

## Stigmatization and social stereotypes

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**Abstract.** The formation of social stigma and stereotypes always takes place in a specific historical context. They are influenced by many factors, including personal, institutional, social, cultural, economic, and so on. It should be noted that these factors are often causally related to each other and create a common social attitude and relevant discourse. Accordingly, stigmatization has pronounced negative consequences, both socially and psychologically. Numerous studies conducted in Georgia in recent years have shown that tolerance towards various marginalized groups is not one of the priority values in Georgian society. Their appearance in public places creates a feeling of discomfort and causes negative attitude, which in turn is manifested in aggression, disgust, avoidance and other discriminatory actions. This is especially true for vulnerable groups, including sexual minorities, people with mental health problems and drug addicts. Therefore, it is important to have an effective communication strategy aimed at overcoming stigma and raising public awareness to combat negative stereotypes about these vulnerable groups. Furthermore, it is necessary for the media, various governmental institutions as well as non-governmental sectors to be actively involved in the implementation of the given strategy.

**Keywords:** Social Stereotype, Stigma, Stigmatization, Overcoming Stigma.

Numerous studies conducted in recent years in Georgia have shown that fear of groups who do not belong to the mainstream culture is an internal feature of our country's daily practices. Members of these groups are considered "strangers". This applies to different minorities - religious, ethnic, sexual, etc. - as well as people with disabilities and others. These groups experience social exclusion as they do not have equal access to economic and social goods and services. Social exclusion is multidimensional and it can have economic, cultural, legal and political aspects.<sup>39</sup> There are frequent cases where the situation of stigmatized people is perceived as an individual error and not as a defect in the existing social system (e.g. stigma of large families living below the poverty line and/or homelessness), which further aggravates their situation, oppression and exclusion.

The term "stigma" has Greek origin and means "stamp". This word in ancient Greece was used to literally refer to a mark. This sign (mark) was engraved on the body of a man who was unacceptable to the public. Mostly slaves and criminals had the given stamp.

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<sup>39</sup> Study on Stigmatization of Children with Disabilities. (UNICEF. Institute of Social Studies and Analysis). Analytical Report, 2016. <https://www.unicef.org/georgia/media/1181/file/stigmatization.pdf>

Over time this term has undergone a transformation and today it represents a certain set of negative stereotypes. Stigma is a pronounced social label or physical mark that devalues and discredits the identity of an individual or group. It is a multidimensional concept and is found in both societies and the families (<http://dictionary.css.ge/content/stigma>). Consequently, stigma is a characteristic of a person or group that is perceived as flawed, it evokes a desire for punishment/isolation, and diminishes the person who is thought to be attributed by that characteristic (Smelser, J. Neil, 1994).

Stereotype is not an unequivocally negative concept, moreover, it is a function of the psyche to adapt to the environment and is one of the expressions of schematic thinking. The term is of Greek origin. "στερεός" means solid, and "τύπος" means imprint, impression. This name referred to a heavy printing plate in the printing press that duplicated any typography and was used for printing. The term "stereotype" was used in the social sciences only in 1922 when the American journalist Walter Lippmann published his work "Public Opinion".<sup>40</sup>

Stereotypes allow people to perceive the reality around them without an extra effort. Stereotypes involve a standardized collective experience and offer a kind of scheme of events, a common formula and these stereotypical perceptions are activated automatically. When stigma involves the distinction between physical and social factors, these factors contribute to social categorization. Individuals united in one categorization are similar to each other and thus form a prototype characteristic of their group. Due to this, the perceived difference between the groups is exaggerated. It is important to note that social categorization implies decreasing as well as increasing information. Some information about a particular person may often be lost, but other information may become a common feature for the whole group. Social categorization affects the processing, storing and retrieving information, also the way behavior is explained and interpreted. Therefore, often social stereotypes distort perceptions of reality, perceiving an object or situation without individual determinants, which can often lead to negative attitudes and discrimination.

Stigmatized people are discredited by any sign, and their social identities are devalued by society. Such people often become the object of ridicule and violence, which in turn exacerbates the stigma. At this time, social identity is devalued and appears the issue of self-esteem. Due to the abundance, it is impossible to identify every sign by which an individual may be stigmatized. Gender, race, sexual orientation, body weight, physical or mental illness are the most common categories

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<sup>40</sup> <https://archive.org/details/publicopinion001ippgoog/page/n440>

of stigma. Stigma has existed in all times and epochs, although it has been the subject of serious scientific study since the second half of the twentieth century.

According to Irving Goffman's (1922-1982) theory of social stigma, stigma is an attribute, behavior, or reputation that is socially unacceptable. In particular, it leads to the classification of a person by other members of society on the basis of unwanted, negative stereotypes. The paper "STIGMA: NOTES ON THE MANAGEMENT OF SPOILED IDENTITY" distinguishes three different types of stigma:

1. "Disgust, hatred of the body" - "ugliness of the body, disgust" - it refers to an inalienable or acquired physical characteristic, which carries the impairment of social identity, such as various physical limitations of skills; Conditions that change the shape of the body. (Eg overweight - obesity).

2. "Personality traits perceived as flawed" are "black spots" of an individual nature, which serve to devalue social identities related to an individual's personality or behavior (mental disorders, bad habits and addictions, homosexuality, etc.).

3. "Group identity" - a stigma prevalent in the community that is known or passed down from generation to generation and implies membership in an impaired racial, ethnic or religious group (e.g. race, sex, religion, nationality).<sup>41</sup>

According to his attitude towards stigma, Goffman distinguishes three categories of people: 1. "Stigmatized" - a person with a stigma, 2. "Normal" - those who do not belong to the stigma, 3. "Wise" - a representative of the category of "normal", made to belong to the category of "wise" based on their status by people with a stigma.

"Wise-normal" people are not at all the people for whom stigma is acceptable. These are individuals who, due to special circumstances, have come into contact with the hidden aspects of the lives of the stigmatized, have shown compassion, respect and acceptance. As a result, members of the stigmatized group view them as honorary members of the stigmatized group. For stigmatized people, a "wise" are members of society with whom they do not need special self-control, in case of error "wises" do not rebuke the stigmatized people and treat them as ordinary members of society. Goffman notes that in certain social situations, the "wise" may be stigmatized. For example a white woman who is in a relationship with a black man.

There is also a "positive stigma". When a person is very smart, rich, etc. Such people, in Goffman's view, have a legitimate right to deviate from established norms of behavior, since their status significantly exceeds the expectations of the group. The main part of Goffman's "Theory of Stigma" is devoted to people with a sharply expressed, often grotesque stigma (e.g. a girl born without a nose). However, in

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<sup>41</sup> Goffman E. Stigma : notes on the management of spoiled identity. Englewood Cliffs, N.J.: Prentice-Hall, 1963.

reality Goffman speaks of the fact that we are all stigmatized, at one time or another. (e.g. Jew - in a Christian society, an overweight person in a non-obese environment, etc.).

It is also interesting to discuss the "Organizational stigma," the term was first used by Hudson in his article published in 2008 and later developed by Devers and his colleagues. They formulated the concept of stigma about the organization. Similarly to an individual and a group, an organization can be rejected and unaccepted. Hudson separated the core stigma and the event stigma. The first is related to the essence of the organization itself, its nature, and the second to the temporary, isolated one-time events. He also discussed how organizational stigma is related to other social constructs.<sup>42</sup>

There are two main mediators for dealing with stressful events: cognitive assessment and coping. There are several ways to overcome stigma. It can be aimed at: 1. about oneself, 2. about others, 3. about the situation. These strategies are used separately or simultaneously and serve to make a difference in the relationship between stigmatized individuals and the environment.

1. Overcoming strategy directed at self - changing or obscuring any aspect of the self that will reduce the formation of a negative relationship influenced by stigma.

2. Overcoming strategy directed at others - trying to change others so as not to undermine the stigmatized person and his or her social status.

3. Situation-oriented strategy - structuring the situation so that stigma does not negatively affect the individual.

4. Protest - confrontation with the existing misconceptions, on the one hand, with the media that spreads them, and on the other hand with the people who believe and share these views.

5. Education - dissemination of correct information, which is one of the most effective methods, confirmed by many studies.

6. Contact - the more contact the public has with people who are stigmatized, the easier it will be to overcome misconceptions and see reality.

The urgency of the problem of stigmatization has become even more acute in the light of recent events. On March 11, 2020, the World Health Organization declared the spread of COVID-19 as a pandemic (<https://www.who.int/news>). This period turned out to be especially stressful for Georgia as well as for the whole world. Lack of information, fear and anxiety have especially intensified the tendency to blame someone and shift responsibility to others. Numerous rumors and speculations were spread, and the media spread a lot of often contradictory information, which further

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<sup>42</sup> Devers, Cynthia E.; Dewett, Todd; Mishina, Yuri; Belsito, Carrie A. A General Theory of Organizational Stigma. *Organization Science*. 2008, 20 (1): 154–171.

aggravated the situation. All this was followed by a severe economic crisis and numerous social problems. Consequently, humanity is faced with an entirely new reality and challenge. This situation continues today, the death toll exceeds millions and unfortunately the contours of the end of the pandemic are still unclear. We have witnessed the impact of this situation on our society and especially on vulnerable groups (for example, when a transgender person tried to burn herself in front of the Tbilisi City Hall due to the current inconvenience). The exact data confirmed by studies are not yet available, nevertheless, it is undeniable that numerous groups of people, during the COVID-19 pandemic, have been victims of stigmatization. Among them: certain racial and ethnic groups (a number of photos were spread on the social network, including one taken in one of the shops in Georgia, with a photo of two people holding a sheet with the caption "We are Japanese. I do not have a virus, I have lived in Tbilisi for a long time"). Also people having the COVID-19 even if they have already recovered and left the clinic; people with disabilities, developmental and/or behavioral disorders as they often have difficulty following recommendations, etc.

As already mentioned, stigmatization has the most severe social and psychological consequences, therefore, instead of focusing on the disease that causes the most problems, a person with a fear of stigmatization may hide symptoms and not immediately seek appropriate health care until the condition is aggravated. This was one of the reasons why it became so difficult to control the spread of the pandemic and it led to disastrous consequences. At this point, the widespread information campaigns and the fact that Covid-19 has affected almost every family in some way, as well as open statements by a number of well-known individuals about their health and transmitted or current COVID-19 have helped alleviate some of the stigma. However, the complete elimination requires a lot of effort and more work.

As mentioned, stigmatization has horrible social and psychological consequences. Including feelings of shame and guilt, hopelessness, constant stress, issues with self-identity, low self-esteem and so on<sup>43</sup>. Therefore, it is important to have the most effective communication strategy to overcome stigma and conduct a proper educational campaign. It is also necessary that the media be actively involved in this process and aim to raise public awareness to overcome misconceptions and the negative social stereotypes about the dangers of vulnerable groups. All of these, in turn will help to increase acceptance towards the stigmatized people and form adequate attitudes towards them.

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<sup>43</sup> Kranke D.A, Floersch J, Kranke B.O, Munson M.R. A qualitative investigation of self-stigma among adolescents taking psychiatric medication. *Psychiatr Serv.*, 2011, 62(8):893-9.

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