

produces a stigma which, if it arises in childhood, must be dealt with by the family. The approach adopted and its course depend on the nature of the stigma. For example, social development might be delayed or even impaired by mental retardation, altering the possible ways for the family to react. Again, when the handicap is particularly severe, the individual might not be expected to achieve independence from his family, who therefore have greater difficulty reaching the courtesy stigma stage. Parental reactions might be expected to be quite different if the stigma becomes apparent initially some time after birth.

No specific mention has been made of the management of stigma. In principle, this should entail minimising its effects, such as spread and the discomfort it causes. An important preliminary step, however, is its recognition. Because of the universality of stigma, this requires no specialist knowledge or training. The attendants of handicapped children and of their families need to be sensitive to the existence of stigma and particularly to recognise that they, like others and despite their training, are susceptible to its effects. Failure to do so undoubtedly contributes to the often awkward nature of the interactions between stigmatised families and professionals. Through their own responses to a stigmatised infant, professionals have the opportunity of showing how they would present the child to others, a problem that its parents see as immediately relevant. Reassurance here is likely to promote a better relationship between the family and its attendants.

The fundamental problem underlying all this is the extent to which the needs of the handicapped will continue to be distorted by the perceptions of handicap adopted by society. Stigmatisation must therefore eventually be tackled as a problem of society rather than of the stigmatised.

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Correction

Scandinavian and Dutch lessons in childhood road traffic accident prevention

Errors occurred in two of the figures in this article (28 August-4 September, pp 621-6). In fig 8 the key read "% of total due to RTAs": this should have read "% of total due to accidents." Several errors occurred in fig 9 and the corrected version appears below.

