Beyond Psychologisation: Individual and Collective Naturalising Stigmatisations

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Introduction

Naturalising stigmatisations are never spontaneous, fortuitous, accidental, or inexplicable. This is based upon the hypothesis that stigmatisation is always the result of an especially active, intentional psychosocial process (i.e. a *stigmatising purpose*), in which insults, and the obligatory accompanying negative stereotype, are a substantial component of the various *stigmatising attribution* discourses.

Stigmatised individuals and groups can belong to radically different stereotyped categories, which become a homogenous psychosocial *unit* due to coincident defining attributions or 'labels'. In this context, naturalisation introduces biology as an explanation which encourages labelling, whilst, concomitantly, furthering the development of a powerful *statistical stereotype*.

For example, they say that blind people are usually selfish and mistrustful; heart disease patients are impatient and controlling; black people are lazy and sexually hyperactive; women are psychologically more unstable than men, and so on and so forth.

All such definitions are based upon stereotypical generalisations of excessively simplified reality, and are, therefore, incapable of highlighting the important differences which would no doubt become evident if a comparison was done between individuals homogeneously classified with the same categorising label. In this respect, many of these stereotypical generalisations also contain, what Jones and Harris (1967) call, a *fundamental attribution error*, which entails explaining a person's behaviour only in terms of internal, dispositional factors, without taking into account the influence of external situational or environmental variables which, inevitably, also impact upon human behaviour.

In my opinion, the 'fundamental attribution error' is a paradigmatic example of how psychologisation manifests itself in everyday life, and in conjunction with the stigmatising purpose, is *the* fundamental basis for explaining how virtually all naturalising stigmatisations, both individual and collective, arose and spread.

Stereotypical Functions of Naturalising Stigmas

A decade after the publication of Erving Goffman's (1963) *Stigma: Notes on the Management of Spoiled Identity*, European social psychology warned against the huge social, political, and economic consequences of naturalising attributions. As Moscovici noted:

> … it is, for example, entirely different to deplore the weak profitability of work in developing countries and attribute it to inhabitants' redhibitory laziness, rather than the consequences of malnutrition, malaria, or economic exploitation. On the one hand, causality justifies stagnation, on the other, it urges change" (1975, p. 79).

Stigma, whether highly visible or not, will be more credible and lasting, the more unanimous and documented the set of 'data' and 'tests' are which expertly define, describe, and explain the abominable characteristic features of the stigmatised people(s). According to Goffman, we construct stigma theories and ideologies *"to explain his inferiority and account for the danger he represents"* (1963, p. 15). Naturalisation phenomena, therefore, consist of stereotypical processes of technical attribution, which are usually developed by a multifarious range of interpreters (ordinary people, amateur publicists, even professional scientists) to *justify* the discriminatory treatment suffered by stigmatised groups and individuals (Allport, 1971), who, ultimately, are kept at a level of moral and/or socio-political *delegitimation* by negative stereotyping (Bar-Tal et al., 1989).

Social psychologists, who have investigated these issues, have cautioned that any stereotypical and naturalising categorisation stigmatises 'the others', painting them as wholly *different* beings to ourselves, and, thus, *far removed* from the groups we belong to— groups which serve as our racial, cultural and moral reference (Rothbart & Taylor, 1992). Difference and remoteness, Ashmore and del Boca (1981) assert, strengthen each other dynamically via three complementary functions that uphold collective stereotypes: simplifying and streamlining the perception of reality (e.g. "all black Africans are dirty and not very trustworthy"); defending our ego and self-esteem (e.g. "as a European, I am superior to any African"); and maintaining the socio-economic status quo (e.g. "I pay my African maid half what I would pay to a European one"). The complexity of the dynamic relationships among these three functions becomes even more acute if we manage to introduce a historical perspective— an approach which social psychological research, habitually confined to the narrow and urgent 'here and now' scope of laboratory experiments, has rarely dared to consider.

Collective Stigmatisations in Situations of Social Conflict

Exotic difference, its *remoteness*, and its potential *danger* are variables which are, very often, defined in terms of biological *naturalisation* of numerous human groups whose cultural features are *determined* by *anthropological* factors that are very difficult to modify. The stereotypical processes typically accompanying naturalising attributions normally eliminate every type of statistical distinction, cancelling out exceptions that may shape reality more precisely. Consequently, Jews are attributed with, among other facial stereotypes, a hooked nose which physical anthropologists call an *Armenoid nose*. However, under no circumstances is it a prototypical feature of the presumed *Jewish race*, since, anthropometrically, they share the same features as the *Palestinian race*. As Lea (1983) notes, the evidence of such ambiguities forced the Spanish Inquisition, in the middle of the 16th century, to rule out the possibility of accusing someone of being Jewish based exclusively on *external traits* (such as their nose) or on generic behaviour (such as avarice, or the compulsion to save). In actuality, the only effective way of knowing whether a person was Jewish was to mark them in a visible manner (a red hat, the yellow star of David), which identified them as a member of a stigmatised social category, one whose members were mostly identical (from a physiognomic point of view) to the members of the stigmatising group.

Social stigmatisation, based upon facial features, is still on-going and can be observed directly in cosmetic surgery clinics. For instance, on 4 August 2008, the Madrid newspaper *EL País* published a report by the journalist Jaime Prats, entitled: *Hundreds of immi-*

grants are going under the scalpel to erase ethnic features. The aim is to have an operation to be closer to the ideal of Western beauty. Notwithstanding the story of Orly Cuzco, who spent €4,200 on rhinoplasty to erase the 'Inca features' from his nose, Prats also documented high number of blepharoplasties (i.e. eyelid surgery to make the eye shape rounder) — an operation undergone by citizens of Asian origin to make them 'look European'.

In the case of black people and American Indians: the naturalising attributions to *biologically* explain their presumed inferior intellect, and, at the same time, their ostensibly greater sexual exuberance and work shyness (in comparison with *white* people), are still upheld to this day by certain famous psychometrists.

The Bell Curve was published in the United States in 1995, and its authors (the psychologist Richard Herrnstein and the political scientist Charles Murray) maintain the immutability of IQ (intelligence quotient) and some inevitable class inequalities based upon differences in intelligence: the 'cognitive elite'; the 'cognitive middle class'; and the 'underclass'. The latter group is characterised by: poverty and marginalisation; a propensity for drug addiction and violent crimes; an inability to maintain stable families; and the pleasure of living off state benefit institutions without working (Herrnstein & Murray, 1995, p.526). Defending the convincing hypothesis that a low level of intelligence can cause irresponsible maternal education, high levels of unemployment, and make poverty irreversibly worse, Herrnstein and Murray, at no point, suggest the possibility of unemployment, poverty, and a deficient education being responsible *for* a low IQ. Indeed, as the anthropologist Marvin Harris perspicuously remarks:

> IQ, high or low, cannot explain the presence of unemployment, unrewarding jobs, poverty and crime. Low IQ *can* explain why certain kinds of people are more likely to get laid off during a downsizing than others, but, crucially, it *cannot* tell us why the downsizing and layoffs take place. Is it because the IQ scores of the CEOs suddenly drop (or suddenly rise)? (Harris, 2000, p. 89)

Furthermore, as demonstrated by the psychologist James R. Flynn, analysis of the IQ scores of US army recruits over the past decades has demonstrated a three-point improvement per decade in both black and white recruits— too fast an improvement to be down to genetic mechanisms alone. Flynn proposes that: "if blacks in 1995 had the same score as whites had in 1945, it is likely that the average black environment of 1995 was equivalent in quality to the average white environment of 1945" (Harris, op. cit. p. 96).

Distance, and the perception of all kinds of differences, makes it easier to view enemy groups as immoral (Staub, 1989). Evidently, the *delegitimizing functions* of negative stereotypes will become more easily acute in those social situations where social groups compete with each other, and/or come into conflict directly using violence.

Consequently, in the case of a *legitimate* war (which is how *defensive* wars are considered) the stigmatising naturalisation of the enemy is always an essential step prior to their systematic and complete annihilation. Whether it be 'Virus' or 'plague', 'infection' or 'gangrene', no matter what: the 'surgical' cure must be necessarily energetic, radical, and definitive. Whilst the *adversary* can be treated with human equality— with due precaution, of course— it is totally impossible to agree upon any kind of negotiation with the political *enemy* that would lead to a peaceful coexistence; rather, they must be annihilated— just as they would, no doubt, in the event of their own triumph eliminate ourselves. Destroying the enemy is thus an all-out-war against someone who is basically *alien*, *distant*, and *different* to us at the same time— a *non-us*, who, in short, is *anti-us*.

For example, in May 1923, in one of his first anti-Semitic speeches, Hitler said that "The Jews are undoubtedly a race, but not human. They cannot be human in the sense of being an image of God, the Eternal. The Jews are the image of the devil. Jewry means the racial tuberculosis of the nations". Moreover, in 1942 during a meal he was having with the architects of what he would call the 'final solution', Hitler said:

> "The discovery of the Jewish virus is one of the greatest revolutions that has taken place in the world. The battle in which we are engaged today is the same sort as the battle waged during the last century by Pasteur and Koch. How many diseases have their origins in the Jewish virus!... We shall regain our health only by eliminating the Jew" (quoted in Fest, 2005, p. 305).

This medical/surgical metaphor was also used against the enemy by the devout Bishop of Vic, Joan Perelló, during the Spanish civil war, who said that a scalpel was needed to cure Spain: "A scalpel to drain the pus from Spain's entrails, truly corrupt in its brain and heart, in its ideas and customs" (quoted in Beevor, 2005, p. 609). In addition, Captain Gonzalo Aguilera— the 17th Count of Alba y Yeltes and one of Franco's press attaches— said, in his statements to Peter Kemp, that:

> "in healthier times… plagues used to cause a massive death toll among the Spanish... They are a race of slaves… They're like animals, you know, and they are not likely to rid themselves of the virus of Bolshevism. After all, rats and lice carry the plague... Our programme consists of exterminating a third of the male population in Spain. That would clean up the country and we could get rid of the proletariat" (Kemp, 1957, p. 49-50)

In the event of an out-and-out war against a foreign enemy invading our country, or whose country we invade— naturally, as long as it is a highly justified 'preventive' attack— the naturalisation process usually consists of: globally and irreversibly *dehumanising* the opponent; *animalising* him (i.e., considering him as a *beast*, the red beast, the Nazi beast); or *savagising* him, by comparing him with *savages* (i.e. the subhuman components of primi-

tive *hordes*, of *masses* totally ungovernable by reason or mercy, who instinctively lean towards assassination and pillaging, lack humanitarian feelings, or an ability to empathise with their victims) — as evinced in the case of the *Marxist hordes* of the Spanish civil war. Terrorist movements also practise this systematic, semantic dehumanisation of their victims, as a strategy to avoid any possible compassion. For instance: "the new left terrorists used to call their 'capitalist' and 'imperialist' adversaries 'pigs' and 'monsters'"; the Spanish police are 'dogs' to ETA militants, although they use the Euskera word 'chakurra'; Islam's enemies are also frequently branded 'dogs', 'apes', or 'beasts'; for Bin Laden, the United States represents 'the snake's head'; and, according to Neo-nazi rhetoric, immigrant citizens are 'apes', 'rats', and 'parasites' (de la Corte, 2006, p. 247).

At the level of propaganda, a substantial difference between 'us' and 'them' has to be demarcated precisely when distributing responsibilities for war, whose commencement, as Lord Ponsoby recommended, must always be attributed to 'their' ambitious aggression, which 'we', in turn, must defend ourselves against with all the moral energy provided by the right to a legitimate defence. Naturally, 'they' will always be the ones who wanted the war, 'they' who deliberately commit the most terrible atrocities against 'us' (and we are only responsible for a bit of 'collateral damage', as involuntary as it is inevitable), and, finally, 'they' who use weapons prohibited by international agreements, and so on and so forth. 'Our' cause will, of course, always be 'sacred', protected by God, and receive militant and enthusiastic support from international artists, intellectuals and politicians; 'they, on the other hand, will become more and more isolated, until they are completely cut-off, and defeated politically and militarily (see Rúas, 2004).

In this regard, Eidelson and Eidelson (2003) point out how the in-group's feeling of moral superiority (i.e., their 'privileged' identity traits 'envied' by 'others') always includes the constant reference to suffering an extremely dangerous state of 'defencelessness' and 'vulnerability' when confronted with a threatening, unjust, evil, and dishonest enemy, who can never be trusted and who must therefore be faced energetically, and, if possible, with weapons in hand, so as to prevent a 'worse situation' and/or the 'aggressions of the past'.

In civil wars, the naturalisation process of the enemy (of 'them' who are, when all is said and done, our compatriots) usually places especially energetic emphasis upon the *foreignisation* of the adversaries, who, to distance them psychologically from 'us', are accused, for example, of being: 'Hitler's or Mussolini's hit men'; 'Moscow's agents'; or, more generically, unpatriotically becoming instruments of 'Judaism', 'international masonry', 'Islamic terrorism', or 'capital power', and so forth. In any event, the animal, the foreigner, the virus, the beast, the faceless enemy, or the nameless adversary, are dehumanised and delegitimized categories towards whom it is far easier to behave violently (Meier, Hinsz & Heimendinger, 2007).

In the circumstances of not being able to locate a foreign agent: when, for example, the enemy is totally 'interior' (as occurs with active political dissidents), stigmatisation is almost always based upon moral degradation. Consequently, guerrillas and insurgents are redefined as 'gangsters' and mere 'highwaymen' (as they were during General Franco's dictatorship in Spain), in much the same vain that the Cuban regime states with scorn, via the official newspaper *Granma,* that their prisoners of conscience (such as Orlanda Zapata Tamayo, who recently died in a Havana prison after a prolonged hunger strike) are common criminals who "usually adopt a political profile when their criminal references are already extensive".

We already know that the first acts of more or less organised violence against 'internal enemies' are usually perpetrated by groups of young people in paramilitary style hierarchical structures, with easy access to weapons, alcohol, and drugs (Tilly, 2003; Mann, 2005). This was observed in Soviet Russia, Nazi Germany, the Spanish civil war in 1936, and, naturally, in the recent civil wars in Rwanda, the Congo, and the former Yugoslavia. First, the enemy was depersonalised and, then, eliminated in view of the indifference of the passive spectators who were direct witnesses of the various tragedies.

From Insult to Self-Blame: the Naturalising Psychologisation of Self in Daily Life

Slander and insults, as a recategorisation strategy, are always the first steps in the stigmatising naturalisation strategy in daily life. Indeed, as the historian and sociologist Didier Eribon warns:

> What the insult tells me is that I am an abnormal or inferior person, over whom someone else has power, and, above all, the power to offend me. The insult is, therefore, the means by which the asymmetry of individuals is expressed, between those who are legitimate and those who are not, and who are vulnerable for the same reason. Which means that the insult is also far more than that. It also has the force of a constituent power. Because personality, personal identity, the most intimate awareness, are manufactured from the very existence of this hierarchy, and by the place we occupy in it, and, therefore, by the glance of the other, the 'dominant one', and the capacity he has to degrade me by insulting me, letting me know that he can insult me, that I am an insultable person, and insultable ad infinitum. Consequently, I have been made to be what I am by these words of stigmatisation which others may direct, or throw at me, at any time, in any circumstance, including when I least expect it (1999, p. 55).

The problem, then, is that naturalising attributions often achieve stigmatisation based upon the language with which scientific arguments— which are ostensibly politically neutral, and which have few connections with insults— are expounded. This is typified, for instance, in gynaecological considerations of a woman's body as a 'factory' or a 'machine' wholly dedicated to reproduction, in which biological phenomena, such as menstruation and menopause, are described semantically in terms of 'losses', 'waste', or 'release' of hormones and 'detachment' of tissue— as if menstruation and the menopause consisted of pathological phenomena of bodily 'waste'. However, it was psychology professionals who linked scientific terminology with the stigmatisation of women, using naturalising constructions such as 'pre-menstrual tension' or 'premenopausal deficit' (Gergen, 1991). Many other similar concepts, which have been part of our everyday vocabulary for several decades, are used to stigmatise people diagnosed with a multifarious range of 'conditions', such as: 'addictive personality'; 'chronic anxiety'; 'mid-life crisis'; 'hysteria', 'anorexia' or 'bulimia'. Many such attributions have, indeed, been ripped out of their clinical context and brandished arbitrarily and insensitively in quotidian discourse by the vast majority of the population (Gross, 1987).

Cruel naturalisation levels reach their apex, however, when stigmatising psychologisation diagnoses the cause of several types of illness based upon psychosomatic attribution. In many of these cases, the patients' self-stigmatisation is reinforced by the adverse categorisations that society paints some of these complaints with, many of them incurable and fatal.

As occurred in the past with syphilis, today, suffering from AIDS, among other diseases, involves suffering a double process of individual and collective stigmatisation: standing out as a member of a *risk group* (collective stigma) which suffers from an infectious disease, typical of people *punished* for having had too active a sex life (individual stigma). Disease, stigma, and punishment are almost always inseparable elements in the social recategorisation of a person diagnosed with AIDS. As Susan Sontag warns:

> The illness flushes out an identity that might have remained hidden from neighbours, job mates, family, and friends. It also confirms an identity, and, among the risk group in the United States most severely affected in the beginning, homosexual men, has been a creator of community as well as an experience that isolates the ill and exposes them to harassment and persecution" (Sontag, 2003, p. 152-153).

The idea of *illness as punishment* always involves blaming the cause of the patient's affliction upon their own behaviour and lifestyle: lung (or oesophageal) cancer punishes the hardened smoker; people who do not ingest enough fibre develop colon cancer (and haemorrhoids), and so on and so forth. However, the main re-categorisation that the image of stigmatised sick people has undergone is the increasing acceptance of psychological explanations for illness. A century and a half ago, tuberculosis was considered as a romantic

illness which passionate, sensual, rash, and sensitive souls were prone to. However, as we know, tuberculosis was actually caused by Koch's bacillus— not by a romantic temperament, extreme slimness, or the compulsive reading of Goethe's *Werther*.

When Dr. Waksman's tetracycline started to cure tuberculosis, asthma was defined as the typical affliction of anxious and dependent people (Alexander, 1950). Based upon similar naturalising attributions, subjects with type A personality (Friedman, 1969) are 'blamed' for the proliferation of heart disease— as if they deserved this punishment for their behaviour. Similarly, people still claim that there is an 'ulcer personality' (even upon discovery that the cause of a peptic ulcer lies in a bacteria that was unknown until recently, the *helicobacter pilori*) or a 'repressed', 'not very spontaneous', and highly 'frustrated' type C personality, typical of cancer patients (Temoshok, 1987). Many of these oncology patients, according to authors such as Groddeck (1970) and Matthews-Simonton (1988, 1993), could ostensibly cure themselves if only they had enough 'willpower', 'expressed their anger openly', or 'detailed their feelings of failure'. These are disgraceful and useless assertions which, both, belie ignorance of medical science, and make the patient and their psychosocial environment responsible for their afflictions. "Psychological theories of illness," Sontag insists "are a powerful means of placing the blame on the ill. Patients who are instructed they have, unwittingly, caused their disease, are also being made to feel that they have deserved it" (op. cit. 82).

Shameful diseases notwithstanding, self-stigmatisation is often closely linked with the attributions used to explain, at least in part, other adverse events a person suffers; as in the case of sexual attacks, when the woman is accused of having some responsibility (or even blame), to a greater or lesser extent, for her own rape. "She was asking for it", "it was always going to happen to her one day", "she dressed too provocatively", "she's a provocative flirt, and she's met her match", are just some of the phrases occasionally used by the victim's own friends and family to *justify* a rape— this is especially true when the victim and abuser know each other (Bell, Kuriloff & Lottes, 1994). The stigmatisation of a rape victim is, in short, a means of explaining the 'dangers' represented by an 'independent' woman's sexual autonomy. This independence is, has been, and will be considered from a traditional male perspective as a *risk situation* which the woman is incapable of managing effectively. The usual consideration, even in court sentences which have absolved rapists who have confessed, is that a man 'sexually excited to the extreme' is, normally, biologically and psychically incapable of 'stopping his urge to have intercourse— an urge which the woman is, naturally, 'responsible' for.

The socio-historical analysis of rapes committed in times of war, prove that, except in exceptional cases, they are usually perpetrated as: a militaristic tactic aimed at demoralising the enemy; a method of counter-insurgency; or as a male ritual to reinforce belonging to the group. Rapes are not considered, in hardly any of these cases, as 'spontaneous accidents' committed by 'isolated groups' of uncontrolled individuals. When the Japanese

troops took the Chinese city of Nankin on December 13, 1937, the invading army's commanding officers gave precise written orders for the soldiers to rape as many women as possible, in order to 'demoralise enemy resistance'. There were 200,000 rapes in just one day, and a similar number of men were shot at the same time. Similarly, in May 1945 when Berlin was taken, the Soviet army was encouraged by their superiors to 'sully the racial pride of Nazi women' (the declaration was written by Ilya Ehrenburg), stating that large amounts of vodka would be given to the troops who participated in the over 100,000 rapes committed as a 'war tactic'. In our present epoch, the supply of alcohol to encourage systematic rapes (not spontaneous, nor accidental, and isolated) has been witnessed in the wars of Yugoslavia, whilst in the Rwanda, Congo, and Sierra Leona conflicts, psychotropic and other drugs were distributed among child soldier rapists (Boudry, 2009).

In times of peace, cruelty and psychological aggression are also organised in a premeditated and effective fashion against those people previously defined as psychologically 'distant' and 'alien to us'. Psychiatric naturalisation, and attributions of mental illness towards work colleagues, is one of the most effective strategies of harassment at work—especially when the victim has shown some small sign of eccentricity or nervousness (Leymann, 19996). As Lemert (1977) said over thirty years ago, most paranoid behaviour detected by company psychologists, rather than being due to mental illness, could more readily be explained as the inevitable consequence of a process of consciously programmed information isolation, actively maintained by the bosses and colleagues of the 'victims', who, little by little, and often in a very subtle or 'invisible' manner, actually end up becoming mentally ill (González, 2006). Both the invisibility and subtleness of this kind of aggression makes it difficult for outside observers to notice, and, above all, makes it impossible for the victim to locate the source of his problem, and to react quickly.

Collective Violence: the Definitive End of the "Amorphous" and "Disorganised" Mass

Specialists in mass behaviour have managed to demonstrate how intolerant feelings and collective violence use the powerful capacity of destruction, usually attributed to uncontrollable masses, since their members hide behind the spread of responsibility, and the anonymity which the crowd provides. In fact, contemporary social psychology has for decades been analysing the behaviour of crowds as a normal (i.e. *not pathological*) phenomenon regulatorily coordinated by active leaders who promote, and consciously strengthen the 'us-them' divisions (Tilly, 2003).

In both natural observations of episodes of violence which occur on public highways, and laboratory-controlled experiments, crowds are analysed, today, as groups inte-

grated by a, more or less, broad number of individuals, usually far better organised than the first writers about masses, such as LeBon, realised. In the vast majority of cases, the members of these presumably amorphous and disorganised masses share not only the same social identification, but also the emergent norms which are adopted and upheld in a relatively orderly fashion vis-à-vis 'the others' (Mann et al., 1982; Reicher, 1982; 1996).

Furthermore, it appears that groups usually behave much more violently than individuals when, both, the emergent norms, and leaders define the aggressive conduct as *legitimate* and *morally appropriate* (Rabbie, 1989). This is what usually happens — both at an individual and group level— when the aggression is defined as *self-defence* (i.e. as an instrumentally *suitable* response to an attack perceived as *unjust and illegitimate*) (Brown & Tedeschi, 1976; Eidelson & Eidelson, 2003).

Collective violence cannot therefore be attributed exclusively to a series of amorphous phenomena typical of the disorganised mass (with the exception, probably, of panic behaviour in a situation in which there are no effective escape routes, identified as such, by the mass trying to flee). On the contrary, the vast majority of collective violence phenomena (ranging from a fight between football fans at the gate to the stadium, to a civil war) imply a *selection of opportune victims*, as well as a *prior design* of the violent action which will then be performed in public in a coordinated fashion by its most visible protagonists. Once the violent action has been triggered, the spread of responsibility and anonymity must be understood as complementary motivational variables that facilitate the onset of this violent action, but are not behind its intentions and aims. Believing that violent individual or collective behaviour is *always* a spontaneous, and *always* an inevitable phenomenon is, without a doubt, the most dangerous manner in which psychologisation can manifest itself.

The human being is characterised by being the only animal guided completely consciously and rationally by *purpose* (i.e. by future-oriented goals and objectives, by *theories* on himself, and on individuals, groups and categories of people with whom he has a relationship) (Epstein, 1973). As the writer Victor Frankl said on the final page of *Man's Search for Meaning*: "the human being is not yet one more thing among others; things determine each other, but man is ultimately self-determining. What he becomes, within the limits of endowment and environment, he has made out of himself. In the concentration camps, for example, in this living laboratory, and on this testing ground, we watched and witnessed some of our comrades behave like swine while others behaved like saints. Man has both potentialities within himself; which one is actualised depends on decisions, but not on conditions" (1962, p. 128).

In this respect, mere stigmatising psychologisation, regardless of its extent, can rarely serve, by itself, to understand and explain collective phenomena as devastating as a civil war. Besides geopolitical considerations, which I am not going to address here, the talk is usually of: old, unresolved conflicts (such as in the case of former Yugoslavia); of ex-

treme situations of violence and poverty (which is how African conflicts are usually explained); and even of the existence of an 'aggressive' temperamental element (which, at the time, they wanted to use to understand the Spanish civil wars). In all these particular cases, we fail to recall that there were political leaders incapable of effectively handling a series of conflicts which increased day by day, gaining momentum in dangerous spirals of violence. We also fail to recall that all parties (black and white, left and right) put their youth into paramilitary organisations, who, suitably armed, were the ones at the centre of these increasingly aggressive and uncontrolled spirals of violence. In short, we fail to remember the inaction and absolute lack of efficiency of the governments involved, the division of the army, and, of course, the indifference or fear of the countries that could have intervened on time to extinguish the first fratricide flickers.

Conclusion

The above précis has attempted to demonstrate that no naturalising stigmatisation occurs spontaneously; rather, it needs stigmatising agents (specialists or amateurs), and a stigmatising purpose.

In this respect, I believe a decisive variable is the increased dissemination of certain clinical concepts amongst the general public. The terms used by doctors and biologists are always more *plausible*, as, indeed, scientific language is more *credible*. Consequently, aforementioned concepts spread faster among laypeople, although they become distorted at the same time. For example, a 'womanising' politician (as the Prime minister Lloyd George undoubtedly was) would nowadays be accused of being a 'sex addict' (just like John Fitzgerald Kennedy, who, decades after his death, has been definitively diagnosed as a sex addict).

The dissemination of technical concepts in popular discourse depends on the level of visibility of the stigmas they define. For instance, whereas a century ago the terms 'consumptive' and 'syphilitic' were a common insult for thin people (even if they did not suffer from these diseases), today, the concepts 'anorexic' and 'bulimic' are used more often as insults for thin or overweight school-age children.

On other occasions, the success of a naturalising label, or the popularisation of a certain clinical term, is simply due to it becoming 'fashionable' for demographic reasons. For example, today, due to the growing age of the European population, society tends to define almost all dementias suffered by the increasing number of older people as 'Alzheimer's'. A biological, medically 'normal' or 'natural' phenomenon, such as senile dementias, are thus all given the same label, Alzheimer's— unquestionably one of the 'fashionable diseases' of our times.

In general, biomedical naturalising labels appease the consciences of people close to the stigmatised individual. As such, the grandfather suffering from dementia is no longer an old man who can be looked after by his children; on the contrary, because he is 'sick'— having been diagnosed with a serious illness with a German name— he must be interned in an appropriately skilled nursing facility. Along the same conscience-appeasing lines: a child who psychologists diagnose as 'hyperactive' is always 'ill', as opposed to being the 'bad-mannered and aggressive' result of ineffective socialisation by negligent parents. It is now believed that schools, rather than families, are exclusively re-sponsible for educating children, unless of course they are 'hyperactive', in which case psychologists take over. In any event, parents' responsibility will always be of little signi-ficance.

Lastly, it is worth noting that naturalising stigmatisations are especially effective at backing new 'subtle' or 'modern' forms of sexism. For example, today, nobody disputes that a woman can be a magnificent architect, surgeon, or combat pilot, but certain subtle manifestations of 'male chauvinism' still continue to attribute possible 'vague' behaviour problems to their 'obvious hormonal differences', which can either be understood as an irrelevant biological variable or as a factor that can potentially distort a woman's psycho-physical performance.

In times of peace and political prosperity, subtle, invisible, and, naturally, politically correct stigmatisations will continue to grow at the same rate as the technical designations designed to label new 'pathological' behaviour, such as 'addiction' to sex, work, or exces-sive physical exercise. I suppose that all these pathologies must be true if the experts say they are. However, I fear that someone may easily stigmatise me if I state that I feel dis-creetly attracted by a girl who is younger than myself, if I do not go on my summer holi-day to finish writing a book, or if I am disciplined about doing the gymnastic exercises I have been prescribed for my backache. It is not, therefore, very encouraging to know that the next DSM includes dozens of 'new' psychological pathologies. I assume that none of us will have much trouble recognising ourselves in one of them.

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