

SOC 3290 Deviance

Lecture 20: Homicide 2: Victims & Deviance

Victims of Crime and Labelling Theory:

A Parallel Process?

Abstract:

Labelling theory tends to focus largely on the offender. Yet, implicit in interactionist theories of deviance is a concern for the social situation as a whole. This logically includes the victim of crime. In this paper I explore the potential of extending the interactionist perspective on deviance to the experiences of victims of crime. Specifically, I outline a parallel labelling process for victims in which differential social reactions to this status, flowing from varying attributions of sympathy worthiness, have an impact on the behaviors, adjustment, and identities of the individuals concerned. This process is further distinguished from the related labelling of emotional deviance. I then present the results of a qualitative study of individuals who have suffered the murder of a loved one. Through an empirical examination of the varying social reactions to these individuals by extended family, friends, acquaintances, and the community, as well as victims' varying responses thereto, I indicate how familiar terms such as accommodation, labelling, primary, secondary, and tertiary deviance each have their conceptual counterpart in the experiences of victims.

Crime creates problems for people. In the past, much research in this vein, particularly from the labelling perspective, has largely focused on offenders. Yet, victims of crime often experience the labelling process as well. This paper delineates the processes and consequences underlying such labelling by empirically examining the experiences of individuals who have suffered the murder of a loved one. In this way, the labelling perspective, as a theory rooted in the interactionist tradition, is broadened in a direction implicit in its philosophical antecedents.

(1) Prior Literature: The labelling perspective is grounded in the conception that deviance is defined by social reactions, and that the frequency and character of the deviation, as well as the role of the deviant, are largely shaped by interactional response (Lemert, 1951; Becker,1963). As such, it draws attention away from the idea that there is anything objective in the actions of individuals that is deviant, focusing instead on changes in social definitional processes and their consequences.

Yet this perspective need not be restricted to the study of deviance.¹ Taylor, Wood, and Lichtman (1983) note that *victims* often experience negative social consequences, asserting that "interpersonal reactions to victims are at best ambivalent, and at worst hostile and rejecting" (1983:23). Indeed, they make a distinction, paralleling Lemert, between *primary victimization*, i.e. the initial victimizing circumstances, and *secondary victimization*: the negative social reactions of hostility, derogation, and rejection that can follow (1983: 23). This often results in a "master status"(Hughes, 1945) where attributes related to victimization are highlighted and others downplayed. Ultimately:

Even the best social responses to victimization may be aversive to the victim. The need to accept aid from others and the accompanying emotional reactions such as pity may indicate the condescension

¹ It has already been extended in the study of illness by Conrad and Schneider (1980:17-20 et. seq). As such, the parallels outlined by examining victims merely refer to one possible analogy among others. Indeed, while this paper's specific focus is on extending labelling theory, one can easily look to other theoretical traditions, such as Parsons' (1951) work on the sick role, for additional insights.

of the other and underscore the loss of power or status on the part of the victim. Help-seekers lose face and self-esteem, and they risk evaluations of incompetence by the helper. Secondary victimization can occur, then, even when the non-victim has the best intentions (1983:24-25).

Many who are treated in such ways find their victim status almost impossible to reverse. Since others respond to victims on the basis of the label, victims may come to internalize these responses and perceptions, and begin to think of themselves in the same way (1983:24). Indeed, such individuals may feel social pressure to withdraw further into the world of similar victims, making a change in status even more difficult. "Whether or not the victim has lost self-esteem due to the primary victimizing circumstances, then, the secondary victimization of social labelling, rejection, and isolation can itself lower self-esteem" (1983: 24-5).²

Taylor, Wood, and Lichtman's work is exciting and suggests more detailed theoretical and empirical examination of a parallel labelling process for victims. However, while theoretically pointing to such an interesting extension of labelling theory, these authors fail to present any data of their own, merely reviewing existing theoretical and empirical work suggestive of their model.

A related literature exists on social responses to victims of undesirable life events (Lepore, et. al, 1996; Holman and Silver, 1996; Wortman and Lehman, 1983; Silver and Wortman, 1980; Wortman and Dunkel-Schetter, 1979). This examines situations as diverse as accidents, incest, cancer, and non-homicide bereavement and reviews the impact of social responses on affected individuals. Theoretically, for example, Silver and Wortman argue that an examination of (1) perceived social support, and (2) the relative opportunity for free expression of feelings may further understanding of people's response to stressful outcomes and enhance our ability to predict the nature, sequence,

² Such inhibiting responses run counter to the psychoanalysis literature that bases treatment on support for the ventilation of feelings (Freud, 1957: 146-58). Indeed, recent psychiatric literature discusses homicide bereavement with reference to the possibilities for sharing offered by peer support groups (Klass, 1988:125-39; 151-77).

duration, and intensity of their reactions. They point to studies demonstrating a correlational relationship between perceived social support and effective adjustment, but suggest that more emphasis should be placed on the deleterious consequences of behaviors that are intended to be supportive (1980:310; 313). They also note that despite a desire to talk, "people who are in the throes of serious life crises often report that they are encouraged to be 'strong,' are prevented from free expression of their feelings, and are thus denied the ventilation they frequently need and want" (1980: 314). This is despite evidence that many find the opportunity to express their feelings helpful, and that "lack of communication may intensify the strain of victimization" (1980:315).

Particularly interesting is the work of Wortman and Lehman (1983), who assert that other's well-intentioned efforts to provide support may be regarded as unhelpful by the recipient, result in negative consequences, or both. They focus on three basic reasons why people may respond to victims of life crises in such ways: (1) for many reasons, people appear to hold negative feelings about others who are suffering or distressed (particularly because such encounters make potential supporters feel threatened and vulnerable); (2) Most people have little experience dealing with others in the throes of a life crisis, and may experience a great deal of uncertainty about what to say or do; and (3) Others hold a number of misconceptions about how people should react. Beliefs about how much distress should be experienced and displayed, and how long the effects of the crisis should last, will likely influence the kinds of support attempts made. To the extent that these beliefs are in error, others' support attempts may be inappropriate or counter-productive (1983:464). Significantly, the authors assert that all of these factors "are much more likely to predominate when the consequences of the victimization are serious" (1983: 467).

Wortman and Lehman note that because of these feelings and beliefs, individuals engage in three

types of behaviors intended to be supportive but that are often detrimental: (1) they discourage open expression or discussion of feelings about victimization; (2) they encourage recovery or movement to the next life stage; and (3) they fall back on automatic or scripted support attempts which may seem to dismiss or trivialize the victim's problem, such as giving advice, providing a reason for what has happened, or telling the victim that they know how s/he feels (1983:468).

Considering the impact of such behaviors on the victim, Wortman and Lehman state that there are three reasons why these particular support tactics may be ineffective and harmful: (1) they may make victims feel isolated and alone because they curtail opportunities to share concerns with others; (2) in many cases, they may seem to dismiss the victims' feelings as insignificant or unimportant; and (3) they imply that the victim should not feel as bad as he or she does. Indeed, there is evidence that victims worry about whether their feelings of distress are normal (1983:473-4).

The authors deduce that those who are closest to the victim - and therefore who have the greatest stake in the victim's recovery - may have the least tolerance for the victim's distress. Indeed, they may be especially likely to engage in the inappropriate support behaviors noted above.

A number of empirical studies have supported these arguments (Lepore et.al.,1996; Holman and Silver,1996; Wortman and Lehman, 1983; Wortman and Dunkel-Schetter,1979). All of this is consistent with the labelling of victims.

Finally, a more specific literature also exists on social reaction to homicide bereavement in which further evidence of labelling is strongly suggested. Following the violent death of their loved one, individuals often turn to family and friends for help and support. Yet, in many cases they do not receive what they are looking for, and these interactions may do more harm than good. Published accounts of homicide survivors suggest that while family and friends are usually supportive at first,

this often gives way to the unspoken imperative that "they should get on with their lives" (Young 1991:37). In some cases, grieving nuclear families have been avoided by family and friends who do not know how to deal with their continuing grief (Provincial Secretariat for Justice 1984). Indeed "families of homicide victims speak of losing up to 90 percent of their friends because no one wants to talk about the crime and no one wants to hear about the victim" (Young 1991:37).

Therapists corroborate such accounts. Klass (1988:151-3) has noted that while problems with the social support system form the basis for one element of psychotherapy with all bereaved parents, he has observed, in his experiences with homicide support groups, that the loss of support systems surrounding parental grief "seems to be exaggerated in the case of murder" (1988:130).

Both the discussion of social reactions to victims of life crises and the literature on those bereaved by homicide have implications for labelling theory. First, following Taylor, Wood, and Lichtman (1983), there may be many cases where individuals are not reacted to as deviant, but as *victims*. In such cases, this literature suggests that the quality of individuals' social relationships following traumatic events has important consequences for their adjustment to traumatic experiences. In some cases, social constraints flowing from the label of victim, such as stigmatization, uncertainty, and misconceptions about appropriate response (Wortman and Lehman, 1983), can inhibit people from discussing their traumatic experiences and increase the positive association between intrusive thoughts and depressive symptoms (Lepore et.al.,1996). This potentially intensifies characteristics typical of victimization. In other cases, the victim label is apparently associated with unconstrained, accommodative social relationships that facilitate the processing of traumatic events and emotional recovery. It is necessary to clarify the circumstances under which each response occurs.

However, it is important to further consider the issue of stigmatization, as this constitutes the

porous boundary between the label of victim and that of deviant. Wortman and Lehman (1983: 464-5), on the one hand, review the literature suggesting that many victims are *stigmatized as such* due not only to the unsettling feelings of vulnerability and helplessness they evoke in others, but the common belief that we live in a world where “people get what they deserve and deserve what they get.” In particular, the work of Lerner (1980) suggests that if an individual can believe that others do not suffer unless something is wrong with them, or there are weaknesses in their behavior, s/he will feel protected from undeserved suffering in the future. On the other hand, Thoits (1990) has introduced the term “emotional deviance” to cover the labelling of behaviors which violate some standard of appropriate emotional response in a given situation.³ Intermediate between these positions are authors such as Coates and Winston (1983) who consider the long term depression associated with victimization to itself be deviant in cultural terms (1983:171-77). It will thus be important to see if stigmatization as *victims*, as *deviants*, and as *emotional deviants* may be separated empirically, and, if so, to examine the circumstances in which each occurs.

The above issues are helpfully illuminated by the work of Clark (1987). In her work on sympathy, Clark found evidence that crime victims may be either considered “sympathy worthy” or “blamed” for their plight (1987:298). She proposes a theoretical model for distinguishing individuals who receive sympathy from those who are blamed which revolves around the concept of “sympathy margin” (i.e. the amount of leeway a given individual has for which s/he can be granted sympathy and not blamed). As such it is similar to the concept of accommodation to deviance (Lynch, 1983; Rubington and Weinberg, 1987; Yarrow et. al., 1955; Jackson, 1954). Sympathy may either be

³This relates to Hochschild’s (1983) discussion of “feeling rules.” Indeed, Thoits draws heavily on Hochschild’s work in elucidating this concept. There is also a link with the “doubly deviant” character of HIV/AIDS victims, whose illnesses place them in an ideologically different space from the socially sanctioned deviance of the Parsonian model (Llamas, 1994; Kowalewski, 1988).

ascribed to strangers or those with whom one is acquainted. In the first instance, status factors such as age, social class, sex, and type of problem are significant (1987:291; 298; 300-1).⁴ As for those in one's social network, those in close relationships have an obligation to create wider sympathy margins for each other than do mere acquaintances. Regardless of the context, however, Clark notes that anyone who has been ascribed margin has the right to sentiment, empathy, and display of sympathy. Throughout, sympathy accounts or margins do not remain constant, but are continually negotiated. In this process, these may be "increased, decreased, replenished, or used up entirely" (1987:302). One may cash in the credits built up throughout his or her "sympathy biography" in a difficult situation, but should not drain the account completely. In such cases, the potential sympathizee may not only lose sympathy, but have to look elsewhere.

Indeed, Clark outlines four rules of 'sympathy etiquette,' which include (1) not making false claims to sympathy; (2) not claiming too much sympathy; (3) claiming some sympathy in appropriate circumstances; and (4) reciprocating to others for gifts of sympathy (1987: 303-13). She also identifies what she calls "deviant sympathizers," who either "underinvest" by not recognizing others' rights to sympathy, or "overinvest" by giving sympathy to others who are not worthy, whose plights are not worthy, or who do not adhere to the rules of sympathy etiquette (1987:313-16).

In sum, the label of *victim* has three possible trajectories:

1. Victims may be reacted to as such, ascribed sympathy, and be offered unconstrained, accommodative support;
2. Victims may be reacted to as such, ascribed sympathy, but others respond in ways that indicate uncertainty or misconceptions about how to interact;
3. Victims may be reacted to as such, initially ascribed sympathy, but others may eventually stigmatize them as "helpless victims" unable to cope.

⁴ This may relate to studies of charitable giving, where presumed culpability is identified as the major factor affecting sympathetic response to disasters (Russell and Mentzel, 1990).

As for labelling as *deviants*, victims may experience this in two ways:

1. Victims may be reacted to as “emotional deviants” as the result of their “inappropriate” emotions in a particular social context. This is related to stigmatization as a helpless victim, and may follow from it, but contains the additional element of inappropriate behavior in public.
2. Victims may be stigmatized squarely as deviants who are blamed for their plight in the first place.

For all of these, Clark's work may be hypothetically incorporated into the labelling perspective as a set of sensitizing concepts *to help distinguish between different labelling responses to victims, as well as between circumstances where individuals are labelled as victims or as deviant.*⁵

Finally, in an attempt to further elaborate Taylor, Wood, and Lichtman’s theoretical ideas about victimization and labelling, the differential labelling inherent in social reaction to victims necessitates consideration of their "careers" that follow (Becker, 1963). Of particular interest is how "primary victimization" and "primary deviance" are *accommodated* by others (Lynch, 1983; Rubington and Weinberg, 1987; Yarrow et. al., 1955; Jackson, 1954), and, if these break down, whether individuals begin to employ their behaviors, or a role based upon it, as a means of defence, or adjustment to the overt or covert problems created by this social reaction (Lemert, 1951). Moreover, such “secondary” reactions (e.g. adopting the “helpless victim” role) must be contrasted with the potential for survivors to engage in “tertiary” responses where they may collectively "confront, assess, and reject the negative identity imbedded in victimization, and transform that identity into a positive and viable self-image" (Kitsuse, 1980:9).

Thus, this paper will focus on the idea that the type of support offered (or not offered) to victims may sometimes contribute to grief and powerlessness rather than alleviate it. Following Lofland

⁵ There may be a parallel with Douglas’ (1970 & 1978) Grid/Group theory, in which a two-dimensional schema for classifying social relations is related to varying beliefs and accounts. While not employing a formal grid/group analysis in this paper, the data herein clearly illustrate that variations in respondents’ social relations impacted their reputed labels.

(1985:173), it is argued that grief is "profoundly socially shaped." Indeed, there is reason to believe that, in the interactional construction of survivors' experiences, there is a dynamic relationship between others' conceptions of appropriate behavior, on the one hand, and the type of support (or lack of it) given to survivors on the other (Emerson and Messinger, 1977). By a careful examination of the differential labelling that occurs in informal settings,⁶ and the ways survivors individually and collectively respond, labelling theory can be enriched and extended along a whole new dimension.

(2) Methodology: The methods underlying this study were qualitative in nature. Recognizing the difficulty of accessing highly personal information from a traumatized population, I used a wide variety of direct and indirect approaches, including extensive volunteer involvement with a prominent victims' organization, advertizing for interview/survey respondents with a variety of others, reviewing published accounts, and seeking information through the legal system.⁷ Taken together, while some of these strategies were more successful than others, they ultimately resulted in a large volume of rich, qualitative data. The overwhelming majority of data fell into three general categories: (1) intensive interviews with 32 individuals; (2) mail-back surveys from 22 respondents; and (3) 108 homicide files obtained under an agreement with a Provincial Criminal Injuries

⁶ This paper specifically focuses on the labelling dynamics faced by victims in *informal* settings, such as with friends, family, acquaintances and the community. Their encounters with formal agents (i.e. medical/ psychiatric professionals, the criminal justice system) are exceedingly complex, and each warrant separate papers in their own right.

⁷ These strategies included: (i) volunteering, conducting fieldwork, and doing interviews for a year with a prominent Canadian victims' organization; (ii) networking /advertizing with six other Canadian victims' rights organizations for interview/survey respondents; (iii) advertizing with a national U.S. support/advocacy group for the homicide bereaved for survey respondents; (iv) attending conferences, rallies, and protests on victims' issues to observe/seek respondents; (v) contacting a prominent bereavement support organization for potential subjects; (vi) contacting the provincial chapter of an organization devoted to combatting impaired driving for comparative data; (vii) subscribing to the newsletters of the above organizations; (viii) reviewing biographical and journalistic accounts of survivors' experiences; (ix) unsuccessfully attempting, through formal access to information requests, to gain access to "victim impact statements" submitted by survivors at the sentencing of offenders; and (x) writing all Criminal Injuries Compensation Tribunals in Canada for information on applications by survivors.

Compensation Board (C.I.C.B.), including information on 145 individuals. Aside from the C.I.C.B. data, in which there was a confidentiality agreement negotiated for transcription/content analysis of case files, interview and survey respondents were informed in advance about the subject matter of this study, confidentiality, and given opportunities to ask questions before proceeding.

Possible threats to validity were dealt with by having both academic colleagues and key members of the victims' organization in which I was working - including survivors - read and comment before research instruments were used. The valuable input received, and changes made on the basis of these suggestions, buttressed my confidence that the instruments did indeed get at the issues they were intended to elicit. In addition to face validity, the fact that the sought after issues emerged through the use of these instruments was suggestive of construct validity as well.

With regard to reliability, rather than rely on only one question per issue, research instruments were constructed such that they generally utilized several different questions to measure/get at the same thing. As such, problems of consistency in responses were reduced or negated.⁸

While the sample was neither random nor clearly representative of any specified population,⁹ all efforts were made to keep it as diverse as possible within the researcher's ability to gain access to

⁸More detailed information on research instruments may be obtained from the author.

⁹Facing the problem of drawing a random sample from an unknown population (Berg, 1995: 178-9), theoretical sampling and Glaser and Strauss' (1967) "constant comparison method" were utilized. A purposive sample was developed (Berg, 1995:179), and, subject to my ability to gain access to willing respondents, efforts were made to cover an ever wider variety of survivors as evidenced by both the literature and completed fieldwork. This involved such demographic variables as race, class, gender, age, marital status, and relationship to the deceased. Other dimensions included circumstances surrounding the murder, plus variations in survivors' interactions with family, friends, the community, self-help and "victims" organizations, mental health professionals and legal institutions. This strategy was further buttressed once the C.I.C.B. data became available. I was then able to compare the purposive sample emerging through theoretical sampling with the entire population of homicide applications decided by a provincial C.I.C.B. between 1988 and 1993.

data.¹⁰ Hence, the ultimate conclusions are less likely to carry an obvious bias toward any specific demographic group.¹¹ Still, broader generalizations must be qualified with this in mind.¹²

Once collected, data were transcribed verbatim and entered into the qualitative analysis software Q.S.R. NUD*IST. Using a procedure of open coding, a systematic filing system was developed. Coding and analysis initially proceeded according to various common and special classes (e.g. survivor's relation to the deceased for the former; involvement with the C.I.C.B. for the latter). As the analysis progressed, these materials were coded and recoded into theoretical categories that emerged from the data as well (Berg, 1995: 185). Throughout, emerging theoretical categories and the various sources of data were continually "cross-checked" and subjected to "negative case testing" (Berg, 1995). If inconsistencies were located, emergent ideas were either discarded or reformulated until practical certainty was achieved.

Having outlined methodology and the sample, it is time to discuss the results of this study.

(3) Presentation of the Data: The varying social responses to survivors following a homicide interactionally shaped the course of their experiences, and strongly suggested differential labelling

¹⁰ Attempts were made to clarify and validate observations, to resolve anomalies and contradictions, and to fill in parts of the social process that had not yet been observed (Schwartz & Jacobs, 1979: 29). Sampling was thus "an ongoing procedure" (Williamson et. al., 1977), and utilizing more than one source enabled the critical evaluation of information provided by "checking out" each form of data against the other (Douglas 1976). Indeed, at times, the data from several sources even provided useful contrasting information on the same individuals. By triangulating data from various sources, a much more well-rounded interpretive understanding of survivors' experiences was obtained than would otherwise be the case. Sampling continued in this fashion until reaching the point of "theoretical saturation" (i.e. the point where incoming data revealed nothing new).

¹¹ As the C.I.C.B. data helped round out the largely white, middle-class composition of the interview and survey data, the latter helped balance the potential biases inherent in the demand characteristics of the C.I.C.B. process.

¹² Response rates to the directly solicited interviews and surveys were low. Through contacts with victims' organizations it was clear that there were many more survivors than were willing to be interviewed. Of the 60 mail-back surveys distributed in Canada, and 35 to the U.S., only 8 and 14 were received back respectively - response rates of 13.3% and 40%. This reflects the extremely sensitive nature of the subject, and subjects' understandable distrust. Yet, comparing the unsolicited C.I.C.B. and field data helped round out these sources.

dynamics at work. I will briefly discuss these results in three parts: (a) extended family and friends; (b) acquaintances, strangers, and the community; and (c) subjects' responses.

First, a *minority* of respondents experienced widespread, *ongoing* support from the majority of their extended family and friends.

I've always had people really look after me. I've never been left to do this alone - and that made a huge difference. My family and friends were there morning, noon and night for at least 2 years, which made me feel good - to know that they were there for me (Survey #19: Female, age 45).

These individuals reported a number of sympathetic, and reportedly "helpful" responses such as others visiting and staying, providing ongoing emotional support, handling responsibilities for them, and a wide variety of helpful communication involving the ability of others to pick up subtle cues regarding when, and how, to offer support.

Running through such responses is the implicit theme that these individuals were considered "sympathy worthy" by others (Clark, 1987). On the one hand, as extended family and friends are relatively close to survivors, they may have built up, or feel it necessary to extend a wider "sympathy margin" than others, at least initially. However, as these responses were only mentioned by a minority in the sample, it may be that this also has something to do with survivors adhering to the rules of "sympathy etiquette" such as making "legitimate" claims to sympathy in "appropriate" circumstances." These matters are closely interrelated with survivors "victim" status, and these sympathetic behaviors cannot be understood outside of this context. Indeed, in Clark's terms, such helpful responses, often extending for considerable periods of time, suggest that suffering the murder of a loved one *prima facie* constitute, for these sympathizers, a "legitimate" claim for sympathy, and that the victim label, in some instances, even broadens their definitions of what is "too long" for victims to accept sympathy and their obligation to reciprocate.

As well, it may be argued that much of the above fits clearly into the idea of accommodation to deviance (Lynch, 1983; Rubington and Weinberg, 1987; Yarrow et. al., 1955; Jackson, 1954). Grief, in such unusual and violent circumstances, is frequently extreme and persistent (Rynearson and McCreery, 1993; Knapp, 1986; Klass, 1988), and the data in this study certainly bore this out. Family and friends who respond to such behavior as above are attempting to make adjustments to accommodate survivors' powerful emotions without making an explicit labelling of deviance. If anything, it may be the *situation* that is seen as unusual, not survivors' reactions to it, which are considered *normal for victims*. As such, the label of victim may not only play a role in accommodation to deviance, it may indicate the entry point of a *parallel labelling process* revolving around the term victim. *Accommodation in one sense is thus interchanged by labelling in the other.*

On the other hand, the *stigmatization of victims* and the *labelling of emotional deviance* generally proceed when accommodation quickly breaks down, or doesn't occur in the first place. Together, these were the most common patterns, and had a far different impact on survivors' experiences.

Most generally, survivors who reported a lack of support from the *majority* of their extended family and friends over time felt that this made their experience worse. One survivor noted:

The only thing I remember is that I was alone - all the time. All the time. There was nobody came around. My family hasn't been supportive. I haven't seen any of my family. None of them have come, and *that hurt...*It's been two years, and I think you are the third person that's been in this house. (Interview #10: Female, age 60). (Emphasis added).

Similar comments were made by survivors about their friends:

We were *ostracized* in a sense. In our own minds we felt ostracized anyway by everybody we knew (Interview #14: Male, age 54). (Emphasis added).

This was a time for me to find out who my real friends were, and it sometimes *hurt a lot* to see that you friends are not always the one that you had considered. It is a shock. (Survey #3: Female, age 58) (Emphasis added).

These individuals reported a number of “unhelpful” responses including initial lack of support, rapidly disappearing support (e.g. after the funeral), “inappropriate” attention and harassment, widespread avoidance by others, numerous problems with communication such as using “stock” responses and attempting to identify with their feelings, and, in some cases, overt conflict with family and friends. Taken together, these corroborate and expand, in a new empirical context, many of the problems noted by Wortman and Lehman (1983).

But most interestingly, some considered that these were the result of their being labeled as *victims*, others as *deviants*. Survivors’ *rationales* for these responses were instructive in separating these:

Some labelled as victims asserted how many of their extended family and friends were afraid to do or say anything that might upset them further and avoided contact as a result. This involved ascriptions of sympathy worthiness, labelling as victims, but inability to provide overt expressions of sympathy out of *uncertainty* as to appropriate response.

I know that my family just damn well didn't know how to cope and how to deal with me (sounds angry). They were scared. In fact we talked about it. We went home and it was discussed - and they said that they had no idea. They really didn't know how to deal with me, and were afraid to even phone me (sounds tearful). (Interview #15: Female, age 49).

Like my friends are afraid to keep bringing it up, and they shy away because they're afraid you're going to bring it up, 'cause they're afraid they're going to 'Say something that's going to hurt you.' So they shy away. Maybe they don't know that you want it. That its alright to talk about it. So they're afraid to. I think that's what happens with a lot of them, they're afraid to start...Cause, I had a few people that I've bumped into, and I've said: 'Oh, you haven't been around.' 'Well _____ (respondent's name), it's not that we didn't want to. It's just that we just don't know what to say, and we didn't want to say the wrong thing and hurt your feelings.'" (Interview 21: Female, age 45).

Next, this was further exacerbated in some cases where family and friends were considered to be so upset about the murder themselves that seeing the survivors evoked a unpleasant sympathetic outbursts among all concerned. This response exhibited an excess of sympathy for survivors labelled as “victims” whereby others became so upset that they simply couldn't handle seeing the survivors:

My family, for the most part, kept their distance. And, occasionally when *we'd* come by, they would just sob and cry, and they'd be so upset. The few that *did* come by, they'd just break down. Horrible. I think they felt they were just upsetting us more and would be all apologetic. Then they wouldn't come by. (Interview #31: Female, age 46). (Emphasis added).

Our friends? It varied. I think that the reason why some of them kind of were standoffish, was because they couldn't handle it themselves. I figure that because they knew _____(the deceased) personally, they just couldn't handle it. It was too close to reality for them, so they kind of backed off. I was a little bit taken aback by that and I was very hurt. It's been difficult because you really do need your friends at a time like that. (Interview #1: Female, age 47).

These responses were particularly notable among individuals previously close to respondents.

Third, there were survivors, initially labelled as victims, who noted how the initially sympathetic responses of others eventually gave way to others privately urging them to “get on with your lives.”

This signifies a breakdown in others’ ascriptions of sympathy worthiness and the beginning of stigmatization as “helpless victims.” These are individuals who have broken one of the cardinal rules of sympathy etiquette: not to claim too much sympathy for too long.

We had some very close friends who came out to visit us, but after a while their recommendation to us was, 'You've got to put this in the past, like, bury this right now.' (Sarcastically) The closest friends we had! He'd say to me ' _____ (survivor's name), You've got to put this behind, get back to work, and you've got to get on with your life.' You know, 'You've got to maintain your business, you've got to...' and I'm not thinking any of this! (Interview #14: Male, age 54).

Next, some individuals came to feel that they were stigmatized as *emotional deviants* by others due to “inappropriate” behavior in public settings. For example, some talked about how their inability to talk about subjects other than the murder, nor to remain calm, drove others away and resulted in uncomfortable encounters at social events. Others talked of their own upset driving family and friends away. This is more suggestive of labelling as emotional deviants:

They started changing the subject a lot, so we would just pick up on it that 'OK, we won't talk about this any more.' We caught the vibes, right? Bad vibes. Some pulled back from us, and this continues right up to the present. Nobody really wants to talk. (Interviews #8: Female, age 45).

I think if I'm showing signs of emotion, I mean showing tears or emotional stress to others, they don't

feel very comfortable, because they don't know how to handle it. And so, if you are at a stage where you can't speak about your son or daughter clearly, openly, and without showing an awful lot of undue stress, it drives people away. (Interview #5: Male, age 50).

Finally, some individuals were simply stigmatized as deviants. In these cases, survivors attributed others' reactions to the perceived stigma or discrediting that went along with having a murder in the family, a stigma that suggested shared deviance:

The rest of my relatives were worthless and acted like a stigma attached to us, like something about us caused us to have a murder victim. (Survey #7: Female, age 38).

Some asked me 'How could you let him kill the kids?' A few other people I counted as close friends suddenly were distant. The press had picked up that when _____(the offender) was arrested he shouted that I had done it. Some of these 'friends' seem to have doubts about my involvement. (Survey #6: Female, age 37).

These were individuals who felt blamed, or thought they were somehow viewed as contributing to their plight. In some cases this stigmatization referred to ostensibly “questionable” circumstances surrounding the murder (e.g. the murder of drug dealers; families of women who remained with abusive partners). However, this was not necessarily the case, and many may have simply been the result of individuals' attempting to apportion blame in line with a cultural belief that “people get what they deserve” (Lerner, 1980). Essentially, these were individuals who broke (or were perceived to break) another cardinal rule of sympathy etiquette: not making “false claims” to sympathy.

The ultimate result of such interactions, whether motivated by stigma, uncertainty regarding how to behave, survivors' or others' own upset, or generally not wanting to further upset each other, was that survivors tended to become *socially isolated* when they needed support. Moreover, while this often upset them further, many chose to withdraw themselves as “people in general don't understand...it's too difficult” (Interview #29: Female, age 37).

Summing up this topic, survivors indicating a wide variety of perceived support from their

extended families and friends reportedly fared better. These survivors reported few insensitive comments and obvious avoidance behaviors from those previously close to them, along with support and encouragement. This clearly relates to the literature on accommodation (Lynch, 1983; Rubington and Weinberg, 1987; Yarrow et. al., 1955; Jackson, 1954), but further suggests that sensitive, overt expression of sympathy worthiness, associated with the label of victim, played a significant role. Ultimately, such survivors tended to report milder grief experiences overall, supporting the literature suggesting that “social support is the most important factor in helping parents find new social and psychic equilibria” (Klass, 1988:179).

However, the majority of survivors who experienced many of the unhelpful, unresponsive interactions with friends generally assessed themselves as faring much worse than those with perceived long-term support. Indeed, they may experience additional losses. These interactions not only gave survivors more reasons to be emotionally upset, such accumulated indignities were often interrelated with the various labels associated with survivors (Wortman and Lehman, 1983). In some cases unhelpful behaviors were associated with uncertainty, unexpressed or inappropriately manifested sympathy, and the label of victim, in others with stigmatization as victims or deviants, and still others with stigmatization as “emotional deviants” (Thoits, 1990). Regardless of their label, such survivors were avoided, stigmatized, encountered difficulties in communication and/or conflict. Moreover, survivors' resulting social and emotional isolation, which was commonly employed as a defence or reaction to this labelling, could be cited as evidence of “secondary victimization” (Taylor, Wood, and Lichtman, 1983), “secondary deviance” (Lemert, 1951), or “secondary emotional deviance,” (Thoits, 1990; Lemert, 1951) as the case may be.

Next, and in contrast with their extended family and friends, *respondents often noted receiving*

remarkable support from mere acquaintances. This included many of the matters discussed earlier, but especially emotional support.

It was really strange because you found out who you could lean on. You know, and sometimes it's the people you least expect. (Interview #16: Female, age 56). (Emphasis added).

We found some friends that we considered to be close friends never showed up again. Yet, there were other people that came out that we had sort of considered acquaintances, and we became very close. (Interview #24: Male, age 47).

It is hypothesized that acquaintances who labelled respondents as victims considered them as legitimately sympathy worthy as did sympathetic friends and family. However, their expression of sympathy was not as readily blocked by their own upset, familiarity, and personal grief.

Interestingly, respondents sometimes noted a groundswell of support from *strangers in the community* as well. Strangers sometimes volunteered to search for the deceased, sent cards, flowers, food, raised money, erected memorials, organized petitions, and urged respondents to take action. Two factors were associated with the wide sympathy margins ascribed to such survivors: First, either the deceased, or their survivors, were *well known*, had much prior *community involvement*, or both:

_____ (the deceased) had a lot of friends. She was a very popular girl. She had a lot of friends from school. And I was very active in the community. I belonged to the Optimist Club, I coached baseball, I coached hockey, and so on - so I was very active, as far as that goes, with kids and all that all the time. I worked in other various organizations, working bingos and fundraising. So, I mean, there were a lot of people that it stunned too. Then, as the trial went on, they were reading the newspaper and were getting upset with what was being said, and most of the people got together and wanted to do something. So, basically that's how it started. (Interview #23: Male, age 49).

Second, there was *widespread media coverage sympathetic to the survivors*, illustrating the impact of the mass media on sympathy margins:

It was not until the Saturday that it made the papers. The local paper did a good story, and people started coming to the door then, and we had literally hundreds of total strangers just arriving at our door in tears, very upset. It was obviously that their prayers were with us. Food started arriving in trays, flowers, baskets of fruit, it was just incredible. From 10AM to 10PM there was just a steady stream of traffic, and probably thirty to forty people at all times. (Interview #31: Female, age 46).

Indeed, it appeared that several respondents were *cast into the role* of victim advocates in such a context. One woman, who has made a career as a moral crusader for “victims’ rights,” recounts:

I went on the radio (to thank the community search teams). A policeman phoned in and said 'I searched for (the deceased), now what are you going to do?' And that's how I started. I wrote a petition, and this whole thing kept going and kept going. So that is how _____ (this survivor's organization) happened. People just kept coming to us and saying 'what are you going to do?' There was never a day when the phone didn't ring thirty times. (Interview #17: Female, age 50).

Such widespread community support, in several cases, was the genesis of more enduring victims' rights organizations. Moreover, in such altercasting (Weinstein and Deutschberger, 1963) we may see the potential social basis for such survivors' “tertiary victimization” (Taylor, Wood, and Lichtman, 1983; Kitsuse, 1980) or "tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980), where the victim role is converted into something positive, meaningful, and socially efficacious.¹³

However, in cases where the deceased and/or survivors were not well known, sympathy margins were lessened. Where interactions with the media also did not go well, there was little interest in the story, or the press' investigation of the crime resulted in an unfavourable portrayal, the mitigating effect on sympathy margins, community support, and survivors was magnified. One woman asked: Why isn't our daughter being talked about? (Field Notes: Female, age 50).

Another added:

The publicity made it worse. The fact that the murder had to deal with drug dealing made it much worse, as there was no sympathetic community support. It was almost 'like AIDS.' (C.I.C.B. #91: Testimony of Female, age 46).

Aside from generalized lack of sympathy, such circumstances and related statuses were frequently characterized by an increased potential for stigmatization, either as a victim, deviant, or emotional

¹³ While the issue of applying the term “deviant” to those organizing lobby /self-help may be questioned by some, this is firmly in line with how these individuals - and others - perceive them (i.e. as somehow *different*). However, this does not mean that they, or their emotional self-presentation, must be seen as *immoral*. In the words of one such man “our normals are different now.”

deviant. Three *types* of negative interaction followed. First, survivors experienced harassment:

Like, we got obscene phone calls to the house. The minute that we became public, I got phone calls that 'If you and your family had belonged to the right religion, these horrible things wouldn't happen to you. God is punishing you.' We'd get phone calls like that. One day this guy phoned and asked if I was the mother of one of these children that had been murdered. I said I was, and he says 'Well, would you stay on the line while I masturbate?' And like this is for real! This is going on like every hour around here. Like - not just sporadically days apart - this is for real! And it's going on constantly. (Interview #15: Female, age 49).

Secondly, survivors experienced a problem with blaming, particularly in a context of ongoing speculation, innuendo, and gossip. For example, one mother comments:

One young girl came to the funeral home. I think when you have that type of thing, some come just to be nosy, like, to see what they can see. She had just come with these other girls, and said 'Well, the little slut got what she deserved.' People had to hold us back! (Interview #21: Female, age 45).

Finally, notoriety resulted in uncomfortable interactions when going about one's business in public.

This became a problem for some survivors:

You know, you're a bit of a freak for a while because people don't really understand: 'Oh, that's the woman that lost her daughter.' People point you out. When they hear the name, they say, 'Oh, are you *the _____*?' (respondent's first name). Like, that kind of thing. And you go 'No, I'm just me.' I kind of lose it there. (Interview #16: Female, age 56). (Emphasis in Original).

A male respondent also said:

We went on a cruise, a company cruise. When we'd come down to dinner, we'd be the last, so everyone's sitting around their tables are laughing and having a good time. Whatever table we'd pick, Whew! Dead silence. In the end we sat by ourselves in the corner. Cause when you sit at a table with people who are feeling that way, I had to start the conversation, and you know what it's like to try and talk...I mean its bullshit that you have to come up with these little weak things to keep the conversation going. (Interview #26: Male, age 61).

Ultimately, survivors who reported encountering such negative responses from acquaintances, strangers and the community were far more likely to feel that they were faring worse emotionally.

Indeed, it could be argued that these negative interactions "revictimized" those who reported experiencing them, leading again to "secondary victimization" (Taylor, Wood, and Lichtman, 1983).

Summing up, these findings regarding differential support from acquaintances, strangers, and the community are intriguing, particularly insofar that such individuals appeared in many cases to respond more sympathetically than extended family and friends. It is hypothesized that despite agreement on the sympathy-worthiness of survivors between these groups, supportive acquaintances and strangers, were not as nervous about upsetting survivors, or becoming upset themselves. Of further interest was the potential for popular protest, fed by the media, to not only provide meaningful support to survivors, but also to inculcate positive new role identities (e.g. “victims’ advocate”) indicative of tertiary victimization (Taylor, Wood, and Lichtman, 1983; Kitsuse, 1980) or “tertiary emotional deviance” (Thoits, 1990; Kitsuse, 1980). Of course, the more negative interactions simply revictimized survivors, adding to the secondary labelling process noted earlier.

Turning, finally, to subjects’ responses, it is important to note that survivors in the wake of a murder essentially faced one major decision: either to attempt to deal with the murder primarily *on their own*, or to *seek out help* from other individuals, groups, and institutions. Their responses generally involved an interaction between their initial, *gendered orientation toward seeking help* and a variety of *incentives and disincentives* found in social interaction.

The first strategy was more frequently utilized by men, who often avoided seeking help from medical professionals, self-help, and/or “victims” groups. Women appeared to be far more inclined to seek out help from others, and this was reflected in the data in their reports of far greater levels of seeking out medical and psychiatric care, involvement in victims’ and self help groups, and economic support from social service agencies when unable to maintain employment. To give just one example, a survivor, who also happens to be a practising therapist who treats victims, stated that her clientele was approximately “one quarter men, the rest women.” (Interview #6: Female, age 46).

In addition to survivors' initial orientation to seeking help, they faced a variety of incentives and disincentives to do so related to the labelling process. Frequently, there was an obvious relation between perceived or actual level of support and survivors seeking outside help. For example, there were survivors who eventually sought outside help because of increasing social isolation:

I did go to a psychiatrist on a regular basis, because (sighs) after a while your friends don't want to hear about it any more. They just don't want to talk about it, or they're uncomfortable talking to you about it. (Interview #16: Female, age 56).

If it wasn't for the group, I would be so isolated, and I wouldn't have a network, and I wouldn't have...soul companions...Because our families won't let us talk about it, cause they're dealing with guilt or something of their own, and they won't allow us to really express ourselves and hear this stuff, you know? So we do it amongst ourselves. (Interview #19: Female, age 53).

Conversely, others felt they did not need to seek help as they had sufficient support already:

We didn't require any counselling. We've got good family around us, and that's how we've dealt with it. (Interview #24: Male, age 47).

A few times I thought I should've gone to the hospital, but I didn't want to. I'm lucky I have friends. It's nice to have a support system behind you. You know, a support system is very important to mental health. (Interview #1: Female, age 47).

These examples illustrate how *sympathetic* labelling as victims, as in the latter case, can accommodate survivors in such a way that they are not isolated in subcultures or relegated to formal control agents. On the other hand, social *stigmatization* as either victims, deviants, or emotional deviants can increase survivors' chances of contact with subcultures (such as support groups), or more formal agents of social control (e.g. those in a position to apply medical labels).

Yet, level of support did not tell the whole story. Going hand in hand with this, survivors also spoke of *encouragement to seek help*. In some cases, survivors noted that others - particularly those with whom they could identify - tactfully and altruistically encouraged them to do so:

I have a friend who lost his son - I guess it was some sort of cancer. Well, because of his loss, he had sought help with (a self help group). So, knowing what had happened to us, he says 'I'd like to talk

to you for a minute.' We talked a bit, and he went on to tell me about the group. He told me about himself, and how his grief had been helped. He highly recommended it, saying that he wouldn't have survived without them. It was interesting, so I approached my wife. (Interview #4: Male, age 56).

Yet other survivors, most often men, appeared to resent such "interference" and avoided seeking help, which suggests that gender plays a role as well.

Finally, as this suggests, there was the element of *choice*. Consider the words of the following woman who, after unsupportive interactions with her family during the funeral, and avoidance thereafter, chose to become involved in a newly formed survivors' support group:

I had people there who I could talk to, and that was good for me. In fact, right or wrongly, I made the *decision* that that would be the only place I'd ever talk about this. I would not talk to my friends or family unless I had to. But fortunately, you know, *a survivor will find a way - and that's exactly what I did*. I felt 'Hey, who needs them?' (Interview #18: Female, age 55). (Emphasis added).

Theorists have argued that labelling can have both adaptive and maladaptive consequences (Plummer, 1979:118). Here it appears that informal labelling was important in either directing survivors to therapy and self-help or "forcing" them into further social withdrawal. It should be noted that a breakdown in perceptions of sympathy-worthiness, and the corresponding aspect of the victim label, undermines accommodation. This results in either a shift in emphasis to the stigmatized, "helpless" side of the victim label, or the labelling of individuals as "deviant", in this case "emotionally deviant." Indeed, in some cases where they are not perceived as sympathy worthy at the outset, victims can be blamed and seen as deviants deserving of their fate. All of these outcomes can have a significant impact on their self-identity (Rubington and Weinberg, 1987:289-384). In such cases, the concepts of secondary victimization (Taylor, Wood, and Lichtman (1983) and "secondary emotional deviance" (Thoits, 1990; Lemert, 1951), in which survivors begin to employ their victimization, "deviant" behavior, or a role based upon it as a means of defence, or adjustment to the problems created by this social reaction, are strongly suggested.

Finally, it is important to consider that, both within and outside their respective subcultures (Rubington, 1982), these individuals sometimes *embraced*, at other times *distanced* themselves from these various roles, or aspects thereof (Goffman, 1961). Indeed, it appeared that a form of self-presentation (Goffman, 1959) was sometimes utilized which I term “volitional gerrymandering.”

Summing up, survivors’ initial orientation to seeking help were partially rooted in traditional gender roles. However, social incentives and disincentives appeared to play a significant part in survivors’ coping choices. Overall perceived level of support from family, friends, and the community, coupled with gender, the relative maintenance or breakdown of accommodation by others to the emotional upset of survivors, and individual coping choices all played a role in the evolution of survivors' interactions beyond the "unofficial" sphere, to those with more "formal" helping agents. Often, the labelling process appeared to be at work here (Plummer, 1979; Lemert, 1951). This was reflected in both secondary and tertiary victimization (Taylor, Wood, and Lichtman, 1983; Kitsuse, 1980) and corresponding aspects for deviance (Lemert, 1951; Thoits, 1990; Kitsuse, 1980). In either case survivors employed the victim role as a shield or as a sword in interaction, as well as in their involvement with subcultures (Rubington, 1982). While all of this can have a significant impact on an individual’s self-concept, particularly when a “deviant identity” is being inculcated (Rubington & Weinberg, 1987), one must also bear in mind the potential for self-presentation. evinced by some subjects’ use of “volitional gerrymandering.”¹⁴

(4) Discussion and Conclusion: The results of this research confirm and elaborate many of the

¹⁴ The issue of whether labelling amplifies or creates victimization must be answered on two levels. On one hand, the labelling described above has been shown to have a significant effect on both subjects’ self-identity and their subsequent behaviors (e.g. social withdrawal, participation in counselling, self-help and lobbying activities, along with differential self-presentation). On the other hand, the question of whether they are more likely to be victims of *future* violent crimes is unclear, as it is beyond the scope of the data utilized in this study.

themes in the labelling literature, but extend them theoretically by identifying a parallel labelling process for victims. Moreover, the intricate interplay between this and the deviance labelling process were empirically illustrated through a study of homicide survivors.

First, the varieties of helpful interactions may be conceptualized as reflecting the sympathy margins ascribed to survivors by others (Clark, 1987). In those cases where wide sympathy margins are ascribed and “helpfully” expressed to survivors, they are *labelled as victims but accommodated as deviants*. In these cases, it is not so much individuals' grief that is defined as deviant, but the circumstances that initiated it. Survivors are *recognized* as victims, not blamed as such.

Secondly, it is important to note that such labelling as victims and recognition of sympathy worthiness is often also the case when survivors do not find others' behavior helpful. In these circumstances sympathetic others either do not know what to say, avoid survivors, or express their sorrow and care for survivors in well-meaning but “hurtful” ways in victims' eyes. The difference between the responses of extended family and friends, on the one hand, and acquaintances, strangers, and the community, on the other, was particularly interesting. This corroborates and extends the literature on social response to victims of life crises to a new empirical context (Lepore, et. al, 1996; Holman and Silver, 1996; Wortman and Lehman, 1983; Silver and Wortman, 1980; Wortman and Dunkel-Schetter, 1979).

Third, it is clear that survivors are not always recognized as victims deserving of sympathy, or as such indefinitely. Sympathy margins vary in width, and are governed by the rules of sympathy etiquette. In those cases where survivors break the rules of sympathy etiquette, either by claiming too much sympathy for too long, not making legitimate claims to sympathy, and the like, they may risk stigmatization. This may take several forms as illustrated above.

The data illustrating sympathetic social support, on the one hand, and active avoidance of survivors by their extended family, friends, and members of the community, on the other exemplified these labelling variations. This was supplemented by survivors' own rationales of why this occurred, including varying perceptions of stigmatization, and others' fear of upsetting them. Indeed, survivors' additional reports of poor communication and "inappropriate" attention such as harassment and unwelcome comments further supported these variations in labelling. Significantly, when accommodation of survivors' upset broke down in these ways, many survivors became socially isolated and utilized others' responses as a rationale and defence. This is clearly evidence of secondary victimization (Taylor, Wood, and Lichtman, 1983) or secondary emotional deviance (Thoits, 1990; Lemert, 1951), depending on the predominant focus of the labelling.

In other cases, some survivors, such as those who became caught up with others in community protests and fighting for change, showed evidence of engaging in tertiary victimization (Taylor, Wood, and Lichtman, 1983; Kitsuse, 1980) or "tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980). In such cases, a new, positive self-image emerges in interaction such that "victims advocates" are seen as working towards positive ends for all, using their role as a sword in the process.

Ultimately, however, once accommodation breaks down and labelling begins, regardless of whether survivors use the victim role as a shield or as a sword, this becomes relevant to the literatures on subcultures (Rubington, 1982) and deviant identity (Rubington and Weinberg, 1987). Yet, the fact that some embraced, while others distanced themselves from these identities, and employed them selectively, suggests that volitional gerrymandering also has significance for self presentation and micropolitics (Goffman, 1959; Emerson and Messinger, 1977; Clark, 1990).

Now that the literature on accommodation and labelling has been found relevant to the experience

of victims, it is necessary for future researchers to follow up these insights. For example, a study of the subculture of victims' lobby and support groups is suggested. In particular, it would be interesting to examine in more detail the degree to which the victim role is used as a sword or a shield, by whom, and under what circumstances. It may be that some individuals have largely internalized one or the other of these as a "master status" (Hughes, 1945); others may exhibit "role distance" and rhetorically present the most useful role in each interaction (Goffman, 1959; 1961). A focused, observational study of such "volitional gerrymandering" would be most illuminating.

In addition, a study of the "medicalization" of victims' behavior, keeping in mind Conrad and Schneider's (1980) discussion of the implications of the medical model, seems to be warranted for interactions between "victims," support groups, and mental health professionals.

Finally, a study of "victims" encounters with these, and other formal control agents such as police and the justice system, may shed further light on the consequences of the breakdown of accommodation, the formal labelling of victims vs. deviants, and the incidence of crime generally.

Only by including the victim, in such a truly interactional manner, can we begin to live up to the potential, as well as the philosophical antecedents, of the labelling perspective.

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