POSITIVE STIGMA TO PEOPLE WITH SPECIAL EDUCATIONAL NEEDS

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Abstract:

This article investigates the processes that successful stigmatized individuals use to overcome the harmful consequences of stigmatization.

Key words: positive stigma, people with disabilities, positive psychology

INTRUDUCTION

Stigma is a widespread phenomenon which can be rediscovered in all societies and cultures in different extent. In the terminology of sociology and social psychology stigma is a prejudice-based feature, which is attributed to the members of minority groups for the purpose of their moral depreciation and rejection by society. Traditionally, stigmatized groups are: ethnic and racial groups in complex societies, people with physical disabilities and those overweight, mentally ill, men and women with nontraditional sexual orientation, women who have not been married young, disabled people who got in the permanent boundaries of poverty and restrictions, former prisoners, drug addicts, people with AIDS, elderly people.

To be stigmatized means to bear a negative moral scar on yourself, which as a result of prejudice makes you different from the majority. Stigma separates people into groups, which we in general can call "we" and "they". People under stigma are defined as outsiders, distant from the usual social life of the majority. Stigmatizing usually creates prejudiced hostility in the stigmatized people towards the society and vice versa.

Stigmatizing is not an episodic process of the social life of society, but stigmatizing is a lasting social problem which concerns the moral and culture of the people who live in that society.

Every stigma, even the least manifested one can impact the realization of the life plan of a person. Once he/she has felt different and socially declined, the individual starts to develop protection strategies, and this lessens his energy for constructing and following life plans for social realization, typical for the dominating values and standards for a given culture. However, stigma may have also the opposite effect – to motivate people with social needs to be successfully integrated and realized in the social life and employment processes. However, in the contemporary global society we observe a tendency of strengthening of the resistance of disabled people. Furthermore, the good examples of successful, socially and professionally

realized stigmatized people, as well as the studies in this field, show that the positive stigma impacts as well the disabled people (1). Positive stigma stimulates the people with special needs to seek more contacts, to become more independent and to realize themselves adequately in the social life.

The social, economic and technical development provides opportunities for good professional realization of people with special educational needs. Their resistance, their striving for "survival" and successful "introduction" into the social life are a prerequisite for success. The people who are stigmatized and their families are aware that once they have been labeled, they should have to overcome this stigma and to take the maximum possible good out of this label.

In 1963 Irving Goffman published his book "Stigma: notes on the management of the spoiled identity" (2). This work creates the beginning and gives opportunities to other researchers to seek ideas on and practices of stigmatizing. The conceptions of Goffman are widespread in the sociological and socio-pedagogical researches of the stigma. Goffman defines three types of stigma:

- The first type "the abominations of the body", when the stigma is caused by external physical disabilities;

- The second type is "scar of individual character", when the stigma is caused by a mental disorder, alcoholism, homosexuality also gets into this category;

- The third type of stigma is the "tribal stigma". This is the stigma based on race, religion or nation.

These different types of "labeling" the people are connected to factors such as perceiving the possibility of controllability, which influence attitudes and attributions of the individual and society, which attribute to the stigma.

MATERIALS AND METHODS

When the feature is perceived as uncontrollable, then it is judged not so bad, as the feature which is considered as controllable. The stigma related to mental disorders, particularly, has characteristics which make it different from the stigma related to other areas (3; 4). Reduced self-confidence and individual efficacy are part of determining the conditions of mental disorders. However, on the other hand, observations of low self-confidence or efficiency are not always caused by mental disorders and should not be stigmatized. The external factors such as family and social life are also important factors, which determine the possibility for successful correction. It has been found out that the high quality of the parents' attitude is a very important protective factor that contributes to the stability of the individual (5).

Scientific literature on stigma and stigmatizing analyzes the factors that contribute to the negative impact of stigma on peoples' lives. However, the researchers take particular interest also in the study of the processes of success despite the stigma, or the so called positive stigma.

The processes, which successful stigmatized people have implemented in order to achieve these good results are three:

- Compensation;
- Strategic interpretation of the social environment;
- Complex of identities.

Compensation is necessary, in order the stigmatized person to be able to assert himself and to find his place in the social and professional life, despite the label. These additionally developed skills will help people to achieve their goals and to overcome the stigma. (6)

For example, individuals with locomotory disabilities are referred to acquiring excellent driving skills, so that with their personal motor vehicles they could move from one

place to another much faster, and their transportation will not be a factor impeding their work, contacts or mobility. In this way they can escape also the bad and unsuitable architectural environment, and not be dependent from public transport or relations.

Contemporary technologies, probably, are the most useful for every stigmatized person, whatever the stigma is. Through the development of new computer skills, people with special educational needs may compensate to a great extent their disability.

Science researches show that people who are labeled are much more combative and much stronger assert their goals, positions, than those who are outside the stigma. It has been found that the unattractive girls are much more insistent and they try to influence on their contemporaries, compared to the attractive girls (7).

According to other researches, fatty women think that their interaction and contacts with more partners can compensate the weight. The overweight is the reason also these women to seek a better professional qualification (8)

Similar is the situation of stigmatized people with physical disabilities: stigmatizing is the cause for an individual to seek better qualification for better job and respectively better integration in the social and public life. The good practices show that this is not merely a fact, but also a stimulus for stigmatized people to achieve higher results. The physically stigmatized people can also specify their social skills of interaction, in order to compensate the stigma (8). They create their own strategies of overcoming the stigma.

The results from the tests show that stigmatized individuals watch out more vigilantly their social interactions. For example, labeled people remember and know more details about communicating, than the non-stigmatized people, and also they are more willing to contact a partner with their point of view (9). Women are more prone to be more sensitive than men in deciphering the nonverbal signs (10). Some researchers suggest that this increased sensitivity is a result of the researches on women, who take lower status (11), as well as the people with

lower status should be more sensitive to people of higher status (12). A third compensation strategy is that the stigmatized people object to the stereotypes, especially those that affect them. Women who have been warned that a sexist judge shall evaluate their essays describe themselves as less stereotypically feminine (13). These strategies help the people to distance themselves from the stigmatized group, in order to escape being evaluated by prejudice. Finally the stigmatized people may devalue the size of their disadvantaged status and to compensate by an estimation of the extent in which their groups are not in a disadvantaged position (14). For example, in the studies of stereotypes, it has been found that the members of groups that stereotypically are weak in the academic fields are trying to escape from the academic field (15; 16).

STRATEGIC INTERPRETATION OF THE SOCIAL ENVIRONMENT

In order to protect their feelings of self-respect and quality, stigmatized people strategically manipulate their interpretations of the social environment by making selective social comparisons. Instead of comparing themselves with the people from the benefiting groups who tend to have better results, they compare themselves with members from their own group, who have similar or worse results (17). When realizing that they are doing well or even better than others in similar circumstances, stigmatized people feel better self-assessed and effective. Through changing their standards of comparison, stigmatized people are capable of improving their perception of inequality (18; 19). Stigmatized people also manipulate the type of their attitude towards the others, in order to explain social events. For example, they discuss the negative examples for social failure of a member of the benefitting group, so that they do not feel offended by their being stigmatized to a certain group (20). Moghaddam provides a similar example (21). When facing failure the non-stigmatized person is more inclined to attribute the failure to himself, while stigmatized individuals are more inclined to attribute their failure to discrimination. This model of attributions serve for self-

protection of the stigmatized people and preserving their self-respect by transferring the responsibility for the unwanted result from themselves to the others (22).

In contrast with the strategy of attribution analyzed above "labeled" people also can deny or minimize the prejudice and discrimination in order to protect their feeling of self-respect. Studies show that people are more inclined to perceive the prejudice and discrimination aimed at their group, rather than aimed at them (19;23). Some researchers suggest that the motivation to deny, to see yourself as a victim is the foundation of this notion. People are motivated to see the world as a simple place, and frequently they declare themselves as unfortunate victims. This allegation is applied both for justification of other peoples' stigmas and for one's own as well. When the stigmatized person defines himself as a victim, then this can be detrimental to the perceptions of control and self-respect (24).

COMPLEX OF IDENTITIES

Every person owns a feature, which identifies him to a certain group, and in real life people have many identities (25). Stigmatized people can also assign themselves to another group in order to protect themselves from the stigma. Most of the studies on stigma are focused on studying the identity which stigmatizes a certain individual, but every person owns a multiple of identities – religious, racial, social, etc.

For example, Reyhan, a pop artist may be identified by multiple of features – ethnic origin, gender, religion, profession. Therefore, every person, as far as he has many identities, he can identify himself with each one of them and to determine his own status with this identity with which he feels himself most appreciated. Apart from this, the multiple identities are the basis of psychological well-being. People with more complex identities are more resistant to diseases related to stress and depression (26), by identifying themselves with

different groups they can receive a wider social support (27) and to feel more satisfied with what they have achieved in their life (28).

The total identity assessment of the personality is an aggregate process, which combines all identities of a person with the purpose of protecting his psychological well-being. Stigmatizing is a social construction and certain identities can be stigmatized in one context, but in another this cannot be done (29;30). Strategically one identity can be underlined with which they are appreciated, while they can cross out an identity with which they are not appreciated in a certain social context (30; 31). Stigmatized people can accent certain affiliation and to cross out another, which stigmatizes them and leads to psychological failure. Despite from this, people spontaneously change the way of their self-esteem and affiliation in different situations. The studies of identity adaptability have found out that people orientate themselves positively to identities which are adaptable in a given situation.

For example, the American men of Asian origin according to the stereotype are better in studying mathematics, while the stereotype of the American women of Asian origin, is for better achievements in the humanitarian science fields.   In a situation of doing a mathematical test the American women of Asian origin remember more positive memories related to the ethnic affiliation. Although, in a situation of a verbal test the American women of Asian origin have more positive memories related to the gender (30).

Assigning people with special educational needs to different groups leads to a better self-esteem and psychological well-being. The high assessment of a given identification group regarding the qualities of the stigmatized people can be defined as positive stigma.
Of particular interest to science are also the models of preventing the stigma. Researchers analyze two models, while recognizing the consequences of assuming protection strategies and stable development.

EMPOWERMENT

Empowerment is an active action, not only a strategy creation and passive fighting with prejudices and avoiding negative consequences. This model rather presents the stigmatized persons as active participants in the society, which tries to understand their social world and creating positive results (32). Empowerment analyzes the overcoming of stigma as a multilayer process with gradual superposing of processes and their enrichment. Stigmatized persons, who overcome stigma, develop a feeling of mastership and independence, efficiency of their achievements. (33). For example, people suffering from mental disorders, who have successfully passed behavioral therapy, should be provided with more opportunities. (34).

Then probably, the stigmatized people who are socialized well in the society, despite their status, they accept the model of empowerment and the model of coping. Often the stigmatized people say that they had had the power to learn valuable lessons about life despite the misfortunes caused to them by the stigma.

A variety of factors help in the prognosis whether the stigmatized people shall react to the stigma with empowerment or they shall cope with the situation. One of these factors is the feeling of legitimacy of the stigma. People who consider that the stigma is not fair and they have been forcedly stigmatized, they react with righteous anger and undertake actions for removing the stigma (35). The second factor is the extent of group identification. Individuals who are strongly identified with their group, despite the label, related to the group, more probably shall be empowered. They often interact with the other stronger persons from the same group and in this way they are more aware of the positive aspects of their membership in the group (36; 37). As a result of this they are less inclined to hear negative messages received from the society, which stigmatize their identity. People who reject the negative images are more inclined to try to maintain the social status and to work on a high level

COPING

Coping particularly, offers to the stigmatized people to undertake strategies in order to cope with the label for the purpose of escaping the negative consequences (38). This model can be called also preventive because in this way the negative consequences of stigmatizing are prevented. The motivation of the people comes from the fact that they want protect themselves from the negative consequences, rather than to create positive. This model offers to the stigmatized people to assume strategies in order to cope with the difficulties, which the stigma brings into their life, but with time these strategies lose their efficiency.

CONCLUSION

The four directions of the evolutionary development of man and society are:

- **science** – mind, theory, technologies as creations of the human intellect;
- **education** – teaching, inheriting the knowledge;
- **culture** – the feeling of identity and affiliation.
- **personal development** – and not lastly – social and professional realization in society. (39)

Of particular interest for science, education, culture and personal development of disabled people is the study of positive stigmas and attitudes of the society towards the disabled people.

Of course, the words "positive" and "stigma" to a certain extent are oxymoron – a combination of seemingly irreconcilable terms (antitheses), which creates a contrasting expressiveness of their figurativeness. Positive – an adjective, which means positive, and in the meantime "stigma"- a noun – a mark, stigma, taint.

In ancient Greece body marks or "stigmas" have been cut or burnt on the bodies of people, who should have to be marked as different.

People discern and label certain differences between human beings. Namely, such differences which could be relatively easily discerned are in fact the stigma in the narrow meaning of the word – the mark.

Creating positive therapeutic working relations is essential for the considerable progress and psychotherapy. One of the keys for creating therapeutic relationship is the positive treatment of the psychotherapist towards the person with special educational needs.

The positive treatment requires also a positive attitude. If the patient has a disorder, then the consultant with positive treatment and attitude has higher chances for success with this patient and the change is more certain, compared to a consultant without a positive attitude. However this relationship is not a one-way direction relationship.

The successful integration into society of people with special educational needs depends also on the perceptions and attitudes of the professionals who work with them too. (40;41;42) Undoubtedly, the attitudes and models for the disabled people change and will continue to change. As Oliver notes (1996), "*the disorders are manifested in different forms, in different proportions and in different cultures*". In this context the disabled people should develop social identity and public awareness, but not only in their stigmatized group, but in a broad social aspect. (43)

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