are

committed to each other in some way can also be a sound basis for individuating processes that can prevent unfair treatment or rejection.

The availability of ARV therapy has eased the threat of impending death for affected persons and also lessened unjustified fears on the part of the community of becoming infected by some unknown means of transmission. ARV therapy has effectively enforced the biomedical explanation of HIV and it seems as if people in the villages can now accept PLWHA among them. Of course, PLWHA are more or less discriminated against, at least from the standpoint explained above, that a distinction is made between them and non-infected persons.

> *Interpreter: "She is saying, people, they can talk about it, but they just look at you, they see that your colour is changing, or you are becoming, like black colours. They say, this one, she has got the AIDS, they start gossiping but they won't tell it, they won't say it out, they will be just gossiping alone there when they see you. Then you won't know that they are talking about you, Because they know, maybe you will be angry with them or what. They will just keep it." (07 Interview PLWHA Letlh)*

The attribute continues to be socially divisive because a communication barrier exists. People gossip secretively about people bearing the stigma and the bearers refrain from mentioning their suspicions that they are being gossiped about. When people interpret what others are doing but do not really confirm their interpretations, misunderstandings arise. Distrust might easily arise. The only way this threat can be countered is for the people involved to try to bridge the communication barrier by being open.

Openness seemed to be perceived differently in the various research sites. In the rural villages it was more common for support group members to be open about their HIV infection than in Old Naledi (cf. figure 13, p. 175). An open attitude appeared to be an option for bridging the social gap ripped open by the stigma of being HIV positive and as a means to reintegrate oneself. In contrast, in Old Naledi, such openness tends to be perceived as a threat. In an environment of strangers, knowledge of a salient attribute easily induces stereotypical thinking. There is no control over where information spreads and where it affects category-based discrimination. It is likely that prospective friends, donors, employers or other important authorities will learn about a person's stigma before they are given the chance to prove their individual qualities.

1.4.8 HIV and festivals

In the rural villages assessed in this study, HIV and AIDS events are held and it was possible to attend two of them during the fieldwork. Such events can even assume the

form of public festivals. The event referred to subsequently was arranged by the DMSAC (District Multi Sectoral AIDS Committee) of Letlhakeng. DMSACs are initiated by the government and established in every district. They are normally made up of members of the local administration (e.g. social workers, HIV advisers), members of health services (e.g. HIV counsellors, nurses, home based care volunteers), members of local groups (e.g. VDC [village development committee], support groups), local traditional authorities (e.g. headmen) and other locally important private, traditional or governmental institutions. The event was named "HIV/AIDS fair" and was held on 10th March 2005 in Letlhakeng.

Photo 7: March to the HIV/AIDS fair in Letlhakeng

The event started early in the morning with a march from a place in the centre of the village to the fairground situated at the outskirts of Letlhakeng. The procession was headed by the police orchestra playing march music (cf. photo 7, p. 259). At the fairground, where several large tents were erected, the festival continued with speeches by local officials, the traditional chief of Letlhakeng and the beauty queen of Botswana. Several presentations were given. Children sang songs, traditional groups performed dances. A unit of the Botswana Defence Force also danced so expressively to the music of the police orchestra that even local senior officials joined in. The highlight of the afternoon was to be a performance by the famous pop musician Franco. This, however, turned out

to be impossible due to technical difficulties. In the course of the festivities, members of the local support group publicly declared their status and related their experiences with the illness. The HIV/AIDS fair in Letlhakeng was well attended, and even if not everybody came, it was a topic of conversation within the whole village and beyond.

People did not simply gain information at the HIV/AIDS fair. They were involved in an event in which they participated emotionally and practically. The HIV/AIDS fair can thus be understood as an attempt to create a present-time orientation among the villagers that facilitates an open atmosphere between HIV-infected and non-affected people by making HIV and AIDS a topic of conversation. The event can be understood as a temporary regionalisation of HIV, which connected the different lived worlds of HIV that existed in the social space of the village.

Similar events in Gaborone involving the population of the living location could never be organised so comprehensively. At urban sites, such events cannot gain the same general awareness among the inhabitants. While in Letlhakeng, the whole village seemed to be involved in the HIV/AIDS fair, in Gaborone such events were almost entirely restricted to members of self-help initiatives and even the venues appeared to be comparatively small in comparison to Letlhakeng's fairground and the fact that in principle the whole village could be regarded as the venue of the HIV/AIDS fair.

1.5. Conclusion: Different degrees of stigmatisation

Stigma and discrimination are effects of a lack of experience in dealing with other people in the presence of a salient attribute. It is important to see that experience does not spread like information. Information can be transferred from one person to another, but experience also requires observation, reflection, practical performance and commitment. To transfer experience from one person to another, their lived worlds need to be connected. There must be a scope within social time-space where people come together on the basis of practical tasks, where they interact and consider or deal with their socially divisive attributes.

It was explained that due to the high prevalence rates experience with HIV patients was actually widespread in Botswana, but that because of their secretive attitude many PLWHA lacked the experience that it was possible to be accepted with their HIV positivity. In this respect, it can be inferred that discrimination was effectively lower than most PLWHA anticipated it to be. Conversely this meant that stigmatisation in Botswana was the more important factor.

With regard to stigma and discrimination, it is important to see how openness facilitates mutual understanding between bearers and non-bearers. An open attitude is an increased readiness to talk about a sensitive topic. When people are open about their HIV positivity they can make use of all means that can help to change prejudices and stereotypes. In turn, secretive and rejective attributes prevent people from gathering experience with each other.

1.5.1 The villages versus Old Naledi

The spatial differences between the research sites can be understood by regarding the degree to which lived worlds with regard to HIV and AIDS are separated or interconnected in the respective sites. An important factor is whether the ways people treat issues of HIV and AIDS link them with or separate them from people who have other attitudes.

In the villages, various factors were found that connect lived worlds with regard to HIV. These were social control, a high degree of inter-personal acquaintance and festivals. In places where people live in committed contact to each other, pure category-based discrimination is largely prevented because stereotypes and prejudices automatically become individuated by people who already have more qualified knowledge about the affected person. Furthermore, people who are open about their status can act better as role models. In such places, where people do not live anonymously, people with an open attitude are better examples of the advantages of such an open attitude. They can more easily convince others to follow their example. It is thus understandable why more PLWHA with an open attitude towards their HIV-positive status were found in the villages than in the urban site of Old Naledi.

Among other factors induced by poverty and poor living conditions, anonymity and distrust were found to separate lived worlds in the urban site of Old Naledi. In addition, the high degree of individualisation revealed HIV infections as a personal physical shortcoming. It furthermore was perceived as a failure in terms of prevention or health protection. This led more people to be secretive. In Old Naledi, openness seldom exceeds the barriers of families and it is not even obligatory within families. Many PLWHA live highly secretively with their HIV status and fear disclosure even to family members. Nevertheless, some PLWHA lived openly and claimed that in Old Naledi as well 'living positively' is possible and not socially proscribed.

1.5.2 High variation in attitudes in Old Naledi

The high variation in attitudes found in Old Naledi can thus be explained as follows. Those support group members who were found to be open about their status and who expressed themselves extremely freely, showed this attitude because they had overcome a relatively high degree of stigma in Old Naledi. Those who claimed in interviews that HIV and AIDS is like any other illness with regard to stigma and discrimination decided on an open attitude despite a social atmosphere that tended to suggest distrust.

Many PLWHA who were open about their HIV status in Botswana have had positive experiences and reported occasions of rejection but also acceptance. When interviewed, many stated that they felt relieved. They said that stigmatisation did not play a major role in their lives any more after their families and friends had become familiar with the information about their infection. Of course, some have been rejected, but many have arranged their lives adequately under the prevailing circumstances. In many places, PLWHA who were open created a lived world that did not disregard their salient attribute. This was also possible in Old Naledi, even if fewer people thought so and the barriers were higher than in the villages.

1.5.3 Spatial differences and the roll-out of the ARV scheme

The respective local conditions had direct practical implications for an important public health issue. Due to the interconnection of the rural lived worlds the news about the effectiveness of the ARV treatment scheme spread easily among the villagers. As patients were known to be HIV-positive and suffering from AIDS-induced illnesses, their recovery could also be directly observed, discussed and emotionally accompanied. The benefit of the ARV therapy thus became a matter of common experience. As a result, the roll-out of the ARV scheme was effectively supported.

In Old Naledi, where information control about HIV and AIDS-related issues was taken seriously, fewer people had the chance to even notice cases of severe illness and their recovery. Many people could be assumed to have had experience with HIV and AIDS patients, but as their lived worlds were highly separate, these experiences often remained within the confined circle of their families and did not contribute to the development of the coping abilities of the community at large. The conditions in Old Naledi effectively hampered a broad acceptance of the ARV scheme despite the beneficial facts, i.e. a short distance to a site where the medication was provided and the early introduction of the ARV scheme at this site.

It can be concluded, that in Botswana as a whole, people have a high degree of competence at dealing with cases of HIV and AIDS. In the rural villages, people had become aware to an increasing degree that this competence was widespread. As a result, individuals affected by HIV did not necessarily assume others would stick to prejudices and discrediting stereotypes. In Old Naledi the situation was different. People were barely aware that such competence was highly prevalent. As said, this was due to the largely separate lived worlds, the high level of secrecy, the high degree of individualisation, the social atmosphere of distrust, the economic conditions and the conflict in the support group mentioned above. PLWHA in Old Naledi often believed in stereotypes that could otherwise be assumed to be largely out-dated. All these factors not only hampered the success of the ARV scheme. They also prevented the community in Old Naledi from feeling more at ease with regard to HIV and AIDS.

2. 'Accepting Oneself' and Interventions against Stigma and Discrimination

2.1. 'Accepting oneself' and a lack of experience

PLWHA do not have any option for correcting or removing their stigma. Most of them suffer from the fact that they do not know how to handle social situations when their stigma is in danger of becoming salient. During the fieldwork PLWHA most frequently mentioned 'accepting oneself' as a strategy for coping with HIV-related stigma[55].

Despite the fact that the bearers of a stigma are the ones who are the agents of such processes, people around the bearers also need to be involved. The process of 'accepting oneself' can thus be explained as two processes that need to be conducted side by side.

First, people who experience stigma in social encounters often feel questioned in their social legitimacy. This applies to all stigmata, even if the attribute in question does not have a primarily negative connotation. The questioning of one's social legitimacy derives from the bearer's nature as a social being. The process of "importation of the social process" (Mead, 1934, p.186 et seq.) causes the bearer of a stigma to easily subscribe to existing stereotypes and prejudices. If failed social interaction recurrently occurs, these ideas will be permanently confirmed. As already mentioned, PLWHA in Botswana have often internalised the messages of the early prevention campaigns that link HIV and AIDS

55 In this work 'coping with a stigma' refers only to the process of coming to terms with the socially divisive effects that constitute an HIV infection as a stigma. It does not refer to the fact that HIV might involve an impairment of health, which also needs to be coped with.

with immoral sexual behaviour and death. The bearers thus need to undergo a process of identity building in order to adjust their ideas about the social meaning of the stigma.

Second, there is a need for social reintegration that does not ignore the attribute. In order to 'accept themselves' PLWHA need to create an environment in which they can deal openly with their HIV infection. They can only 'live positively' if their families and circles of acquaintances also accept them with their infection. Openness among people who experience stigma appears to be the key in the fight against stigma and discrimination, but openness on the part of the community needs to be the keyhole into which it fits. Openness on the part of the bearers can only open doors if those who discriminate contribute to the process. The non-bearers also need to have an open attitude towards the bearers, but more in the sense of not being rejective.

A way of thinking that is oriented towards rational choice theories would never be able to reveal the full complexity of such a coping process. The task of developing coping strategies in a perspective of rational choice would appear to be merely a matter of proper thinking. Rational choice theories assume that goals are identifiable, a crucial pre-condition for finding solutions by means of conclusive thinking. In cases of stigmatisation this is not self-evident.

Sometimes people have no idea what appropriate options for action there might be. In such cases counselling services and support are essential. Even if the counsellors provide reliable strategies, the counselled person cannot adopt these propositions immediately, because such strategies differ from what the counselled person usually thinks and believes or how he or she normally acts. The person then needs time to understand and practise adopting the proposed strategies. He or she needs to gradually gather his or her own experiences, needs to reconsider his or her self-image, and gain control over impulsive reactions. Only by such an experimental process can an integral experience be achieved, and can PLWHA be enabled to behave in the future in such a way that their stigma no longer plays an overpowering role in everyday life.

Coping with a stigma is an experimental process during which experience is gained in effectively altering the social relevance of a stigma. When coping is regarded as such, it needs to be admitted that social situations will never totally lose their confrontational character. A stigma's socially divisive character can only be reduced to a minimum. The explanation of social encounters has even shown that by nature any social situation entails the danger of socially divisive interaction (cf. Part IIb.3.1.2, p. 116). A certain amount applies ultimately to every human encounter and is a normal experience. Mild

forms of stigma occur whenever people critically reflect about themselves. Discrimination occurs any time people make a distinction between themselves and someone else. Stigma and discrimination thus need to be regarded as omnipresent and not even negative in principle. It is essential to consider to what degree people who bear a stigma are socially excluded, to what degree their emotions are harmed, and how far their livelihoods are affected.

2.2. The importance of self-help initiatives

In Goffman's theory of stigma the notion of coping is limited to the idea that information about the attribute needs to be controlled. By assuming a normative order Goffman denies the possibility of social integration. He thus gave a very derogatory impression of self-help initiatives. In his eyes, activists are rather militant.

> *"The problems associated with militancy are well known. When the ultimate political objective is to remove stigma from the differentness, the individual may find that his very efforts can politicize his own life, rendering it even more different from the normal life initially denied him." (Goffman,1990 [1963], p. 139)*

In contrast, the concept presented here allows an acknowledgement of the role of self-help organisations and activists. As already explained, 'accepting oneself' is not an easy task that can be aimed at directly. A person who has already gone through such a process of coping can thus best guide those who are at the beginning of such processes. This underlines the importance of self-help initiatives. People who have already gained experience in handling extraordinary attributes can effectively help others by demonstrating the initially inconceivable goal. They can give examples as role models (cf. Part IIa.2.1-2.3). Only from this perspective can the indispensability of counselling services be understood.

The fieldwork showed that many PLWHA initially find an integrative environment in the support groups. Here the HIV infection does not need to be denied and this eases the pressure of secrecy and allows PLWHA to talk openly.

> *Maltumelo: "I have discovered that those who I have disclosed my status with, they went for a test. After that, they share with me and we are in same level. Same applies to me, I like people who are positive, I am free when I am with them because I can talk everything that I want concerning my HIV and AIDS." (73 Interview PLWHA COCE)*

Starting from the experiences in the self-help groups, many PLWHA begin to develop an open atmosphere about their infection in their private circle of friends and family relations.

They create lived worlds where they are accepted so that they can accept themselves. The process of inducing openness starts virtually from the experience of PLWHA in self-help initiatives. It starts voluntarily and from the roots up. In this respect, it is absurd that self-help initiatives in Botswana received less and less support with the implementation of ARV therapy (cf. Explaining the Inexplicable.1.3.2, p. 246).

2.3. Does MASA solve the problem of HIV in Botswana?

At the time of the fieldwork it seemed as if many people, also people in governmental offices, regarded the problem of HIV and AIDS in Botswana as having been almost solved by the ARV scheme. There is hope that time will do the rest to also ease stigma and discrimination.

> *Segolame L. Ramotlhwa, Operations Manager, Masa ART Program: "But it will even be better by the time because more people know their HIV status more people will be having this virus for a long time. There will be more people talking about it. More families experiencing that thing. So I would think certainly it will help a lot in terms of bringing down the stigma. And probably we will reach a stage where like TB is today. You know, when TB started it was another highly stigmatised condition. People didn't want to talk about TB. People didn't want to go for their treatment for TB. Because it was ... one of those things people didn't want to be associated with. So I believe by that time you know, the issue of HIV will have reached the stage where TB is today where people can freely talk about it. And therefore hopefully take necessary measures that they need." (15 Exp MASA Ramotlhwa)*

When the logic behind this statement is analysed, two things appear debatable. First, it is questionable whether openness will automatically develop when people know their status and do not fall ill or die as frequently as before. Of course, TB was also highly stigmatised and discriminated against, but biomedical explanations of TB do not entail any shameful moment. On the contrary, the biomedical explanation of TB contested many traditional discrediting metaphors for TB. With HIV it is the other way round. In the case of HIV, the biomedical explanation produces discrediting metaphors. HIV and AIDS are still associated with a taboo. HIV is spread by sexual intercourse and prevention requires using a condom. Topics related to HIV and AIDS extend deep into people's private spheres and require a change in behaviour in situations where rationality is not normally the major guide. Stigma, which is a key factor in evoking secrecy, still remains.

Second, it should be reconsidered whether tuberculosis can really be compared with HIV and AIDS. Tuberculosis can be cured completely, but an HIV infection, once it is acquired, is life-long and ARV treatment needs to be taken for the rest of a person's life. People who

have contracted HIV thus differ elementarily from non-infected people and need to be treated differently. In the case of TB there is mobility on the social dimension of illness because people can be restored to full health. In the case of HIV the infection is not reversible.

These objections concern questions of HIV prevention. If distrust, scepticism and also stigma remain, risky sexual behaviour will not be reduced. If behaviour does not change it is doubtful that infection rates will drop. Ramotlhwa continued:

> *"My other prayer is that by that time new infection is brought to almost zero. Because that is critical. Our survival depends on us bringing infections to almost zero. If we can't do that... all investment that we are putting into this programme will mean nothing." (15 Exp MASA Ramotlhwa)*

Ramotlhwa seems to be aware that the availability of ARV therapy does not automatically mean that infection rates will drop, but obviously he hopes that they will. However, whether infection rates decline or increase depends on how people behave, whether they protect themselves and others or whether they conduct risky behaviour. On the basis of the framework outlined in this book we can assess how behaviour is dependent on stigma and discrimination.

2.4. Suggestions for a new approach to prevention campaigns

Hazel Barrett describes the HIV prevention campaigns that were conducted in Southern Africa in the 1980s and 1990s as "a public health failure" and attests that they were virtually ineffective (cf. Barrett, 2007, p. 95 et seq.). She further claims that:

> *"It is becoming increasingly clear that a new approach to HIV prevention is urgently needed. While ARV treatment offers hope to millions of Africans, it will not substantially reduce the heterosexual spread of HIV/AIDS" (Barrett, 2007, p. 95)*

It is worthwhile considering whether the framework outlined here might provide an orientation for new prevention efforts. The question needs to be asked how a comprehensive awareness of HIV and AIDS-related issues can be maintained when in the future effective treatment renders HIV almost invisible. In this respect, interventions that target stigma and discrimination related to HIV and AIDS can be a means of HIV prevention.

With regard to people's attitudes, two opposing trends were found. ARV therapy had certainly eased the threat of the disease. But the tendencies were ambivalent. On the one hand, issues of HIV and AIDS were dealt with more easily, but, on the other hand, a

modern attitude towards illnesses asserted itself. Illness came to be regarded more and more as a matter to be dealt with in privacy. Self-help initiatives had always contended with secrecy, but now the dramatic decline in the importance of self-help initiatives seemed to play its part.

> *Bogosi: "People now they are starting to... try to be secretive again. ... They do not talk about it like before... about how they are positive, how they are living with the virus" (38 Interview PLWHA COCE)*

This book recommends considering whether an open atmosphere with regard to HIV and AIDS should be actively fostered in Botswana. Now that the infection rates have reached the 30% mark among some age groups, PLWHA cannot be regarded as a minority any more. In the future, almost one third of the population will be on ARV treatment. This book has also shown that competence in dealing with PLWHA was very high in Botswana at the time of the study and that PLWHA mostly anticipated more rejection than they effectively experienced when they decided to be open about their status. It must be considered whether openness should be comprehensively fostered throughout all social strata.

It is not a solution to deny that PLWHA and non-infected people are different because of the danger that PLWHA might be treated badly. PLWHA definitely need different treatment. Furthermore, those who are not infected yet are interested in having PLWHA adopt behaviour that does not put the non-infected at risk. This can best be ensured in a social atmosphere in which the requirements of 'living with HIV' and also 'living on ARV' are dealt with openly. When PLWHA do not hide their infections and non-infected people know how to protect themselves and how to support PLWHA, the chance that issues of contagion will be dealt with seriously is maximised.

At the time of the survey it seemed as though there was a turning point in HIV prevalence rates. It is especially encouraging that new infections among young people seem to be decreasing in numbers (MOH, 2005, p. 59). On the other hand, the incidence of teenage pregnancies can be evaluated as an indicator of a high degree of carelessness with regard to prevention measures. If a decline in prevalence rates really does occur, it should not be forgotten that this might be an effect of the comprehensive fight against HIV and AIDS (cf. ROB, n.s., probably 2002). In this fight, self-help initiatives also played an important part, but as already explained, they will not assume the same role in the future.

Considering the special conditions and implications of HIV and AIDS, this work highly recommends that measures for supporting openness be considered. The AIDS fair in

Letlhakeng and some public campaigns point in this direction. But we need to consider which additional measures might not only verbally propagate openness but also provide living examples, especially in the fragmented lived worlds of such urban sites, like Old Naledi. Such a strategy might contradict values of individualisation, which are in the process of asserting themselves worldwide. The special conditions of HIV in Botswana facilitate the adoption of an open attitude towards HIV and AIDS. Of course, openness must be voluntary and standards such as confidentiality need to be imperative in all interventions. The activities of self-help initiatives provide examples of how such interventions might be designed.

The AIDS fair was already explained as an appropriate means for targeting rural communities. It showed that in rural areas events can even be initiated that temporarily allow almost a whole village to deal openly with HIV and AIDS-related issues. In urban areas, lived worlds are more separated and disconnected and organising such a comprehensive event is almost impossible. Here, the Miss Stigma Free contest appears to be a modern response to the urban multiplicity of lifestyles.

3. The Miss HIV Stigma Free Beauty Contest: A Contemporary Response

The idea to present HIV-infected women as beautiful appears at first sight unusual. It effectively questions existing stereotypes, prejudices and metaphors about PLWHA that evolved from the way HIV and AIDS devastated the society of Botswana and the way the government initially responded to the epidemic.

The event successfully appealed to the media with debatable but not aggressive messages. It caught the attention of the media system without losing control over the way they interpret the messages. No oversimplifying and lurid headlines appeared. It is especially difficult to initiate an open media discourse about such topics, because media systems normally do not like such undecided issues about which divergent opinions can be assumed to exist. It can thus be evaluated as a success that the few articles that appeared discussed the event seriously. Messages that are meant to assert themselves in a media discourse, especially if they are disseminated by people of lower social status, need to be striking and concise. They need to polarise if they want to be heard. In this sense, the messages of the Miss HIV Stigma Free contest were well balanced. They conjured up questions without causing too many negative emotions in conservative parts of society.

In this respect, the Miss Stigma Free contest succeeded in utilising the public media discourse to initiate discussions in private circles. This is an appropriate answer to an

environment in which illness is more and more regarded as a private matter and first hand experiences are rarely exchanged. In this respect the event challenged various stereotypical notions:

- Intuitively it is normally assumed that beauty is no longer important when a person is infected with the HIV virus. This notion is contradicted by the implicit message of the contest, which suggested that being HIV-positive is a common attribute a person can bear along with many others.
- The contest showed that life does not cease with the diagnosis of HIV and it aired the claim of PLWHA to an ordinary life, which does not exclude visiting bars, entertainment or festive events.
- The women who participated could be seen as role models for PLWHA, showing them how to handle their infection in an open way.

Moreover, the event probably had more effects among the attendees.

- In the course of the event, emotions with a present-time focus were created among the attendees. The situation was not beclouded by the everyday loneliness that is mostly associated with being HIV-positive. Many PLWHA were told frequently that their special attribute of being HIV-positive should not be understood to make them inferior, and the Miss HIV Stigma Free contest was able to supplement this information with a practical experience, something that is vital for coping.
- The aim of the event was to give a positive impetus by encouraging people to handle HIV infections openly. This was not only propagated in the speeches of the various actors but was the case even when people decided to participate at the event. Attending the Miss Stigma Free contest itself was an act of showing an open attitude towards issues of HIV and AIDS, regardless of whether the attendees were HIV-positive or negative.
- To what degree the event was a source of new interpersonal experience can only be guessed. But there is no doubt that the Miss HIV Stigma Free contest was a highlight for those activists who were actively committed to the fight against HIV. For many of them the success of the pageant was definitely a recognition of their work.

The way the Miss HIV Stigma Free contest was designed was very well balanced. It did contest common notions, but did not polarise too much, which would have led to a danger of condemnation or even abhorrence. Furthermore, the contest propagated the idea that stigma can be combated effectively. It committed the attendees but also the recipients of

the media reports to a process of challenging stereotypical ideas. The contest did this not only by providing information, but also by inducing practical experiences. This can only be understood from a perspective that regards stigma and discrimination as a matter of experience, as suggested by this book.

In the beginning of this work (cf. Inexplicable Experiences I, p. 34) it was explained that unfortunately the media world was obviously not able to react appropriately to the event.

Photo 8: The winners of the Miss HIV Stigma Free contest

In many articles about the event the word "stigma" was either completely neglected or disregarded. This was traced to a conceptual gap that prevented understanding. This book has offered a framework for dealing with stigma and discrimination that lays the foundation for an interpretation of various phenomena that previously could hardly be reflected upon theoretically. It was possible to conceive HIV and AIDS-related stigma in Botswana in a spatial perspective, in which social distance was also conceived as being a matter of dimensional ordering. This perspective raises questions of social mobility and thus throws focus on processes that try to mitigate or increase stigmatisation. Among other gains, it is now possible to understand the Miss HIV Stigma Free beauty contest as an appropriate means in the sense of its motto: "Down with stigma, down with discrimination."

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56 This piece of literature unfortunately appears as the first reference. The author cannot do otherwise but emphasising that this book entails some fundamental misconceptions. It is thus not recommendable.

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