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Normalizing Deviants: Notes on the De-Stigma Trend

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ABSTRACT
This article explores *destigmatization discourses* in the United States in the early 21st century, as social and political strategies and as narrative social movements unto themselves. We argue that the first decades of the new century see a trend of marginalized actors across many categories, including queer marriage, drugs, (discreditable) mental illness and (discredited) other areas of identity and disability, make narrative attempts to neutralize their "deviant" identities. We argue that de-stigmatization has occurred through the successful use of medicalization and assimilation framing of de-stigma discourses. Assimilationist frames increase "liberal" emphasis on actionable outcomes of de-stigma, like cultural access (i.e. inclusion, visibility, representation), and legal justice for marginalized people. Some assimilationist discourse endeavors to situate stigmatized identities inside of conformist frames, while (fewer and less visible) others resist dominant frames of acceptability. Contested assimilation and radical leftist de-stigmatization, as well as re-stigma discourses are also discussed.

Introduction

The sociology of deviance is the origin home of theoretical and empirical study of stigma and stigma management. This includes examining the personal and structural consequences of bearing stigmatized "labels" (Becker 1963) and having "spoiled identities" (Goffman 1963). Scholars have identified stigma's contours, i.e. types of so-called "deviants" (Becker 1963; Goffman 1963), and the multitude of reactions to them (Becker 1963; Goffman 1963; Kitsuse 1980; Lemert 1951).

Importantly, the particulars of stigma are "intersectional" (Collins 2000), and are shaped by ability, age, beauty standards, epoch, ethnicity and race, gender, region, social class, and serendipity. Mainstream expectations, sometimes expressed through law, determine what is considered right, valuable, or normal. Our proximity to such expectations and regulations shape how we exist inside of our desired identities. Moreover, the desire for our "attitudes, behaviors, and conditions" (Adler and Adler 2000) to be recognized and accepted is what drives social movements and social change.

The year 2020 reminds us to mark the first twenty years of the 21st century. These years have seen rapid, and maybe unexpected, changes in our culture and laws, accompanied by profound advances in communication and technology, all of which provide important context for the study of deviance. Some social movements have been loudly and monumentally victorious, including movements of queer marriage and drug legalization. For example, after long fights for justice, lesbian and gay marriage has been federally legalized, and largely destigmatized, in important mainstream arenas in many countries around the world. Queer freedom walks forward as the anti-queer reactionary diminishes in formal power against it, even as important work remains to be done. Do these victories forge the path for people with other marginalized identities to move from the periphery to the front? Often, yes.

We argue that the newest century sees a trend of stigmatized actors – that permeate disparate arenas of identity and lifestyle – engaging "de-stigmatization discourses" as social and political strategies to manage or neutralize their deviant identities, or more specifically, to *incorporate* their identities into mainstreams. We identify and theorize categories of embattled deviance in topics in sexual citizenship, drug use, and constructions of mental and physical dis-ease (e.g. "character stigma" and "abominations of the body," Goffman 1963), and fat acceptance. We argue that de-stigmatization has occurred through the successful use of both medicalization and assimilation framing of de-stigma discourses. We argue that medicalizationist and assimilationist de-stigma narratives are largely successful when they attempt to situate stigmatized identities and practices inside the status quo and make appeals for social and legal inclusion. At the same time, contested assimilation and radical de-stigmatization continue as other existing pathways.

Some medicalization has receded in popularity, such as the "born this way" frame that characterized second wave queer movements, and more recently, the essentialist medical frames of the transgender movement. Other medicalization continues unabated, like placing drug addiction in a disease (or "dis-ease") framework. Medicalized narratives tend to be fundamentally centrist in their framing, irrespective of the contemporaneity of *specific* medicalized campaigns, as they seek to insert stigmatized identities, behaviors, or conditions, within preexisting constructions of normalcy and deviance.

Assimilationist discourse (both medicalized and post-medicalized) focuses on increasing access to mainstream arenas for stigmatized actors. Overall, assimilationist frames tend to result in a "liberal" emphasis on actionable outcomes of de-stigma, such as cultural access (i.e. inclusion, visibility, representation), and legal justice for marginalized people. Some assimilationist discourse endeavors to situate stigmatized identities inside of conformist frames, while (fewer and less visible) others, resist dominant frames of acceptability. Ultimately, most assimilationist and many medicalization de-stigma narratives are composed of centrist political frames, although some leftist or radical discourse also draw upon assimilation framing.

Theoretical background

The bulk of deviance research in the U.S. focuses on the "nuts and bolts" of deviance (Goode and Angus Vail 2008), including crime, drugs and alcohol, mental "disorders," and sexual deviance. Scholars of identity discuss "passing and covering" (Goffman 1963; Medley-Rath 2016) as examples, and the depiction of stigma in contemporary popular culture (Medley-Rath 2016). The spoiled identities that saddle (or sometimes empower) marginalized actors are contested (Kitsuse 1980), as meaning is continually interpreted and transformed (Dotter 2002).

Political issues are reframed as moral ones, as struggles of power and legitimacy end in affixing deviant categories (Adler and Adler 2006). Since deviance solidifies moral boundaries (Ben-Yehuda 2006; Durkheim [1933] 1964), it brings to bear on structuralist analyses of society and individuals more than it is credited for. A relevant sociology of deviance is cross-culturalist, historical, and structuralist, and is framed within social processes of change and constancy (Ben-Yehuda 2006).

Studies of deviance are and have always been critically engaged in the dynamics of political and social change because constructions of deviance shift with the times (Adler and Adler 2006). Deviance is "central to the hierarchy of social stratification (Adler and Adler 2006: 145)," and enables groups and individuals to "raise themselves up and strike down their adversaries (Adler and Adler 2006: 145)." Deviance has long made good theoretical use of conflict theories and micro-level theories, *so an explicit and self-conscious reframing of deviance sociology as also structuralist is warranted*. A structuralist sociology of deviance can situate studies of stigma as social movement studies, and within other macro frameworks. It can analyze the use of de-stigma discourses as social and political strategies, and as narrative social movements unto themselves. We have long since evolved from "badness to sickness" (Conrad, Schneider, and Gusfield 1992), to medicalization, to neutralize stigma. *Medicalization* is defined as the process by which normal human traits, events, or problems come to be defined as medical conditions (See Conrad 2007), or more generally, the

application of a medical model to previously non-medical phenomena (Arney and Menjivar 2014; Conrad, Schneider, and Gusfield 1992). What counts as sick or normal goes in and out of vogue, and increasingly in the 21st century, exists alongside questions of inclusion, representation, and visibility – or assimilationist de-stigma campaigns. We define *assimilationist* as linking stigmatized identities to normative – even privileged – identities, in order to advance the marginalized attitude, behavior, or condition in question.

Both traditional media and social media contribute to the evolution and contestation of deviance (Quinn and Forsyth 2013) and play a part in the discursive stigma management that has recently emerged on the pages of Google and Yahoo search engines. Media constructions make and reinforce stigmatizing perceptions (Fennell and Boyd 2014), but also allow individuals to engage "tertiary deviance" (Kitsuse 1980) to push back against a deviant label. Using medicalized or assimilationist frames, social actors want their identities, conditions, or lifestyles, to be regarded along the range of commonplace. Instead of increasing a "tolerance for deviance" (Rothwell and Hawdon 2008), medicalizationist and assimilationist de-stigma campaigns promote tolerance-to-expand-what-counts-as-ordinary and want to integrate marginal self-identities into the dominant culture.

Medicalization and assimilationist de-stigmatization

Successful use of medicalization as de-stigma discourse

Some discourses of medicalization have been highly successful. Consider, for example, the case of drugs, where medicalization and legalization interpenetrate and interplay dynamically. The (re) medicalization of cannabis in the late 20th century called us to remember its health benefits. The legalization of medical marijuana in 1996 in California validated the known medical benefits of cannabis (See Chapkis and Webb 2008). This legalization in turn accelerated marijuana's reputational shifts in the early 21st century. Now the medical use of marijuana is open, and narratives around its use can be widely found. For example, in February 2018, Jenelle Evans on the show *Teen Mom* responded unapologetically to criticism that she used drugs while pregnant with her daughter, stating that marijuana helped to relieve her pregnancy symptoms (Fernandez 2018). This (re) medicalization is now starting to occur with other drugs. For example, we increasingly recognize the therapeutic value of LSD and mushrooms for depression, anxiety, and PTSD (Thomas, Malcolm, and Lastra 2017), and for substance abuse disorders (Bogenschutz 2016).

It is also useful to consider cases of "character stigma" (Goffman 1963) that has been successfully resituated as medical phenomena. For example, depression and anxiety have become both medicalized and largely normalized, in part by rendering them commonplace diseases. The construction of depression and anxiety as disease states is juxtaposed against the normalization of positive mood states. Medicalization of depression and anxiety can include personal therapy, and the use of prescription drugs to medicate (and, ostensibly, to alleviate) negative mood states. Actors are expected to work to re-align themselves with (the presumed default) state of happiness. Perhaps ironically, medicalization discourses simultaneously frame depression and anxiety as medical problems, and as widespread. According to Arney and Menjivar (2014), attempts to normalize depression or medication use often involve explicit statements that members of one's social network also benefit from antidepressant use. They evidence Prozac advertisements that contain such statements as "Chances are someone you know is feeling sunny again," "getting it together again," and "feeling merry again because of Prozac" (Arney and Menjivar 2014). Advertising anti-depressant medication in this way eliminates stigma of affective disorders and anti-depressant use. Indeed, if the use of medication is regarded as common, then all users/sufferers cannot be discredited and stigmatized (Arney and Menjivar 2014). This mind-set is politically centrist and uncritical as it emphasizes the individual at the expense of societal explanations and does not perceive chronic sadness or anxiety as perhaps rational responses to social distress.

Such medicalized framing is visible regarding learning variances as well, even in supportive spaces. For example, on the Facebook page entitled "Supporting and Celebrating Neurodiversity" the administrator posted a message declaring, "Allowing a student with a hidden disability (ADHS, Dyslexia, Dysgraphia …) to struggle academically when all that is needed for success are appropriate accommodations and explicit instruction is no different than failing to provide a ramp for a person in a wheelchair." While this message advocates that kids with learning "disabilities" have access to accommodations in schools (a goal of assimilation), it primarily situates learning variances inside of medical frameworks, and implicitly argues that (for example) having Attention Deficit Hyperactivity Disorder is comparable to being mentally "crippled."

Other de-stigma narratives instead emphasize assimilative and integrative goals, like the de-stigmatization movements of both queer marriage and legal cannabis use. Both campaigns deployed medicalizationist discourses at earlier phases of their evolution. Assimilationist frameworks have resulted in further normative and legal changes.

Successful use of assimilative movements

Stigmatized conditions are often experienced in part through interpersonal interactions and through representation in the culture (Goffman 1963). Two of the most successful de-stigma campaigns of the early 21st century include the movement for queer marriage rights and legal cannabis usage. Both de-stigma campaigns were piecemeal successes at first, advancing one state at a time. Finally, in 2015, marriage equality across genders was recognized at the federal level. At the time of this publication (2020), federal marijuana laws still claim that marijuana has no medical benefits and a high potential for addiction (See Schedule 1 Classification in Federal Drug Scheduling, Drug Enforcement Administration), contrary to the reasoning and laws of individual states. This may change soon.

These de-stigma narratives have emphasized conformity to mainstream practices and laws. For example, queer identity discourse has moved away from medicalizing/essentializing discourses of queerness as in-born and fixed traits of individuals, instead emphasizing lifelong, dyadic relationships that are recognized by State bureaucracies and by organized religions, including the promotion of sexual monogamy, "traditional" family values, a desire for parenthood, and law and order. This is ultimately about being *included, visible*, and *represented*, in the political center.

Marijuana use is also using similar strategies in its normalization, as it is being recast firmly in the same category as alcohol – something that is enjoyed by mainstay groups like middle class white college kids, upper middle-class baby boomers, and even parents. An anonymous user of cannabis at Jezebel.com (6/26/2012) wrote a blog titled, "I'm a Mom and I'm Stoned Right now." She notes in the following excerpt: "I don't mean to shatter your world view or anything, but being a lifelong pothead doesn't mean you're relegated to living in your parents' basement or being a deflated sack of skin on the couch, as many anti-marijuana PSAs would suggest. In fact, I'm a highly (pun intended) functioning member of society. I have a full-time job. I'm a taxpayer. I'm a registered voter. I'm regularly contributing to my 401 k and IRA. I'm married. I'm a homeowner. I'm a mom. I'm a stoner (SIC) (Anonymous 2012)."

Throughout her diatribe about marijuana use, which many would perceive as elitist, the above writer chooses to remain anonymous. She pens this in 2012, shortly before Colorado becomes the first state to legalize recreational marijuana in 2014. Her recreational framing, as well as the illegality of her drug use, could open her to reputational and structural risks. But the medical legalization that (both precedes and follows) normalization of cannabis resituates marijuana use as a pastime for white and middle-class users and serves to visibilize them as firmly among the majority. This re-*class*-ification draws upon appeals to centrist values and does not apply to marijuana alone. "Tattooing" experienced a similar revisioning (See Kosut 2006; Sanders [1989] 2008).

Assimilationist goals advance the reputation of other drug use too, especially instrumentalist use. For example, Vecitis (2011) investigated young women who used various drugs to achieve a thin body. These women rejected the notion that their drug use was pathological (Vecitis 2011) because the motivation for their use was conformist, centered on achieving cultural ideals of body. However,

the women who used street drugs to lose weight were not given a similar pass, as using illicit drugs triggered negative social class stereotypes (Vecitis 2011). Similarly, Smirnova and Owens (2019), in their study on medicalization, criminalization, and victimization of motherhood via Rx drugs, noted that women were more likely to assume (sometimes erroneously) that Rx drug users were of a higher social class (middle or upper class) than illicit users. This assumption reflects the idea that using prescription drugs is a practice of middle class, white women who model a respectable femininity (Smirnova and Owens 2019).

The relationship between one's social class and the legal status of their drug of choice was not the only way class was highlighted in how respondents' used assimilationist de-stigma frames. The authors noted that using prescription drugs to manage stress, depression, victimization, or pain, may also reflect the desire to promote ideals such as keeping families intact in difficult situations (Edin and Kefalas 2005; Smirnova and Owens 2019). Adler and Adler further note in their study on self-injurers: "When people pursue deviant means in search of hyper-conformity such as through cheating, excessive plastic surgery, or eating disorders, people who feel similar pressures to conform understand their goals if not their methods (Adler and Adler 2005: 374)." This type of deviance may be de-stigmatized in the future due to the usage of assimilation frames aligned with mainstream ideals and goals.

Social movements often have varying goals. As social movement strategies, some de-stigma discourses push for legal changes, while others simply push for normalization or increased visibility. We have highlighted some successful moral and legal campaigns for queer marriage and cannabis, emphasizing the case of marijuana in particular. The cannabis campaign drew upon medicalized framing but moved beyond this to emphasize conformity to social norms and affiliation with idealized social groups. Pot users are "just like you." The advancement of legislation affirms these (formerly) stigmatized identities and practices as state sanctioned and therefore assimilated into normative frameworks. Deviances are further standardized when laws are changed to support them. In addition to legal changes, in the last 20 years de-stigma discourses have worked to change assimilative outcomes for marginalized people across many other arenas. Such narrative and legal campaigns are meant to affect positive social change for marginalized people by including, visibilizing, and representing them. It is these we turn to now, by examining active de-stigmatization discourse around mental illness, "neurodeviance," physical disabilities, and stigmatized bodies.

De-stigma discourses to increase acceptance

Visibility of psychiatric "Illness": depression and suicidality

Stigmatized phenomena are frequently considered taboo to indifferently disclose to others, for example, disclosing having an abortion, or casually referencing an extramarital affair. The aforementioned occurrences are both stigmatized and common, and the normative expectation is that such matters are kept to oneself. By conforming to norms of silence, stigmatization is affirmed and perpetuated. Increasingly, people are choosing visibility over of silence, exhibition instead of concealment, regarding many stigmatized practices and identities.

Consider again depression – specifically, suicidality and suicide. These are dangerous potential outcomes of depression and other mental illnesses. Suicide rates have been climbing steadily in the 21st century. According to the CDC's National Center for Health Statistics (Center for Disease Control's National Center for Health Statistics (NCHS) 2016), adjusted for age, the annual suicide rate in the U.S. increased 24% between 1999 and 2014, from 10.5 to 13.0 suicides per 100,000 people. This is the highest recorded rate in 28 years (Center for Disease Control's National Center for Health Statistics (NCHS) 2016). While suicidality is a medicalized state, de-stigma discourse increasingly emphasizes *visibilization* of depression and suicide. For example, stay-at-home dad Colby Wallace, after a rash of teen suicides in his area, launched the "You Matter" campaign to support mental health on the claim that no one was really talking about depression and suicide. The Yahoo headline

reads: "Dad posts 'Don't Give Up' signs around house to lower suicide rates: 'You never know who is struggling'" (Sole 2019). This effort is inspired by the larger "Don't Give Up Movement," started by Amy Wolff in 2017. Wolff was so affected by suicide rates in her community that she started making signage and other "awareness" paraphernalia to increase visibility (Sole 2019). Suicide is increasingly recognized by de-stigma discourses such as these, including the Yellow Ribbon Suicide Prevention Program (started in 1994 and widespread by 2020, see yellowribbon.org), and other anti-suicide social movements.

These examples help to visibilize suicide as a complication of depression, itself promoted and normalized as a widespread and ordinary problem. They (perhaps obviously) do not seek the positive promotion of suicide in the same way as assimilation framing of queer marriage or cannabis, but the de-stigma narratives normalize discourse about suicidality, and advocate confessing it without stigma and shame. Indeed, "ribbon campaigns" increase visibility and champion awareness for a host of marginalized identities and conditions with a variety of de-stigma framings, including but not limited to autism and other spectrum variances.

Visibility of neurodiversity and physical disability

"Labeling is the recognition of differences and the assignment of social salience to those differences. In the context of disability, it is the recognition that a certain biological trait differs from the norm in ways that have social significance (Green et al. 2005: 197)." Neurological variances and physical disabilities are often visible "discredited disabilities" (Goffman 1963), unlike, for example, drug addiction or most mental illness. According to Goffman (1963), people with discredited stigmas try to "cover" (i.e. try to appear to have a lesser stigma) when their stigmas cannot be hidden. "Covering" creates an alternate and less stigmatizing narrative for the feature that cannot be hidden.

In contemporary de-stigma discourses of discredited disability, "covering" a marginalizing feature is discouraged. Instead, people are encouraged to openly declare their features of neurological and physical difference, and there has been a demand for changes to social norms and structures that deny access to mainstay activities and localities. Conditions like deafness, autism spectrum disorder (ASD), Down Syndrome, and other neurodiversity, were strongly medicalized by society in earlier years of recognition. Now, people with these conditions and their allies, petition not only for mainstream and legal access, but for visibility and acceptance in recreational and occupational spaces.

There are many examples of the ongoing push for acceptance within the broader disability rights movement. De-stigma discourse serves as an important strategy within this movement, as people with disability are moved into the larger community. One description of the social and legal progress that has occurred is found in an article about a nightclub in Baltimore geared toward fostering social life for disabled adults. Yvonne Wegner (2019) writes, "Much has happened in the past 30 years to try to give disabled people a life that looks the same as for anyone without special needs. People who would have at one time been institutionalized are living in group homes. Sheltered workshops are closing as people are moving into integrated workplaces that embrace what's called the 'neurodiversity movement.' And social opportunities are growing to include specific dating sites, cruises, and proms." These changes include social, cultural, and legal change and broadly draw upon assimilationist discourse (both medicalized and post-medicalized) to increase access to mainstream arenas and narratives for marginalized actors.

People with Down Syndrome have been especially successful in increasingly visibility. This discredited disability was once maligned. The last few years see frequent news stories of people with Down Syndrome increasingly represented in mainstream arenas in the U.S. and Europe, including in work (Cardiner 2020), modeling (DeSantis 2019), among celebrity (Fabian 2020), and in marriage (Johnson 2019). Even large companies have begun to embrace people with discredited differences or discredited "bodies." For example, late in 2016, the popular toy "Legos" unveiled its first ever minifigure in a wheelchair. Rebecca Atkinson (2016) described the impact a company such as Lego can have when she wrote, "The brand continues to exclude 150 million disabled children

worldwide by failing to positively represent them in its products. This is more than just about sales figures or disability access; it's about changing cultural perceptions. It's about brands such as Lego using their vast power of influence to positive effect." De-stigmatization in these cases is about aligning with mainstream activity and lifestyle. These advances, while positive, are also politically safe and centrist. There are other more contested de-stigmatization discourses, specifically for "discredited bodies," that often – but not always – utilize assimilationist narratives.

(Other) deviant bodies

Contemporary representations of stigmatized groups vary based on their historical legacies (Backstrom 2012). For example, extreme shortness is constructed as a disability, while extreme body weight remains stigmatized (Backstrom 2012). Fat people have been portrayed as unhealthy, unattractive, asexual, weak willed, lazy, and gluttonous (Kwan 2009).

Assimilationist de-stigma frameworks of deviant bodies fall along various subcategories. Three that we discuss in this section include those that expand constructions of "normal" regarding body fat and health, those that seek to expand constructions of body fat and sex appeal, and those that address other cosmetic deviances of body.

De-stigma discourses that addresses fat in the context of health are fundamentally assimilative, as they link stigmatized identities to normative identities to advance the marginalized condition in question. This is true even of some constructions inside the "fat positivity" movements for they continue to situate fat bodies inside frameworks of health and illness; they simply re-align the medical emphases. In this case, they often argue that physical body size should not be a factor used to judge health, or to discriminate against persons on any basis. Consider Kwan's (2009) pronouncements regarding the differences between the mainstream medical model of fat and the National Association to Advance Fat Acceptance (NAAFA), an organization whose name is self-explanatory. "Unlike the medical frame, NAAFA's message focuses less on specific health ailments and more on discrimination issues and promulgating a different understanding of health. Indeed, the frame analysis brings to light how framers, at times, make tacit and/or overt appeals to common ideals such as morality, common sense, and personal choice, but ultimately take these ideals to mean different things (Kwan 2009: 37)." She goes on to note that "The BMI's importance lies not with its ability to predict good or poor health, but instead with how others use this number and its meanings to label, stigmatize, and discriminate (Kwan 2009: 38)."

Some de-stigma discourse seeks to expand norms surrounding what constitutes sexually appealing body sizes. While this discourse seeks to de-stigmatize bigger bodies by revisiting standards regarding which bodies are constructed as desirable, the discourse for inclusion still occurs inside of certain standards of sexualized beauty and connects that inclusion to the cosmetic appeal of bodies. Consider the "Dove Campaigns for Real Beauty," a marketing campaign launched in 2004 by the corporation, Unilever (See Dove.com). This campaign features sparsely dressed women in advertisements without airbrush who are within the recommended BMI (body mass index) or only slightly outside of it. While these campaigns seek to push the envelope about ideals of feminine beauty (including in terms of race, ethnicity, and body type), they do not show radically fat bodies, or bodies that clearly do not conform to a version of "idealized femininity" (See Connell [1995] 2005). Also take the (similar) case of the invention of anatomically proportionate Barbie dolls. These dolls were created to disrupt the hyper-thin body model of traditional Barbies. This revisioning of Barbie began in 1997 and was expanded in 2016. This redefinition, while useful and a positive development, is cautious and takes care not to depict fat or overweight Barbie dolls. Additionally, the display of larger mannequins in stores is a similar case of this. A phenomenon that began approximately 20 years ago, store mannequins are "thicker" than they used to be. Despite this modification, visually overweight or obese mannequins are not displayed. As an aside, there is a capitalist motivation to providing larger mannequins and offering a range of clothing sizes, as body

sizes for U.S. women leave many of us unable to buy clothing in most stores in malls and other public outlets.

Even when women are medically and visually "overweight," activist pronouncements often move the needle only slightly. For example, in 2016, writer and editor Helin Jun posted two pictures with captions in a story titled "The Amazing Reason This Woman's Love Handle Selfie Went Viral" on *Cosmopolitan*. Mar Ortiz, a woman who posted selfies of her thin and thick selves, respectively, received 78,000 "likes" on Facebook for the selfie of her newer "fat self," with her midriff exposed. Not surprisingly, her pictures also attracted critics. Ortiz replied to her critics as follows: "I do not glorify obesity. I glorify that I can wake up and be completely happy that I'm alive and I'm content with who I am as a human being. I have been in shape and the way I feel about myself was no different then what I feel about myself today (Jun 2016)." While Ortiz proclaims confidence, she ultimately petitions to be ordained body-beautiful as evidenced by the sexy, half-nude selfie that she posts of her fatter body. She also uses the word "obesity" uncritically, discursively positioning herself separate from discourses that disrupt medical conceptions of fat, despite her body-positive pronouncements. "Tell me that I am pretty enough to objectify," the images shout to the audience.

These contested de-stigma campaigns are meant to expand conceptions of fat bodies but ultimately do not fully disrupt status quo ideals. Depicting larger thin people, identifying airbrushed representations as inaccurate, or petitioning for objectification of your small-fat body, are lukewarm de-stigma discourses that do not advance the social and political position of fat bodies in the U.S. and other western contexts. These activist discourses (barely) contest the "level of fat" that is acceptable for sexual desirability, but do not fundamentally question the relationship between bodies and sex appeal more fundamentally.

Other 21st century de-stigma discourse also addresses cosmetic deviances of body in areas related to but outside of matters of "fat." These narratives attempt to discipline post-pregnant bodies to pre-pregnancy form. For example, Mel Rymill from Australia posted pictures of her "mum body" that were picked up by *Yahoo! News* in 2015 in a collage that she entitled "Bodyshamed Mother Inspires Other Women to Proudly Share Pics of Their Mum Bods." Inspired by the comment by her personal trainer that she "must want" to get back to her pre-pregnancy form, she pushes back on that assumption. The images also include other women who are flaunting their post-pregnancy bodies. These women celebrate and display their softer, post-pregnant bodies, replete with ripples and dimples. In a similar example in 2016, playboy model Kendra Wilkinson (Bueno 2016) proudly shows off her post-pregnancy stretch marks for an interview and story in celebration of Mother's Day for *Entertainment Tonight.*

These stories interface motherhood with bodies that diverge from mainstream standards of perfection. While this is a de-stigma discourse, these examples offer new motherhood as an "excuse or justification" (Sykes and Matza 1957) for "deviant" bodies that have stretch marks, puckers, cellulite, and other scars. As such, they do not rupture conventional expectations radically, but instead make an allowance of deviant bodies temporally situated, as well as only narratively available to some people. Notably, none of these women are visually fat, even if some of them are outside of medical BMI standards.

Despite persisting stigma and contestation, discourses to destigmatize fat bodies and other deviant bodies have gained traction in the early part of this 21st century in the United States and other parts of the English-speaking world. These assimilationist narratives serve to expand (pun intended) what counts as normal or average. These efforts are useful, but politically moderate – they just cast a wider net across the landscape of normal bodies. Some de-stigma narratives *are* radical regarding bodies. Indeed, there are radical de-stigma frames on the periphery across several of the topics that we address in this paper, which is where we now turn our attention.

Radical de-stigmatization discourse

The de-stigma frames that we have discussed thus far are medicalizationist, (post-medicalizationist,) or assimilatory; however, topics that we draw upon (e.g. queer marriage, drugs, mental illness,

neurodiversity, physical disability, and deviant bodies) have branches that also swing to leftist and radical political frames. Radical narratives of de-stigma do not promote increasing access to mainstream arenas as their most important goal. Instead, radical narratives often strive to disconnect from mainstream milieus rather than to disappear within them; to rupture the center rather than move toward it. Nonetheless, goals of radical de-stigma frames do sometimes include issues of access or matters of visibility and representation. They are also sometimes used in social and political strategies of (related) social movements.

When considering the legalization of queer marriage, its success is owed to its injection of queer identity into assimilation frameworks that are, perhaps ironically, based in a Judeo-Christian heritage. These Judeo-Christian norms entail dyadic legal marriage, life-long sexual monogamy, and raising children within this context. Related campaigns for the expansion of other types of sexual and romantic relationships have been comparatively unsuccessful due to their incompatibility with these conventions and traditions. Polyamory's lack of mainstream success as a de-stigmatization discourse can be attributed to its fundamental non-dyadism, the rejection of compulsory monogamy, and the emphasis on sex for pleasure rather than procreation among polyamorous people (See Sheff 2020). Polygyny (male-centric polyamory) has also been unsuccessful as a de-stigma discourse within the United States due to its ongoing association with religions that are still stigmatized. Some potential de-stigma campaigns regarding relationships and marriage are still being chartered. Consider our collective silence on the potential acceptance for temporary relationships (outside of "hookup culture"), or marriages not (at least pretending to be) based in romantic or sexual love. To the extent that such relational forms stomp to a beat far afield of the well-worn, they have either not gained traction, or not been conceived.

Regarding drugs, we have seen advancements of both medical and recreational frameworks for cannabis, and (incipient) medical frameworks for psychedelics, but have yet to see de-stigma discourses for the recreational use of hard drugs take stage; without the pretext of medicinal or moderate use, but rather, for sheer hedonism. Indeed, "coming out of the closet" as an unapologetic user of illicit hard drugs is not a de-stigma campaign that has hit internet pages at this time. A radical ethos of drug use declares, loud and proud, an unabashed love of the most stigmatized drugs, and a desire to do them to excess in order to get off and to feel good.

Consider next the case of mental illness. Both medicalization of depression and anxiety, as well as the ubiquitization of said disorders, are frameworks that have gained traction. But considering depression and anxiety as rational reactions to the ravages of western capitalism has not caught on outside of certain left-wing academic circles. We can say similar about radical constructions of ADHD that declare that the "condition" is mostly mythic, invented by drug companies, appearing often as a side-effect to the compulsory schooling that commands ever younger children to their desks to "learn to labor" (See Willis 1977).

There are also aspects of the disability rights movement which many view as radical. Regarding neurodiverse and physically disabled people, discourse about rights to socialize or work supersedes discussion about rights to be sexually successful or to marry and have children. Disabled parents continue to have their children taken away from them by courts, as the rights of disabled people to sex and parenthood are not accepted as mainstream within society (Frederick 2014). Unlike some of the other more radical frames discussed, this has greater potential to fit into assimilationist frames about nuclear families and become more normalized and accepted in the future.

Lastly, consider again the case of fat bodies. Radical narratives exist that either depict extremely fat people as sexy or rebel against a body/beauty interface altogether. Radical discourses have been part and parcel to fat acceptance campaigns (See Kwan 2009). However, more successful de-stigma discourses have worked within medicalizationist frameworks of health and illness, including mental health and self-esteem. Overall, medicalization of fat bodies has tended to be negative, and re-stigmatizing. In the final section we discuss the relationship between

centrist political frames and *re-stigmatizing* or *conditionally de-stigmatizing*. We start with the case of drugs.

Status quo and re-stigmatization/conditional de-stigmatization

Some discourses do not serve as successful de-stigma campaigns. In the following examples, stigma is fundamentally stationary, unless stigmatized actors express contrition for their marginalized feature. Reflecting on the case of drug addicts is a useful example. A drug addict resides in a purgatory between de-stigma and stability of stigma, depending on whether the addict has internalized societal (often medical) discourses of addiction and seeks to correct their behavior. According to Thomassen (2002), drug addicts garner mainstream approval when they fight their addiction, embrace abstinence from alcohol and other drugs, and align with norms of self-control and moderation. Further, non-addict users juxtapose their behavior against that of addicts by highlighting their "self-control" in order to cast their drug use as acceptable. For example, young, habitual marijuana users reject the fraught label "drug addict" by emphasizing the "self-control" (implying moderation) that they have regarding their cannabis use (Hathaway 2004). Medicalization of addiction is a (conditional) de-stigma discourse that converts addictive behavior to a disease, rather than inside of the (moral) control of the addict. This perhaps serves to lessen the stigma of their unfulfilled social expectations (Thomassen 2002). Nonetheless, individual addicts are expected to comply with conventional values by abandoning drug use or by correcting their illness-addiction through treatment.

This (at best) "conditional de-stigmatization" applies beyond the example of drug addiction. It also appears in other areas of health and illness. Consider hoarding and extreme obesity as examples in the area of (mental and physical) health. Like drug addicts, social actors with mental illnesses, or people of size, are expected to travel redemption arcs to be partially normalized, including (for example) curing their deviant behavior, or losing weight, respectively.

Stigmatized actors perform such redemption arcs in reality television shows and other media, where research indicates that stereotypes of mental disorders can foster stigma (Fennell and Boyd 2014). Hoarders (like drug addicts and extremely fat people) are often featured/targeted in television shows that document their day-to-day lives in a sort of "moral spectacle" (Lowe 2006). These shows are formulaic, and by the end, the stigmatized actor is expected to have normalized (or be in the process of normalizing) their maligned feature, (e.g. drug addicts get clean, hoarders stop hoarding, and fat people lose weight.)

Reality television and other media depict(s) other medicalized character stigmas also, like persons with anti-social personality disorders (e.g. psychopathy or sociopathy). Unlike drug addicts, hoarders, or fat people, these stigmatized actors do not have access to conditional de-stigmatization through discourses that champion a centrist politic. This is because their stigmatized features are considered immutable; they are therefore seen as unable to align with mainstream ideals. Instead, they are invariably depicted sensationally, or menacingly. In short, one must suffer from specific marginalized conditions to even petition for acceptance into majority frameworks.

Discussion and conclusion

In this paper, we argue that, in the opening decades of the 21st century, there has been an explosion of de-stigmatization discourses regarding myriad attitudes, behaviors, conditions, and lifestyles. The de-stigma discourses can be analyzed as social and political strategies, and sometimes as narrative social movements unto themselves. We claim that they are more successful when they carry the tune of a (assimilationist) centrist, mainstream politic.

We discuss medicalization and post-medicalization as de-stigma discourses, many of which we call "assimilationist" for their emphasis on inclusion, visibility, and representation. We explore two specific "de-stigma campaigns" in the 21st century, which have been culturally and legally successful, those of queer marriage and cannabis justice. We also highlight other "assimilationist" campaigns, including

those involving mental illness, neurodiversity and physical disability, and deviant bodies. We identify de-stigma narratives that are not assimilationist, but rather, more radical discourses, and discuss how these are comparatively sidelined or muted. Lastly, we explore how some (medicalization) narratives are much less successful at neutralizing stigma. Instead, they reinforce the status quo or re-stigmatize marginalize actors unless they manage to correct their disabling feature.

Why have de-stigma discourses been such a powerful strategy within and as social movements recently? Social changes are afoot that empower "identity activists" to combat stigma and shame broadly, including constancies and changes in medicalization, as well as the evolution of the medicalization of identities into projects that serve to advance cultural and legal policies for stigmatized people. The fact that we now exist with widespread internet technology and countless social media platforms cannot be ignored, as this provides important context in terms of the evolutions of stigma and stigma management, including empowerment.

The role of media and social media are paramount in embattled deviances, as media depictions contribute to changing attitudes (Schmidt 2019). For example, according to social scientists, the positive visibility of gay and lesbian people in pop culture triggered positive shifts in attitudes toward queer folks. Schmidt (2019) notes the growing visibility of gay representation in pop culture in the late nineties, and early 2000 s, citing examples that include the television personality Ellen DeGeneres, who came out as a lesbian on live television in 1997, and the show *Will and Grace*. "Researchers found that participants were more likely to express support for marriage equality when they were exposed to that message from an 'in group' leader, like an athlete on their favorite sports team, a politician, or a pastor (Schmidt 2019). Similar responses can be found regarding the cannabis movement, as some popular celebrities and athletes have come out as advocates for cannabis justice, such as actor Woody Harrelson, and Michael Phelps, an Olympic swimmer.

This suggests that mass media is one place where de-stigma frames can find a home, and eventually serve as a source of changes in norms that often precede the changes we see in laws. According to Hawdon (2001), law can be implemented both proactively and reactively, but American law is "reactive" in nature (Hawdon 2001). In our view, successful de-stigmatization discourse (whether found in media or elsewhere) and successful legal shifts have a "chicken and egg" relationship, whereby it is hard to say what precedes what, and their relationship is often circular. Nonetheless, we note that in the cases of queer marriage and marijuana legalization, once legal shifts occurred, they pushed de-stigma campaigns along further; the institution of law then has a conservatizing influence on margins, pulling them to the center.

In general, this mainstreaming of myriad identities and conditions, while often a positive development for stigmatized individuals, does not automatically amount to a petition to increase "tolerance for deviance" per say (Rothwell and Hawdon 2008). Rather, these de-stigma discourses encourage the incorporation of a wider range of conformities to be visible in and/or assimilated into society. Instead of a tolerance for deviance (Rothwell and Hawdon 2008), alas, we see a demand for an expanding ordinary.

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