

A small but significant portion of the population has always consisted of people who are "different," who are outside the mainstream for one reason or another: the mentally ill, criminals, people with various physical disabilities and conditions, homosexuals, persons of indeterminate gender, and so on. In the past such people were stigmatized as "abnormal" and it was common to hide them away as not fit for public viewing. Now the trend is toward valuing many human differences positively (under the banner of diversity) rather than negatively. As a result, "different" people are more visible today while "abnormal" people are less in the public consciousness because that label is dropping out of common use. How has that transformation come about? And does it represent an unequivocally positive step toward a more compassionate society?

These questions can be addressed more easily if we contrast the current situation with how the distinction between normal and abnormal worked in the past. Probably its most important function was to set out in highly visible form acceptable standards for human living and behaving. One could plainly see how not to be merely by looking at abnormal people. And the ridicule, exclusion, and other sanctions leveled against them motivated others to tailor themselves to the social image of the perceived normal.

Discrimination against abnormal people was facilitated by the tendency to designate entire persons as abnormal if they possessed certain traits considered to be such. According to the "labeling theory" of deviance proposed by Erving Goffman and Howard S. Becker (who both wrote on this subject in 1963), the stigmatized trait is transformed into a "master status" that so overwhelms the individual's other traits in the eyes of society that it becomes the only characteristic by which that person is known and evaluated. My suggestion is

Where Have All the Abnormal People Gone?

by
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that the notion of the abnormal is losing its force today because abnormal traits are less readily promoted to the level of master status than before. Furthermore, certain traits themselves, previously assumed to be abnormal, are now being reclassified as normal.

Disability

Traditionally, disabilities have been conceptualized and treated in terms of a medical model that focuses on disabled individuals. The individual's physical or mental condition was diagnosed as a pathology, and physicians or therapists would treat the patient in an effort to achieve medical, social, vocational, and other forms of healing and rehabilitation. The change that constituted improvement or a cure was always a change in the disabled individual brought about through the intervention of health care providers.

This model reinforced the classification of disabled people as abnormal. Many disabilities—blindness, deafness, mental retardation,

paraplegia, and the like—were held to so thoroughly permeate all facets of sufferers' lives that they constituted a decisive factor in virtually everything the individuals did and thus became their master status. In this way, people with disabilities were defined as different from (and less than) others. They were classified as abnormal and were subjected to various forms of treatment, discrimination, institutionalization, and exclusion.

However, the medical model of disabilities is changing. One measure of that is the uncertainty surrounding the terms that should be used to refer to people with disabilities. Should we say *handicapped*, *disabled*, *differently abled*, *limited*, *challenged* or something else? Tired jokes about politically correct language aside, the uncertainty about terminology reflects a real paradigm shift in attitudes. The idea is gaining momentum that *disability* describes not an individual but a particular kind of relationship. As French

physician and anthropologist Claude Hamonet puts it, "A handicap is viewed not as a systematically inferior condition [of an individual] but as a disequilibrium established between the remaining capabilities of the handicapped individual and the exigencies of his or her environment."

From this perspective, a blind person is no more disabled than a sighted person (probably less so) when trying to locate things during a power failure in the middle of a dark night. Similarly, a disability is present when a person who has difficulty climbing hills or stairs resides in a mountainous area but not when that same person inhabits a level terrain where buildings are well provided with elevators. It follows that coping with disability has as much to do with changing the environment as it does with treating the personal condition.

The environment is as much social as physical, so attitudes need to be changed as well as architecture. Crucial here is the process of de-labeling or relabeling—changing public opinion so that people with certain personal traits are no longer stigmatized. This process seems to require stigmatized people themselves to reject the old labels by "coming out." Instead of acquiescing in the stigma and either submitting to discrimination or attempting to "pass" as someone who doesn't belong to the stigmatized group, they openly and proudly acknowledge their membership in it, insist that there is nothing wrong with being a member, and energetically demand their rights as equal citizens.

This, of course, has been a highly successful strategy for the civil rights movement and many other liberation movements. Deaf militants have recently insisted that deafness is neither a disability nor an abnormality but simply an alternative way of being—even one that is in important ways preferable to hearing. Some take this so far as to say that they want their children to be deaf,

and if prenatal testing indicates that a fetus will be born hearing, they would rather abort it and try again for a deaf child. Similar representations have been made by individuals with congenital dwarfism.

As the paradigm for disability changes, we will speak and think less in terms of categories of people who are blind or deaf and more in terms of situations wherein combinations of certain personal characteristics (blindness, tendency to depression) with certain physical and social environmental conditions (reading books on tape or in braille, the prospect of eating dinner with carping in-laws) are conducive to more or less effective functioning. This paradigm shift has several important implications for the normal/abnormal opposition.

For one, it is possible to define conditions within which everyone would be disabled—such as being trapped underwater without a breathing apparatus. Therefore, to be disabled is neither different nor abnormal. As this point of view gains ground, disability will be much less likely to rise to the level of master status, and stigma and discrimination against those people traditionally called handicapped or disabled will diminish.

Already occurring and even mandated by law is another development relevant to the normal/abnormal opposition: efforts to deal with disabilities now focus not only on improving the coping skills of individuals but also on creating environmental conditions to enable optimal functioning of people with diverse abilities and limitations. This has allowed many disabled people formerly stigmatized as abnormal to operate effectively in various occupational and social contexts. As this occurs, their physical or mental limitation comes to be seen as just one among many personal characteristics, relevant in some situations and not in others. Thus losing its master status, the disability no longer defines

and stigmatizes the individual as abnormal.

Interestingly, the disability may continue to be relevant to a distinction between normal and abnormal at the sub-individual level of personal *traits*. For example, as mentioned already, while some deaf people maintain that absence of hearing is neither a disability nor abnormal, I don't think they have had signal success in moving public opinion on that point. People in general continue to speak of abnormal hearing, vision, reasoning abilities, motor control, and so on. But even if many disabilities are still considered to be abnormal on the sub-individual level, when they are not elevated to master status they can't underwrite the designation of abnormal on the level of the whole individual. Hence, disability is diminishing as a criterion for discriminating between normal and abnormal *persons*.

Sexual Preference

A slightly different process seems to be occurring in the area of sexual preference. Here, too, traits at the sub-individual level are less likely than before to be raised to master status and stigmatize the person as abnormal. Unlike the process just described for disabilities, however, in the case of homosexuality it is because public opinion is moving toward the understanding that the trait in question is not abnormal.

Until recently, the notion was widespread in Western society that homosexuality was an unnatural condition. It was viewed, on a medical model, as a pathology that should be treated. To be cured, of course, meant to overcome the attraction to members of one's own sex and to replace it with "natural, healthy, normal" heterosexual impulses.

But the view of homosexuality as a pathology has been losing ground. It is possible to chart the change through successive editions of the

American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. In the original 1952 edition (*DSM-I*), homosexuality was defined as a "sexual disorder" belonging to the category of "sociopathic personality disturbances." But the third edition (*DSM-III*), appearing in 1980, stated that "homosexuality itself is not considered a mental disorder" unless it takes an "ego-dystonic" form. Homosexuality is not mentioned at all in the revised version of *DSM-III*, which appeared seven years later, nor in the *DSM-IV* of 1994.

These changes didn't come about solely as a result of dispassionate scientific evaluation. In line with social and political developments of the time, the Council of the American Psychiatric Association in 1973 unanimously supported removal of homosexuality from the category of mental disorders. The proposal encountered strenuous opposition with the association, and the matter was put to the entire membership in

of gay people's coming out publicly to insist on equal rights with other citizens, in the early 1970s resolutions and ordinances opposing discrimination against homosexuals were passed by various organizations and municipalities in the United States. Gay and lesbian caucuses were formed in many professional associations, and in 1971 laws against homosexuality were overthrown in Connecticut, Colorado, and Oregon.

Of course, gay liberation is no accomplished feat. The United States lags well behind other developed nations, with anti-sodomy laws remaining on the books in almost half the states. Progress has been anything but steady. A conservative backlash that began in the late 1970s struck down anti-discrimination laws and undid other gains that had been secured early in that decade. When the new right wing faltered in the mid-1980s, gay liberation made fresh advances. But the rightward shift of the 1994 elections threatened to roll back these advances, and the issue

increasingly consider it to be just one characteristic among many—and by no means one that overwhelms all others when interacting with co-workers, fellow students, church members, rivals, or friends. That is to say, homosexuality is losing its master status. And as these social changes proceed, another individual criterion for identifying and stigmatizing persons as abnormal is passing from the scene.

Relocating Stigma

Most people, myself included, regard the developments we have reviewed as beneficial. As the opposition between normal and abnormal weakens, many people who previously would have been classified as abnormal avoid being placed in a stigmatized category. Spared the discrimination and exclusion associated with being abnormal, individuals in these categories have the opportunity to lead more satisfying and productive lives.

On a more general level, however, it is possible that the decline of the normal/abnormal opposition is just one part of a larger story that might not have an entirely happy ending. That story concerns notions of personal responsibility.

The point of view seems to be developing that people are less responsible for traits or behavioral propensities stemming from heredity or other biological causes than they are for those which derive from their upbringing, cultural milieu, or other environmental factors. For example, an individual who is driven to violence because of a tumor affecting a certain part of the brain is thought to be less morally responsible for his or her behavior than an equally violent person who suffered child abuse and grew up in a tough neighborhood.

These notions are highly relevant to attitudes toward disability and homosexuality. Many disabilities have clear biophysical manifestations and concrete origins in birth impairments,

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a referendum in 1974. This settled the matter—perhaps not so much scientifically as politically—when 58 percent voted for removal as opposed to 37 percent for retention.

The political dimension is, in fact, one of the most important factors in whatever progress has been made toward redefining homosexuality and removing the stigma of unnatural and abnormal from it. Largely as a result

remains strenuously contested. Hate speech and violent hate crimes, such as the murder of Matthew Shepard, demonstrate that homophobia is far from vanquished.

Nevertheless, if one compares general attitudes of 1950 or 1960 with those of today, it is undeniable that gay liberation has made net progress. As homosexuality sheds its association with the unnatural, people

accidents, or illnesses. These fall in the category of conditions for which the individual tends not to be held responsible. This may help account for recent increases in society's willingness to make architectural and other accommodations for them, as well as a decrease in the tendency to inflate disability into a master status that stigmatizes the whole person.

A similar development is evident in evolving attitudes toward homosexuality. Previously the idea was widespread that homosexuals voluntarily choose to engage in deviant behavior. This made it easy to hold them personally responsible for their conduct and to stigmatize them as willful perverts. In addition to the diminishing tendency to regard homosexual activity as deviant or perverted, people are beginning to wonder if the desire to engage in it is as willful as they had imagined. For some years now many gay people have been insisting that they have been attracted to people of their own gender for as long as they can remember. These individuals consider their sexual orientation not to be a matter of choice but something that is "hard-wired" in them. This view is aided by recent scientific investigations suggesting that homosexuality is associated with a particular condition of the brain and has a genetic origin.

With these developments it has become more difficult to assign personal responsibility for homosexual behavior. In one case, when two brothers told their father that they were gay, he rejected them and agonized over what in their upbringing could have made them this way. Then he encountered Dean Hamer's work on a genetic element of homosexuality and that eased his pain. He could forgive both himself and his sons because, as Hamer and Peter Copeland report in their 1994 work *The Science of Desire: The Search for the Gay Gene and the Biology of Behavior*, "This was something out of his control; it was nature, not his nurture." As with

disabled persons, if homosexuals can no longer be held personally responsible for their condition, it becomes more difficult to stigmatize them with the same vengeance as before. (Though I must hasten to note that not all gay rights activists agree with this attitude, holding that freedom of choice in sexual matters is a basic right and is in no need of a biological "excuse.")

The other part of the story, however, is that, at the same time as discrimination and exclusion abate with reference to disabled and gay persons, in the United States at least it is possible to discern a counter-current of increasing recrimination and stigmatization directed against criminals and the poor. Especially for lower-class individuals who commit crimes connected with drugs, involving violence, or involving small-scale theft (as opposed to the more subtle and more massive theft of white-collar criminals), exclusion from society is the increasingly popular reaction of choice. This is visible in tougher sentencing guidelines and such policies as "three strikes and you're out." These policies account in part for the massive recent increase in the number of persons incarcerated, on parole, or on probation. At the very moment when mental patients are being discharged and psychiatric hospitals closed, prisons are filled to the bursting point and crash programs are undertaken to build new ones.

Simultaneously, welfare programs are being cut back and, as a way to control teen pregnancy, an effort has been made to curtail child support to unmarried mothers and their children who live in poverty.

A common denominator among these attitudes toward criminals and the poor is the view that they bear responsibility for their plights. This, I suggest, is because the source of their problems is assumed to be in their upbringing and the socio-cultural milieu in which they live. Unlike those conditions which are

rooted in a person's biophysical being, popular sentiment holds that it is possible to overcome environmental circumstances by will power and hard work: if only they would, these people could refrain from criminal behavior, get decent jobs, and raise themselves out of poverty.

From this larger point of view, the decline of the normal/abnormal opposition may only be part of a new chapter in the nature/nurture controversy. Today dramatic new advances in genetics and biomedical science in general conspire with the widespread predilection for answers rooted in concrete things and situations to tilt the balance heavily toward nature. Conditions such as disability and homosexuality are increasingly thought to stem from nature and, simultaneously, the idea is growing that an individual isn't responsible for what nature has given. Thus the tendency to stigmatize such persons as abnormal is diminishing.

While this implies that the opposed categories normal/abnormal are losing their force as instruments for distinguishing between the acceptable and the despised in social life, it doesn't necessarily follow that the latter distinction operates any less ineluctably than before. Stigmatization is not a thing of the past—and may not be declining. Rather, it seems to be shifting its locus from the normal/abnormal axis to others, such as responsible/irresponsible, self-reliant/dependent, or even have/have-not. No matter how we label them, the targets of the new stigmatization may be described as those who are unable to offer any reason grounded in nature—in their biophysical condition—for their failure to succeed in society.

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