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Revisiting the concept of ‘vulnerability’

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Abstract

The terms ‘vulnerable’ and ‘vulnerability’ are used more and more frequently in the areas of both social science research into and prevention of HIV/AIDS, but certain difficulties arise when it comes to applying this concept to actual situations at the heart of which individuals or groups are more exposed to HIV. The concept of vulnerability must thus be clarified to reinforce its heuristic capacity and political and practical relevancy.

The first part of this paper is devoted to presenting a heuristic matrix of vulnerability, used in previous research among people living with HIV/AIDS (PWHAs) and to extracting three levels of intelligibility, that is to say, first the social trajectory level, then the level on which two or more trajectories intersect, and finally that of the social context. Each of the elements belonging to these three levels must be described both objectively and subjectively. The identity construction processes are then proposed as particular observation and ‘gelling’ points for these various levels taken as a whole.

In the second part of the paper, we have reviewed how the concept of ‘vulnerability’ has been defined and used in other fields, notably disaster, famine, and mental health, paying special attention to the crucial points in the debates that are raging in these fields. We have also shed light on a few concepts that are frequently associated with vulnerability, such as victimization, insecurity, and risk.

In the third part, we have summarized our approach to vulnerability as a relevant concept for elucidating risk-taking processes and designing intervention programmes. The importance of analysing the inter-individual differences, the variability in time and the relational dimension of all social vulnerability has been stressed. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Vulnerability; HIV/AIDS; Identity; Natural disasters; Racial harassment; Mental health; Poverty

...the ontologically insecure person is preoccupied with preserving rather than gratifying himself: the ordinary circumstances of living threaten his low threshold of security. Ronald D. Laing (1960, p. 42)

Introduction

The terms ‘vulnerable’ and ‘vulnerability’ are used more and more frequently in the areas of both social science research into and prevention of AIDS. For example, no fewer than 337 abstracts of papers presented at the last World AIDS Conference (July 1998) in Geneva contained the word ‘vulnerable’ or ‘vulnerability’. This was close to 10% of the total number of abstracts presented in tracks C (Epidemiology, Prevention and Public Health) and D

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(Social and Behavioural Science, Social Impact and Response). These abstracts focused on all sorts of publics and covered all the continents.

Today's growing interest in identifying the diversity of situations of vulnerability and in designing HIV/AIDS prevention programmes that fit these situations is the result of a long process.

The first stage in the social construction of HIV/AIDS risk (Hubert, 1989, 1991) was in the early eighties, when specific groups (homosexuals, Haitians, etc.) were named and singled out for exclusion or conversion against a backdrop of stigmatization. The implicit aim was to eradicate the risk for the largest part of the population to the detriment of some, since in describing the risk as the monopoly of certain social groups one tried to provide others with radical means of protection. As Denis Duclos (1987:249) puts it, "When one tackles the existence of dangers, accidents, and diseases, one of the most recurrent discursive mechanisms is to designate a particular category of individuals to which one does not belong and who are likely to 'carry' the risk".

¹ The debate about the illusoriness of zero risk has raged for a long time outside the field of AIDS. Thus, the American sociologist Charles Perrow (1984) is doubtless the most critical about the prospect — illusion — of zero risk in industrial systems, since he contends that accidents are inevitable structural elements of certain complex systems that integrate many closely-linked components. As Jacques Theys (1987:34) puts it, "Incertitude et vulnérabilité joignent leurs conséquences déstabilisatrices pour placer a priori nos sociétés devant un dilemme inacceptable: avoir à choisir entre l'infini (peu probable) de la catastrophe planétaire et le zéro (peu crédible) du risque nul". (Uncertainty and vulnerability join their destabilizing consequences to place our societies before an unacceptable dilemma right from the start, that of having to choose between the highly improbable infinity of a planetary catastrophe and the rather unbelievable zero of the zero risk.) In the same vein, Moatti and Lochard (1987) likewise point out that the will to eliminate risk totally immediately raises the question of the cost of absolute safety and its technical and economic feasibility. This feasibility, moreover, is not just economic, but also has political and ethical implications. The question of acceptable risk arises within this debate (Hubert 1987).

² Denis Duclos (1987) points out that the notion of heuristic procedures is also used by many psychosociologists studying risk (Kahneman and Slovic, 1982) to designate the simple process whereby individuals try to cope with analogous situations in order to avoid paralysis of action (Perrow, 1984). The heuristic, which must be distinguished from the algorithm by its lesser degree of formalization and relevancy, thus enables one to cope with risks in everyday life but can also prove ineffectual or inappropriate for interpreting less familiar risks in more complex situations.

In the second stage, which started with the scientific identification of HIV as the viral causal agent, the risk was associated more with specific practices, such as anal penetration. Here we see a shift in the underlying causal mechanism: individual behaviour, rather than the characteristics of a group, was now questioned. This shift came at a time when the groups who were singled out as being particularly at risk had reacted strongly to denounce the potential discrimination and invoked a virus that was acting indiscriminately and unpreferentially. But the aim of prevention continued to largely be one of total eradication, since the model of the rational individual and belief in the powerful influences of prevention campaigns on behaviour prevailed during this stage.

The third stage, which has appeared more recently (although the previous models tend to coexist), stresses the importance of taking into account the characteristics of the relationships and interactions (Van Campenhout et al., 1997) in which risk takes place. It puts greater emphasis on intervention programmes aimed at enablement and empowerment in the face of the epidemic (O'Malley et al., 1993; Parker, 1996; Piot and Aggleton, 1998). Here the goal of eradicating the risk (zero risk)¹ — e.g., 'safe' sex for all and always — seems illusory and is gradually supplanted by the goal of reducing the risk — e.g., 'safer' sex.

As a matter of fact, identifying and describing situations of vulnerability on which intervention programmes could be based becomes a priority. This seems particularly important at a time when a certain normalization of AIDS (following the advent of new treatments) may lead to banalization (Bayer, 1991; Lascoumes, 1998; Thiaudière, 1998) and a decrease in the prevention means and efforts.

Although the concept of vulnerability is becoming central, certain difficulties arise when it comes to applying this concept to actual situations at the heart of which individuals or groups are more exposed to HIV. Work to clarify the concept is thus necessary. Otherwise, the concept of vulnerability runs the risk of losing its heuristic capacity² and political and practical relevancy through increasingly frequent but ambiguous use.

This difficulty is not specific to the field of AIDS. Thus, as Jacques Theys (1987:21) states in the context of technological risks, "...there are still too few languages and tools for analysing vulnerability. The word itself suffers from a semantic overflow, since it refers to dependency or fragility as well as insecurity, centrality, complexity, the absence of effective regulation, gigantism, and low resiliency".

The aim of this paper is to help clarify the concept of vulnerability. The first part of this paper will be devoted to presenting how we defined the concept of

vulnerability in previous research among people living with HIV/AIDS (PWHAs). Next we shall review how the concept of ‘vulnerability’ has been defined and used in other fields. This review will take two directions: We shall shed light on the use of the term ‘vulnerable’ itself, notably in the fields of disaster, famine, and mental health, paying special attention to the crucial points in the debates that are raging in these fields, and also cover a few concepts that are frequently associated with vulnerability, such as victimization, insecurity, and risk. In the third part of this paper, we shall try to summarize our approach to vulnerability as a relevant concept for elucidating risk-taking processes and designing intervention programmes.

A heuristic framework to study vulnerability

Our thinking on vulnerability rests primarily on qualitative research conducted in the French-speaking part of Belgium (Delor, 1997). This work was singular in that it allowed for the complexity of HIV/AIDS-related risk-taking by using the testimony of seropositive persons themselves seen as both the victims and the chief witnesses of risk-taking.³ Unlike a fuzzy conceptual approach to vulnerability, the heuristic matrix that we propose is designed first of all to extract three levels of intelligibility from a situation of social vulnerability, that is to say, first the social trajectory level, then the level on which two or more trajectories intersect, and finally that of the social context. To understand fully a situation of vulnerability, each of the elements belonging to these three levels must be described both objectively and subjectively. The identity construction processes are

then proposed as particular observation and ‘gelling’ points for these various levels taken as a whole.

Social trajectories, interactions and social context

The interviews conducted in the course of the research were analysed from the three standpoints, namely, social trajectories, interactions, and social context. These three dimensions intersect and may increase the degree of vulnerability (Fig. 1).

By social trajectory, we mean that each individual goes through different phases in her/his lifecourse but — and that’s why we call it ‘social’ — several individuals may share part of the same trajectory: for example, a phase of ‘coming out’ characterized by a radical change in lifestyle seems common to many men who come to accept their homosexual identity after a period ‘in the closet’. Thus, the position in the lifecourse is decisive for understanding certain sexual behaviours and their associated risks (Peto et al., 1992). In the same example, the way of dealing with HIV risk — or at least the meaning associated with prevention (see below) — will not be the same if one is ‘in the closet’ or ‘coming out’. This does not mean, however, that great importance must not be given to individual dynamics, the process of growth, certain moments of crisis, etc. (Erikson, 1972).

The salient characteristics of interactions are the second important dimension that we have emphasized. Indeed, HIV infection requires at least two individuals and thus two trajectories to meet. These individuals may adopt different risk-related behaviours according to their position or status in the interaction. For example, the ‘newcomer’ to a group of IV drug users will often be the last to shoot up, whereas the dealer will have ‘first choice’. The two individuals’ chances of being infected with HIV through sharing needles with a PWA thus differ accordingly (Delor, 1997).

³ This research was carried out in 1995 and 1996 on the basis of in-depth analysis of semi-directed interviews of 40 seropositive individuals. The aim was not to get a photograph of a population, but rather to pinpoint the processes at work. This was achieved by selecting the interviewees so as to get as great a diversity of cases in a population of seropositive individuals as possible. That is why we met with both men (25) and women (15) who had been infected through heterosexual relations (13), homosexual relations (17), and IV drug use (7). We also met with three self-defined bisexuals and one transsexual. The interviews were conducted both in town and in the country. We conducted another 15 interviews of various resource persons, such as doctors, prevention workers, and members of NGOs, in Belgium and abroad (more specifically in France and Greece).

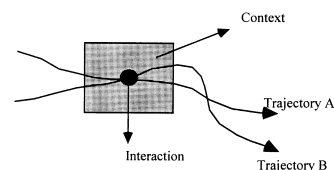


Fig. 1. The first three levels of reading a situation of vulnerability.

Finally, the social context⁴ influences the moments, stakes and forms of encounters between different trajectories. Take the effects of certain cultural or social norms concerning sexual behaviour, the impact of the development of means of transport on how certain meetings occur, and the legal differences between countries. For example, the sexual interaction between a young male prostitute and his client takes place within a context of a balance of economic forces and symbolic domination that the two partners alone cannot change. Similarly, the relationship between a man and a woman in a given society takes place in a context in which the roles are partly determined. The relationship between two homosexuals likewise takes place in a society that imposes a system of social norms of which we are all more or less consenting heirs.

⁴ As Axel Honneth (1990) points out, it is important to distinguish inside this contextual level the various types of contempt that people may suffer and may help make them more vulnerable. The most fundamental form of humiliation to which a person can be subjected is physical mistreatment (sexual abuse, violence). Indeed, all attempts to control someone else's body against her/his will, regardless of the intention, generates a level of humiliation that destroys the person's relationship with her/himself much more deeply than the other forms of contempt can. The particularity of physical abuse lies not only in the physical pain that it produces, but the feeling of having been exposed, defenceless, to another subject's will. A second type of contempt targets the social value of individuals or groups. It consists in denigrating individuals' or communities' lifestyles. The 'honour', 'dignity', or, in modern terms, 'status' of a person may be understood to be the degree of social esteem that is granted to the way s/he achieves her/himself within a society's cultural traditions. If a society's hierarchy of values devalues certain individual lifestyles or convictions or considers them defective, then it takes away from all the subjects concerned any possibility of assigning a social value to their own abilities. Such social denigration is also accompanied by a loss of self-esteem. These two types of contempt must in turn be distinguished from a third form of humiliation that affects one's 'normative' understanding of oneself, that is to say, the contempt in which a subject is held when s/he is excluded from enjoying certain rights in society. By 'rights' one can mean all the individual claims that a person can legitimately expect society to satisfy. If a person is deprived systematically of certain rights of this type, s/he is no longer given the same moral responsibility as the other members of society. This form of contempt is characterized by the fact that social exclusion, for example, does not consist solely of the restriction of personal autonomy that it creates, but also the associated feeling of not having the status of a full partner in an interaction with the same rights as others. This experience of being shorn of one's rights is thus also accompanied by a loss of self-respect.

Socio-structural and socio-symbolic dimensions

The three levels that have just been described can be seen from two angles: that of 'objective' meaning or the meaning commonly accepted by all and the particular meaning worked out by each individual. So, using a condom is commonly considered to be protective behaviour in this day and age. Yet in some situations the condom may be seen as a threat because it brings up the risk of AIDS, implies lack of trust in the partner, or is associated — in some people's minds — with the image of unbridled sexuality. The common meaning is often called the 'ethnological meaning' or socio-structural dimension (Bertaux, 1986), whereas the particular sense that each individual gives to something is referred to as the socio-symbolic dimension (Bertaux, 1986; Demazière and Dubar, 1997). To be more specific, we should doubtless point out, with Gusfield (1987), that unanimous agreement on a common meaning does not exist, even though, in assessing risk, men of science often act as if the subject of their study were obvious and an object had the same meaning for its users as for the investigators. What is more, the diversity of individual interpretations is organized and refers to symbolic trends that themselves are subtended by cultural systems (Sontag, 1978; Douglas and Wildavsky, 1982) (Table 1).

Identity construction as a synthetic process

Finally, the above elements were resituated in the process of identity construction (Dubet, 1994), that is to say, inside a process aimed at maintaining, expanding, or protecting the living space in which the subject is socially recognised. The confrontation with a host of risks (such as the risk of HIV or STDs but also the risk of staying alone or being abandoned, for example) requires the constant construction and reworking of identity by means of which each individual strives to produce an — always temporary — synthesis of the above-mentioned three dimensions.

This is precisely where we must be able to understand the close links among the notions of risk, identity, and vulnerability. Indeed, by defining the structuring of identity as the constant, indispensable synthetic labour that is likely to participate in the individual's coping with various risks and social inclusion, we can deduce that situations of vulnerability are the circumstances — in terms of specific moments and areas — during which this vital exercise is the most painful, difficult, or perilous.

This is why sexual interactions offer a specific and privileged observation point of this process (Weeks, 1995) to the extent that they provide an exemplary showcase for the subjects' efforts to maintain and/or

Table 1
Recapitulations

Level of reading a situation of vulnerability	Socio-structural dimension	Socio-symbolic dimension
Trajectory level	Life cycle, age, social mobility, social identity, etc.	Subjective time, life project, perception of the future, etc.
Interaction level	Partners' characteristics (ages, serological status, etc.), setting of the interaction, etc.	Subjective representations of the partner, perceptions of condom according to serostatus, etc.
Context level	System of collective norms, institutions, gender relations, inequalities, etc.	Subjective perception of norms, personal interpretation and expectation of punishment, etc.

expand the conditions of their socio-emotional existence and recognition and the difficulties with which this is fraught.⁵

The search for identity or 'identity-building work' can also be described as the maintenance and incessant development of a dynamic space-time within which an individual is subject to a tension and cohesion between two poles, i.e., the vow and need to be 'recognised', that is, expected and taken in as a full member of a social community, at one end of the scale, and the desire and need to be 'unexpected' for both oneself and alter, at the other end of the scale. Ricoeur's 'narrative tension' (1983) is this very point of tension and cohesion. From this point of view, risky practices are considered, along with other social practices, to be structuring elements in a process of individual and collective mobilization and production of social identities (Barbier, 1996).

At the end of this first round it appears that the study of vulnerability must focus on examining rigorously the social situations in which vulnerability arises and grows. This examination must be rigorous and systematic and look very pointedly at the myriad elements of understanding that are likely to act upon the three already-mentioned analytically different levels, that of the social trajectory (or biographical fragility), that of social interactions (or relational influences), and finally that of the social context (or macrosocial impacts). In this, the dynamic synthetic process by means of which a particular individual continuously organises these three levels' interpenetration and consistency vis-à-vis various risks — what we have called the identity structuring process — can be considered a

form of arbitration during which specific moments of vulnerability may crop up, whether in the context of certain places, meetings, or contexts. This is how we can make analytic distinctions amongst identity vulnerability, relational vulnerability, and contextual vulnerability, provided that any comprehensive study of vulnerability allows for the particular links amongst these three levels and their respective impacts, whether this is done subjectively or objectively.

A few detours through other fields

A foray into other fields should enable us to shed light on some of the specific links between the levels, but also to provide some additional elements of understanding of vulnerability, especially as regards their dynamic or process dimension.

Our intention is not to embark on an exhaustive review of each field, but rather to pick out the salient elements that may enable us to enrich and expand our foregoing definitions.

'Natural' disasters and famine as a consequence of the encounter between risk and vulnerability

The concept of vulnerability began to be used frequently in the literature on natural disasters in the late '80 s and early '90 s (Blaikie et al., 1994; Watts and Bolhe, 1993; Wisner, 1993). The ongoing discussions about its use are all the more useful to us in that they concern an area that is closely connected to that of AIDS. Indeed, like AIDS, "natural disasters are generally considered a coincidence between natural hazards (such as floods, cyclones, earthquakes and drought)⁶ and conditions of vulnerability. There is a high risk of disaster when one or more natural hazards occur in a vulnerable situation" (Maskrey, 1989:1). It is commonly thought that a disaster can be interpreted as the extreme situation that is implicit in the everyday con-

⁵ With Honneth (see note 4), we may consider the space of emotional recognition to be primordial.

⁶ We may question the relevance of considering AIDS as a natural 'hazard'. Even if its dissemination is closely linked to human activity, the upset of HIV was unexpected and the probability of becoming infected remains hazardous.

dition of the population or people (Baird et al., 1975; Jeffrey, 1980). Disasters “bring to the surface the poverty which characterizes the lives of many inhabitants” (Hardy and Satterwaite, 1989). AIDS has also been described as a true ‘révélateur’, that is to say, an event that in upsetting the social system reactivates and brings certain tensions out into the open. This is the paradigm that sociologist Edgar Morin calls a crisis (1969), or what Théry and Tasserit (1996) call an “accelerator or developer of the processes of social vulnerability and disaffiliation”.

Scrutiny of the literature on vulnerability and natural disasters shows that a crucial element in the discussion — one that was brought up in Wisner’s (1993) critical review of the field — concerns precisely the difficulty of applying this very general concept to actual situations. That is doubtless one of the reasons why vulnerability to disasters is often identified with only one of its causes, whether it be poverty, a handicap, certain lifestyles, certain forms of production, or any other factor likely to make human groups more vulnerable to natural disasters. Such causal reductionism obliterates the fact that all of the people who feel the influences of the same factors do not suffer the same way.

Another difficulty raised by the authors concerns the scale or spatial dimension of vulnerability. Indeed, this concept is sometimes mobilized to characterize specific cities or regions, even whole countries, implying that reducing the vulnerability to that level reduces the inhabitants’ vulnerability commensurately, although this is clearly not the case.

The challenge today in this field of research is to “create ways of analysing the vulnerability implicit in daily life” (Wisner, 1993:128). In other words, attention must be paid to people’s actual living conditions in order to discern the potentials and weaknesses that could make them particularly vulnerable if an adverse event occurred. However, care must be taken not to reduce the strategies and way of adapting to the risk beforehand on the basis of inappropriate or narrow conceptions or models. Thus, most disaster research is based on a liberal theory whereby societies are seen as harmony-seeking agglomerates of individuals who try to optimize their interests more or less rationally with the help of various institutions (Hewitt, 1983). This harmonious, consensual, or rational economic conception can be challenged and other ways of understanding societies might reveal much more about certain types of vulnerability. The individual’s reaction to risk and adoption of a given behaviour are not influenced by the quality of the available information alone but also “by the relationship between agency and structure. Such agency/structure dialectic takes place on a world stage” (Wisner, 1993:129).

This criticism broadens the picture in two directions: first of all, when confronted with a potentially hostile event the rational subject is replaced by one who is plunged inside a dynamic system of relation(ship)s that influence heavily her/his choices and actual conditions of existence. Next, we are invited to investigate the political, economic and broader social spaces that spawn these conditions of existence. This approach thus proposes a vision of human action that mobilizes resources and is subjected to various structural constraints without for all that being totally determinant. We can speak of ‘situational theory’ (Kruks, 1990), that is, an effort to allow for the processes by which certain situations that are strongly influenced by mechanisms of economic domination or relations of power or authority (Palm, 1990) secrete spaces of marginality.

Several models concerning the understanding of disasters and vulnerability fit this simultaneously dynamic, relational, and conflictual conception of social relations and ways of coping with risk. They differ in terms of how much emphasis they put on the balance of political power, economic constraints (Blaikie and Brookfield, 1987), or spatial, social and/or political characteristics considered as ‘clusters of disadvantage’ (Chambers, 1983). Moreover, we shall see later on, taking the particular case of famine, how Watts and Bolhe (1993) achieve the same balance between agency and structure by emphasizing empowerment as well as political economy and entitlement in their model of famine causality.

The above-mentioned authors try, on the basis of a review of some recent research on famine, to define what they call a space of vulnerability “with respect to its social, political, economic and structural–historical co-ordinates” (Watts and Bolhe, 1993:118). They rely on the definition proposed by Chambers, according to whom vulnerability is “the exposure to contingencies and stress, and difficulty coping with them. Vulnerability has thus two sides: an external side of risk, shocks and stress to which an individual or household is subject; and an internal side which is defencelessness, meaning a lack of means to cope without damaging loss” (Chambers, 1983:1). From this vulnerability they come up with three co-ordinates of vulnerability, namely, the risk of being exposed to crisis situations (exposure), the risk of not having the necessary resources to cope with these situations (capacity), and the risk of being subjected to serious consequences as a result of the crises (potentiality). These three dimensions are connected in time but influenced by different factors. This multiplication of levels of intelligibility makes it possible to avoid reducing vulnerability and famine — as social facts — to a single cause.

This approach definitely has the advantage of looking at various levels of intelligibility and vulnerability and how they are connected. Thus, exposure, capacity, and potentiality call for consideration of elements that come into play at different times and places. This spatio-temporal dimension of vulnerability is important. The relevance of Watts and Bolhe's categories is such that we feel that they may be used in the field of HIV/AIDS. Exposure is more upstream from the event, i.e., it concerns the set of factors that increases the risk of HIV infection. The men and women who have 'risky behaviour' in contexts where HIV prevalence is already high or becoming so will be deemed particularly exposed to the HIV risk. Capacity concerns the possibility of mobilizing in such contexts the right resources to cope with the situation. Disadvantaged people (migrants, etc.)⁷ and young people in search of their sexual identities, for example, may thus be considered particularly vulnerable to the risk of HIV in this regard. Finally, potentiality relates more to what occurs downstream or the consequences of the event, the importance of which will depend on whether the infection occurs in an industrialized country or one in which care is practically non-existent, whether support structures for the PWHA and her/his family and friends exist, etc..

Crime, racial harassment and vulnerability

The field of crime doubtless seems to be distant from that of natural disasters and famine. We may also wonder whether there is any link between this field and AIDS. We think, however, that common questions may be asked with regard to all three fields (disasters, crime, and AIDS). First of all, they all revolve around a threat. They are thus located at the place where individuals and groups try to understand events in order to protect themselves from them. We might postulate that research in all three fields is aimed at both understanding and preventing a variety of potentially lethal threats. What is more, they are not mutually exclusive fields: Disasters often give rise to various forms of lawlessness, of which looting is doubtless the most sordid. They are also attended by a retinue of diseases, which flourish in the fertile ground of social spaces in upheaval. These intersections merit the label of 'space of vulnerability' and as such require thorough analysis.

Like studies of disasters, studies of victimization, such as crime statistics, have tended "to treat racial

harassment and other forms of crime as though they were static events or incidents. Racial victimization, however, does not occur in an instant and is more dynamic and complex than the notion of 'racial incident' can imply" (Bowling, 1993:231). One of the current stakes of the simultaneously theoretical and practical approaches is to manage to conceptualize the social facts that are reflected in crime and criminalization as processes taking place within simultaneously geographic, socio-economic, historical, and normative political contexts. This does not mean that individual one-time events must be neglected, but that they must constantly be resituated strictly within a continuous process (George-Abeyale, 1989). To take the image used by Maclean (1986:8): "Just as it is impossible for us to understand the content of a movie by looking at only one still frame it is impossible for us to understand crime or any other process by looking at an individual event or moment".

More specifically, this processual dimension enables us to take into account certain aspects of racial violence, such as the fact that it often takes the form of multiple victimization (Sampson and Phillips, 1992), repeated attacks (Home Office, 1981), and a constant barrage of harassment (Walsh, 1987; Tompson, 1988), that is to say, it is part of a set of elements that constitute 'climates of unsafety' or specific conditions of vulnerability that transcend the situations of individual violence and escape one-off analyses. In this, the attempt to reduce multiple victimization to a series of incidents means that much of this experience will be lost (Genn, 1988). This crucial notion of 'climate' or 'unfavorable conditions' is in line with the concept of 'space of vulnerability' illustrated above with respect to famine.

Particularly important in our view is the fact that the field of crime is largely dominated by a logic of surveillance that, like official statistics, tends to produce a static description that misses several elements of the process, such as the relationship between the victim and perpetrator of the crime or their relationship with the community to which they belong. Yet the 'system of interaction' in the case of crime includes the 'agents of the penal justice administration' as well, i.e., those who choose whether or not to define the problematic situation as a crime. In this sense, crime (not the damaging act) is a product of the penal system's work. Just as the members of certain social groups are more vulnerable to damaging acts, others (or the same ones) are more vulnerable to 'criminalization', that is, more vulnerable to the fact that the problematic situation in which they are implicated undergoes penal recoding, the first effect of which is precisely to produce a

⁷ See Luger (1998) and Haour-Knipe and Rector (1996) among others.

guilty party and a victim.⁸ Here we have an exemplary description of the close dialectic links amongst actual social vulnerabilities, the processes of vulnerabilization, and the various procedures of the social construction of risk.

This type of debate is all the more interesting to

⁸ Real life is often less clear-cut. We can take Garfinkel's (1949) famous example of the racial distribution of homicides (White–White, Black–Black, Black–White, and White–Black), whereby the members of group N appear to be more vulnerable to homicide to the extent that they are more often homicide victims. As for the vulnerability to criminalization, that all depends: A black who has killed a white is more vulnerable to criminalization than a white who has killed a white or a white who has killed a black, whilst a black who has killed a black is the least vulnerable to criminalization of them all. It thus appears that the work of criminalization must not only punish the damaging act, but also reassert the 'racial line', that is, a racial–social hierarchy whereby the killing of a white by a black is considered the supreme offence, whereas that of a black by a white is hardly considered a crime. Moreover, criminalization, which generates social vulnerability (and exclusion) legitimates it at the same time. From the moment at which the murder is recognized until the moment at which the final ruling is handed down, the alleged perpetrator is involved in a system of procedures for defining and redefining social identities and circumstances. These definitions represent the way of 'being there', the attitude — as defined by Edmond Husserl — in reference to which the perpetrator and action signify what they signify as objects treated by the penal system (Garfinkel, 1949, p. 376).

⁹ The succession of crime prevention schools of thought that have followed each other offers some points of comparison with the developments in AIDS prevention. At first (in conventional penal law), the criminalization of offences was expected to have preventive effects. The sentence, which had to be definite and be issued quickly after the damaging or tortious act, was supposed to influence the individual who, in weighing the pros and cons of the tortious act would decide not to commit it. Research has long shown that the facts are much more complex. Actually, the more vulnerable an individual is to engaging in crime, the less sensitive he is to the risk of criminalization; the more close contacts he has who are engaged in criminal activities or have had problems with the law, the less likely the risk of criminal proceedings will be to prevent his committing a crime. Attitudes have thus changed and prevention efforts strive more to try to define 'risk groups', i.e., the poor, degenerates, alcoholics, and TB patients in Europe; the poor, immigrants, Blacks, etc., elsewhere. Prevention policies, which are built upon the definition of risk, are changing, oscillating between locking up potentially dangerous individuals and acting upon the roots of vulnerability (a prime example is the Chicago Area Project, which was launched in the second half of the 1920s by Clifford Shaw, a sociologist of the Chicago School, amongst others, to make human and financial resources available for community work in high-crime neighbourhoods with high levels of penal offences).

bring up in that it currently is sweeping through the field of AIDS, which is marked in turn by surveillance logic and procedures and often overlooks the relational dynamics between partners along with the logic and social contexts in which their relationship occurs. In emphasising the relational, contextual, and process aspects of the risk itself, we avoid the pitfall of considering vulnerability to be a stable, essential characteristic of individuals. Instead, we are endeavouring to reveal the potentially changeable nature of vulnerability, whether over time, relational areas, or networks, or even according to the social context in the broad sense. That is why it appears to be vital that political and social action on a problem, whether the action is preventive⁹ or curative, must tackle the underlying process as well as responding to the reported incidents to which these processes give rise (Goldstein, 1990). To support the action's pertinence, there is a need for dynamic research that can take account of the key moments of a process likely to lead to crime, that can grasp the particular dynamics of repeated victimization by resituating the latter in its geographic, social, political and historical context. To achieve this, quantitative and qualitative research must be conducted in a co-ordinated and complementary manner. Surveillance studies must be complemented by ethnographic approaches, rigorous analysis of life stories, precise case studies, or other methods that allow for the dynamic and subjective nature of the subject of research.

In the same vein, George-Abeyle (1989) highlights, in a realistic study of black crime or the criminal victimization of blacks, the need to allow for the diversity, complexity, and movement of the processes involved. These include notably the internal diversity of ethnic forms,¹⁰ as opposed to the monolithic conceptions of ethnic groups; the various social situations encountered within supposedly homogeneous ethnic groups; and the crucial influence of the spatial dimension.

Here we come to the crux of the theoretical debate broached above and situated between reducing the observed facts to a single cause, be it individual or collective, and attempting to understand phenomena, with variable degrees of fuzziness, through the mobilization of the myriad factors involved. Indeed, this is one of

¹⁰ One of the current points in the discussion about ethnicity takes the shape — doubtless not by chance — of a return of the pendulum that challenges the interactionist and situationist positions' theoretical implications when they culminate in dogmatic positions. The key question might be worded as follows: Doesn't criticism of primordialism or essentialism go too far when it leads to a purely circumstantialist vision according to which ethnicity boils down to situational manifestations without any hard substrate.

the fertile cruxes of the current debate on ethnicity. As Poutignat and Streiff-Fenart point out: “The entire problem of ethnicity consisted in breaking with substantialist definitions of ethnic groups and asserting that a collective identity can never be reduced to the possibility of a cultural heritage, even if it is reduced to the ‘hard core’, but is built like a system of deviations and differences from significant ‘others’ in a given historical and social context” (Poutignat and Streiff-Fenart, 1995:192).

We consider this side-trip through criminology to be interesting for three reasons. First of all, it asks about vulnerability as a way to understand differences better. So, it is not a matter of analysing vulnerability for its own sake, but rather of shedding light on the processes that enable us to understand better why certain individuals or groups are more vulnerable — at certain times — than others. Second, it asks about the social entity to which the differences belong. Can the causes of these differences be attributed to individuals or, on the contrary, must groups, even ethnic groups, be considered? The question is both scientific and ethical. Poutignat and Streiff-Fenart clarify the debate by taking a middle road that takes account of the moving system of differences at the heart of which an individual constructs her/himself by referring to groups. In so doing, they avoid both disqualifying all references to collective entities and exaggerating the ‘ethnicity’ of causality. Finally, the risk group versus risky behaviour debate that has run through the HIV/AIDS field (see above) might be clarified by this approach. By focusing on differences in vulnerability, the research must take stock of and understand the differences better, regardless of whether they are inter-group or inter-individual differences. The existence of differences on different levels makes it possible to oppose any monolithic vision of the group or the ethnicization on which the risk-group notion is implicitly or explicitly founded. At the same time, the individuals’ identification with their reference groups or ‘in groups’ is not left out of the work of understanding. Rather, one tries to determine how these ties are likely to increase or decrease the differences in vulnerability to a risk.

Vulnerability and destiny in the mental health field

During our detour through the field of natural disasters we saw that the linking of the three levels of reading a social situation of vulnerability (trajectories, interactions, and context) had to give a major role to the social context, in that vulnerability was effectively

connected to the probabilities of the hazardous events themselves taking place in certain spatio-temporal contexts. At the same time, we saw that the different impacts of these events, and thus the differences in vulnerability, could be understood only if the elements related to individual abilities (including resources and sequelae) or relational processes (e.g., mobilisation or isolation) were taken into account.

The characteristics of the interactions, relational processes, and balance of power between individuals in the areas of crime and racial harassment are particularly enlightening to the extent that they are the gelling points of a social event — the crime — that is at the heart of the observation. At the same time, such an event is merely the reflection or condensation point of processes that are influenced by the social context itself. We see by this that the major tendency here is to disqualify the readings based on individual or biographical, even identity-related or ethnic, characteristics.

In crossing the field of mental illness, unlike the fields of natural disasters and crime, we find that great importance is given to identity-related processes. We felt it would be interesting to see why the linking of the three levels in this field seems to benefit primarily the individual instance, in order to show that this pre-eminence actually does not aim to disqualify the context and social relations’ influences but to highlight a subjective point of arbitration around their connections.

The field of mental health may appear to be distant from those of natural disasters, crime, and AIDS. However, there are numerous points of intersection between these different fields. Disasters or catastrophes seen as ‘trauma’ (Demoulin, 1996; Vanderveken, 1997; Vereecken, 1997) are recognized as causes of various forms of mental disorders.¹¹ Similarly, the wandering or exclusion of certain social categories is likely to increase the incidence of various diseases, including mental illnesses. It has also been shown that maternal stress (during pregnancy) related to various catastrophic situations — war, famine, the death of the partner, etc. — can have a long-term effect on the future child’s mental development and the occurrence of schizophrenic phenomena (Glover, 1997; Van Os and Selten, 1998). Finally, recent seroprevalence studies have shown alarming rates of HIV infection among severely mentally ill men and women in large urban areas (Cournos et al., 1991) and HIV behavioural epidemiology research indicates that a substantial proportion of seriously mentally ill adults engage in activities that increase their vulnerability to HIV/AIDS (Kalichman et al., 1996).

Many authors trying to understand the development of certain mental illnesses, of which schizophrenia may be considered a good example, seem to subscribe to a comprehensive, phenomenological approach whereby

¹¹ Psychoanalysis is at loggerheads with other psychological disciplines over this matter. This is not the place to go into a detailed discussion of this rift.

they consider the illness to be a particular way of adapting both psychically and socially to what is felt to be a deeply hostile environment.

The 1920s marked the start of a new perspective in the way European psychiatry handled schizophrenia, thanks to the work of such psychiatrists as Binswanger, Jaspers, Ey, and Minkowski, who were in turn inspired by Husserl's phenomenology. After their work, schizophrenia was considered a human possibility rather than a simple disorder or accident. This perspective is more current than ever, and some American authors, influenced heavily by Alfred Schutz, are interested in it today. John S. Strauss (1997), Larry Davidson (1992, 1994), Osborne P. Wiggins (1997), and James Phillips (1997) come to mind in this respect. Drawing upon phenomenology, they propose a very fine analysis of the day-to-dayness of people's lives to discover the complex systems of relations amongst various factors and the interactions between the person and the disorder at the heart of a pathological mechanism henceforward seen as a process.

According to J.S. Strauss (1997:260), schizophrenia is a form of displacement or breaking of the equilibrium point of the continuous process of building and maintaining the internal map that shows us who we are, how the world works, and how we make contact with the world in order to manage the complexity of our existence and growth. When this internal map or 'central administrative structure involving cognition, feelings and perception' runs amok or falls apart, whether for psychological, biological, or social reasons, and usually in line with a complex chain of elements belonging to these various registers, we become extremely disoriented. We try ceaselessly to collect the scattered bits of our experience to prevent all further damage, thereby continuously resituating nonsense within a sense-giving organizing and protective structure. The dynamics of this internal map is thus balanced between the tendency to fall apart in the face of the unforeseen and the tendency toward immobilism or sameness. In this respect, Strauss's conception of the disorder is closely linked to Ricoeur's (1983–85) writings on identity. Based on such a conception, schizophrenia can no longer be conceived of as an event that is imposed on the subject from outside, but, on the contrary, as a particular way of adapting to the risk of alienation, even if it takes the extreme shape of the dislocation, disintegration, or sundering of the subject's identity as a result of the way in which the subject — whose resources are always limited — carries out the process in response to a perceived threat.

This conception differs radically from Kraepelin's (1904) original — now century-old — description of schizophrenia whereby schizophrenia was commonly seen to be a severe psychiatric disorder to which the patient was totally in bondage and the chronic, dis-

abling course of which turned the patient into a sort of empty shell or ego emptied of its substance. As Davidson (1997) points out, one of the crucial consequences of this presumed disappearance of the ego is its eviction as an actor from the political debate on, research into, and care of schizophrenics, thereby setting up others as the decision-makers or spokespeople. Similarly, one of the aims of our research on HIV/AIDS risk (Delor, 1997) based on the statements of people with HIV/AIDS (PWHAs) themselves was to reposition them fully as privileged witnesses of an identity-building process at the heart of which lies the infection, rather than victims who are excluded by a deficiency.

The mental health field might in turn be able to enrich the initial heuristic framework that we proposed to allow for the situation of vulnerability to AIDS. The salient point in the current debates about schizophrenia concerns the radically dynamic and complex nature of the process by means of which each person builds and maintains a world in which s/he has a place in relation to others. Our social trajectory concept gives a prime place to the temporal and processual dimensions. The radicalness of the phenomenological position, however, allows the processual dimension to be extended to the social context and interactions themselves, to the extent that they do not exist as such, when seen subjectively or from the socio-symbolic standpoint, but only when they are retranslated by the subjects themselves. What is more, the conception of the subject that runs through mental health thinking is close to the one that we have adopted, namely, that of an operator who gradually and ceaselessly constructs her/his own world and identity. At the same time, this conception forces one to reckon with the fact that time frames differ greatly from one subject to the next in line with the relationships in which they become involved and the contexts to which they belong. So, for a drug addict, subjective time is often that of boredom and urgency paced by her/his relationships with her/his drug. The same goes for the homosexual who, in 'coming out', is mobilized by his impatience to 'make up for lost time'. The in-depth study of daily life that is recommended in the mental health field should include in-depth analysis of the points of discordance and tensions that may exist amongst the myriad time frames that criss-cross a subject, be they the subject's time frames, those of her/his partner(s), those imposed on her/him by various contexts, etc.

The hypothesis common to the phenomenological approach to schizophrenia and our approach to HIV/AIDS vulnerability concerns the link between the situation of vulnerability to various risks and situations of tension or upset balance in the complex system of relations with oneself, with others, and with the world.

Temporal discordances appear to be one of the crucial factors of tension or imbalance as regards AIDS. To date, these discordances have likewise been studied little. More specifically, in-depth analysis of the ways that couples cope with situations of serological discordance is interesting in that it turns the spotlight on the difficulties of sharing a shared time (that of the couple) that is felt by persons who see themselves subjective on radically separate time lines as of the announcement of their serodiscordance (Delor, 1997).

Pulling it all together

Current understanding of vulnerability in the face of natural disasters gives a major role to the social context and randomness of more or less threatening events. Working from this example, we could pay more attention to the objective elements linked to the AIDS context itself, such as prevalence, but also various socio-economic elements that, in belonging to this level of intelligibility, have regularly been underestimated. At the same time, like the differential impacts of the disasters caused by these events, differences in vulnerability to AIDS cannot be understood either unless we allow for elements that are related to individuals' abilities (e.g., resources or sequelae) or relational processes (e.g., mobilisation or isolation).

In the field of crime and racial harassment, vulnerability is closely tied to the type of social relations that exist between the individuals and groups. These relations are the stage on which the outlawed event takes place. Similarly, vulnerability in the field of AIDS is indissociable from social and/or sexual relations. These relations are also the places in which the 'infection event' takes place. At the same time, and by analogy, infection must be seen as the reflection or condensation point of processes that are influenced by the social context itself. It is useful to disqualify cause-and-effect readings — and their spin-offs — in terms of individual or biographical characteristics (individual attraction of risk, morbid behaviour, etc.), even in terms of identity or quasi-ethnic characteristics (risk groups).

In crossing the field of mental illness we found the identity processes that have already appeared to be vital in the field of AIDS. At the same time, the importance that is given to the notion of identity dynamics and the unavoidable influences of the context and social relations on identity-construction itself forces us to cross the findings of the various fields with each other in order to try to discern a deeper analytical vision of the processes of vulnerabilisation.

Crossing the various fields itself taught us at least that the various 'spaces of vulnerability', to use Watts and Bolhe's (1993) term, intersect and often reinforce each other. As Fig. 2 shows, each circle can be con-

sidered to correspond to a particular 'space of vulnerability' at the heart of which specific vulnerabilization processes are at work. Superimposing spaces on each other reinforces the person's vulnerability, since several, possibly competing, processes will criss-cross (general complexification), fewer and fewer resources will be mobilizable (internal situation), and the probability of potentially threatening events will increase (external situation).

The distinction that Watts and Bolhe (1993) make among exposure, capacity, and potentiality appears also to be particularly useful for grasping each space of vulnerability, especially that of HIV/AIDS. It seems interesting to us to cross these categories with our own framework of social trajectories, interactions and social context, seen both objectively and subjectively. An example will make it easier to understand this connection. In Table 2 we have tried to elucidate the many aspects of a homosexual's vulnerability to HIV/AIDS at the time of his coming out. Ranking the levels (exposure, capacity, and potentiality) forces us to specify the entity to which they apply. In italics we have given — for the sake of examples only — some of the directions that preventive action might take. These proposals are not exhaustive.

Regardless of the way that this Table is read, the analysis of vulnerability is above all an analysis of differences. These differences may be discerned first with regard to the individuals. The existence of even minimal inter-individual differences, as is the case for natural disasters striking entire regions, allows one to keep the individual her/himself as an interlocutor and social actor. These inter-individual differences are compounded by intra-individual differences, since a given individual does not have the same vulnerability in different contexts, in

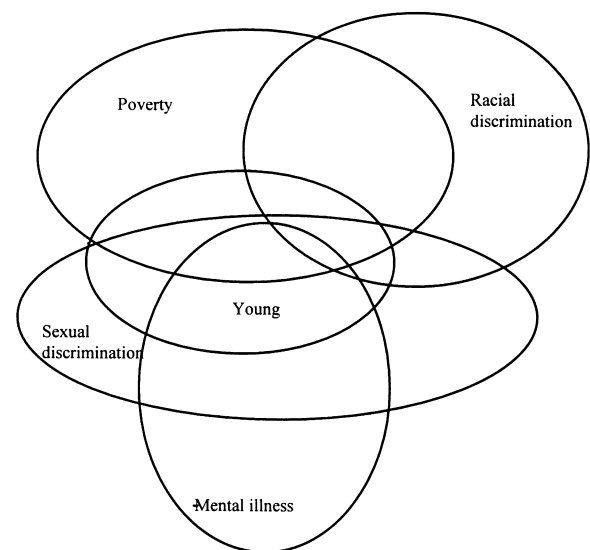


Fig. 2. Intersection of spaces of vulnerability.

Table 2

The many aspects of a young gay man's vulnerability to the HIV/AIDS risk at the time of his coming out

	Trajectory	Interaction	Context
Exposure	Objective and subjective elements of the trajectory influencing exposure: Lingering shame, feeling of urgency and lost time. <i>Improving the individual's relationship with himself, psychological support for the individual in the coming-out phase, supply of special guidance and support services, dedramatization of homosexuality as an issue.</i>	Objective and subjective elements of the relationship influencing exposure: Difference in partners' ages and/or experience. <i>Increasing the partners' bargaining and verbal communication skills. Working upstream from the relationship itself, in the area of emotional education.</i>	Objective and subjective elements of the context influencing exposure: Actual or perceived social discrimination. <i>Fighting discrimination.</i>
Capacity	Objective and subjective personal resources: Socio-cultural capital, knowledge of the risk, prior experiences, etc. <i>Improving knowledge, training and information; improving abilities to mobilize knowledge and experience; assertiveness and self-confidence training.</i>	Objective and subjective relational resources and restrictions: Partners' ability to bargain, similar languages or cultural references or, on the contrary, differences, balance of power, etc. <i>Counselling work with the partners. Information on ways of coping with differences between the partners.</i>	Objective and subjective contextual resources and restrictions: Recognition of or, on the contrary, scorn for and constant insulting of the homosexual couple. <i>Anti-discrimination laws, political and legal recognition of homosexual couples.</i>
Potentiality	Objective and subjective consequences of infection on the individual: Depression, isolation, self-exclusion, rebellion, etc. <i>Appropriate counselling, support, inclusion of PWHAs in prevention work, recognition of PWHAs' status as people in their own right, etc..</i>	Objective and subjective consequences on the relationship: Following infection of one of the partners: break-up, infection of the other partner, gradual adaptation to the risk, change in the relationship over time, etc. <i>Counselling the partners on adapting to the myriad risks that they face.</i>	Objective and subjective consequences on the context: Relaxation or tightening of the normative context concerning sexuality. <i>Bolstering solidarity with PWHAs.</i>

different relationships, and at different points of her/his trajectory. The process of vulnerability is fed by this set of variations. This is the point where the concept of identity, seen as a dynamic, crystallizing entity of this process, appears to be essential.

This first level of analysis does not mean, however, that certain similarities between individuals may be brushed aside. The analysis shifts from the inter-individual to inter-group level. However — and this is far from negligible — the groups that undergo such comparisons are never anything more than hypothetical, simplifying, second-degree constructions. The process of these collective categories' construction calls for a levelling of the inter-individual differences. The fallacious use of the 'risk group' notion comes precisely from avoiding inter-individual analysis and hence disqualifying and stigmatizing the individual taken as indistinguishable from the group.

A third level of analysis in turn goes beyond the inter-group level to allow for society as a whole. Replacing the 'risk group' category with the 'risky behaviour' category corresponds to this tendency to

make the risk universal by defining society as a whole as the threatened social entity. This shift, which is unquestionably motivated by ethical reasons as well, does not fail to create some difficulties. Indeed, such a level of generality makes it impossible to accurately allow for actual situations of vulnerability. Moreover, on this level of generality, behaviour is the only thing that can be singled out as a cause of risk and prevention target. This is a quasi-surrealistic step, since behaviour is not really a social entity to which a message can be sent.

By stressing in this way the necessarily differential nature of vulnerability, we turn it into a specific tool for measuring certain differences. In this regard, and because it is interested in inter- and intra-subject differences first and foremost, the study of vulnerability is indissociable from the study of identity processes, of which the mental health field has given us a fertile example. Indeed, identity-structuring processes may be seen as differentiation and affiliation processes, that is to say, processes of both individual and collective dynamic resistance to the continuous, more or less

haphazard, and more or less probable — depending on the context — advent of multiple risks. At the same time, the risks are not the same for each person and the differences in incidence are manifested in exemplary fashion in social relations, where they render explicit — for those who are willing to pay attention to them — the social mechanisms of the production and reproduction of inequality before risk.

Conclusions

AIDS spawned a new field of investigation. It amplified existing processes of vulnerabilization whilst revealing new ones. Because of AIDS, the both intimate and socially unavoidable sphere of sexuality was invaded by new worries and a demand for safety. Today, scientifically explainable, technically avoidable AIDS continues to pose crucial management problems. Considerable efforts have been made and continue to be indispensable to reduce the risk. Whilst social life and the exchanges to which it gives rise cannot totally escape the unforeseen and risk, the unequal distribution of risk linked to vulnerabilities remains unacceptable. These forms of vulnerability must thus be analysed thoroughly in order to be reduced.

This analysis must cover the processes at work and avoid being read in terms of persons or states and the stigmata that are attached to them. What is more, one must strive to understand the multiplicity of levels and elements at work whilst avoiding two pitfalls, namely, retreating into vagueness under the pretext of complexity and, on the contrary, making a conquest at the expense of causal reduction. We believe that an in-depth, comprehensive approach is best suited to achieving this aim.

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