

STIGMA

NOTES ON THE MANAGEMENT OF SPOILED IDENTITY

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1.

STIGMA and SOCIAL IDENTITY

The Greeks, who were apparently strong on visual aids, originated the term *stigma* to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor—a blemished person, ritually polluted, to be avoided, especially in public places. Later, in Christian times, two layers of metaphor were added to the term: the first referred to bodily signs of holy grace that took the form of eruptive blossoms on the skin; the second, a medical allusion to this religious allusion, referred to bodily signs of physical disorder. Today the term is widely used in something like the original literal sense, but is applied more to

the disgrace itself than to the bodily evidence of it. Furthermore, shifts have occurred in the kinds of disgrace that arouse concern. Students, however, have made little effort to describe the structural preconditions of stigma, or even to provide a definition of the concept itself. It seems necessary, therefore, to try at the beginning to sketch in some very general assumptions and definitions.

Preliminary Conceptions

Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. Social settings establish the categories of persons likely to be encountered there. The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought. When a stranger comes into our presence, then, first appearances are likely to enable us to anticipate his category and attributes, his "social identity"—to use a term that is better than "social status" because personal attributes such as "honesty" are involved, as well as structural ones, like "occupation."

We lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands.

Typically, we do not become aware that we have made these demands or aware of what they are until an active question arises as to whether or not they will be fulfilled. It is then that we are likely to realize that all along we had been making certain assumptions as to what the individual before us ought to be. Thus, the demands we make might better be called demands made "in effect," and the character we impute to the individual might better be seen as an imputation made in potential retrospect—a characterization "in effect," a *virtual social identity*. The category and attributes he could in fact be proved to possess will be called his *actual social identity*.

While the stranger is present before us, evidence can arise of

his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap. It constitutes a special discrepancy between virtual and actual social identity. Note that there are other types of discrepancy between virtual and actual social identity, for example the kind that causes us to reclassify an individual from one socially anticipated category to a different but equally well-anticipated one, and the kind that causes us to alter our estimation of the individual upward. Note, too, that not all undesirable attributes are at issue, but only those which are incongruous with our stereotype of what a given type of individual should be.

The term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself. For example, some jobs in America cause holders without the expected college education to conceal this fact; other jobs, however, can lead the few of their holders who have a higher education to keep this a secret, lest they be marked as failures and outsiders. Similarly, a middle class boy may feel no compunction in being seen going to the library; a professional criminal, however, writes:

I can remember before now on more than one occasion, for instance, going into a public library near where I was living, and looking over my shoulder a couple of times before I actually went in just to make sure no one who knew me was standing about and seeing me do it.¹

¹ T. Parker and R. Allerton, *The Courage of His Convictions* (London: Hutchinson & Co., 1962), p. 109.

So, too, an individual who desires to fight for his country may conceal a physical defect, lest his claimed physical status be discredited; later, the same individual, embittered and trying to get out of the army, may succeed in gaining admission to the army hospital, where he would be discredited if discovered in not really having an acute sickness.² A stigma, then, is really a special kind of relationship between attribute and stereotype, although I don't propose to continue to say so, in part because there are important attributes that almost everywhere in our society are discrediting.

The term stigma and its synonyms conceal a double perspective: does the stigmatized individual assume his differentness is known about already or is evident on the spot, or does he assume it is neither known about by those present nor immediately perceivable by them? In the first case one deals with the plight of the *discredited*, in the second with that of the *discreditable*. This is an important difference, even though a particular stigmatized individual is likely to have experience with both situations. I will begin with the situation of the discredited and move on to the discreditable but not always separate the two.

Three grossly different types of stigma may be mentioned. First there are abominations of the body—the various physical deformities. Next there are blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior. Finally there are the tribal stigma of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family.³ In all of these

² In this connection see the review by M. Meltzer, "Countermanipulation through Malingering," in A. Biderman and H. Zimmer, eds., *The Manipulation of Human Behavior* (New York: John Wiley & Sons, 1961), pp. 277-304.

³ In recent history, especially in Britain, low class status functioned as an important tribal stigma, the sins of the parents, or at least their milieu, being visited

various instances of stigma, however, including those the Greeks had in mind, the same sociological features are found: an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated. We and those who do not depart negatively from the particular expectations at issue I shall call the *normals*.

The attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class.⁴ We use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning.⁵ We tend to impute a wide range of imperfections on the basis of the original one,⁶ and at the same time to impute some desirable but undesired attributes, often of a supernatural cast, such as "sixth sense," or "understanding":⁷

on the child, should the child rise improperly far above his initial station. The management of class stigma is of course a central theme in the English novel.

⁴ D. Riesman, "Some Observations Concerning Marginality," *Phylon*, Second Quarter, 1951, 122.

⁵ The case regarding mental patients is presented by T. J. Scheff in a forthcoming paper.

⁶ In regard to the blind, see E. Henrich and L. Kriegel, eds., *Experiments in Survival* (New York: Association for the Aid of Crippled Children, 1961), pp. 152 and 186; and H. Chevigny, *My Eyes Have a Cold Nose* (New Haven, Conn.: Yale University Press, paperbound, 1962), p. 201.

⁷ In the words of one blind woman, "I was asked to endorse a perfume, presumably because being sightless my sense of smell was super-discriminating." See T. Keitlen (with N. Lobsenz), *Farewell to Fear* (New York: Avon, 1962), p. 10.

For some, there may be a hesitancy about touching or steering the blind, while for others, the perceived failure to see may be generalized into a gestalt of disability, so that the individual shouts at the blind as if they were deaf or attempts to lift them as if they were crippled. Those confronting the blind may have a whole range of belief that is anchored in the stereotype. For instance, they may think they are subject to unique judgment, assuming the blinded individual draws on special channels of information unavailable to others.⁸

Further, we may perceive his defensive response to his situation as a direct expression of his defect, and then see both defect and response as just retribution for something he or his parents or his tribe did, and hence a justification of the way we treat him.⁹

Now turn from the normal to the person he is normal against. It seems generally true that members of a social category may strongly support a standard of judgment that they and others agree does not directly apply to them. Thus it is that a businessman may demand womanly behavior from females or ascetic behavior from monks, and not construe himself as someone who ought to realize either of these styles of conduct. The distinction is between realizing a norm and merely supporting it. The issue of stigma does not arise here, but only where there is some expectation on all sides that those in a given category should not only support a particular norm but also realize it.

Also, it seems possible for an individual to fail to live up to what we effectively demand of him, and yet be relatively untouched by this failure; insulated by his alienation, protected by identity beliefs of his own, he feels that he is a full-fledged normal human being, and that we are the ones who are not quite human. He bears a stigma but does not seem to be impressed or repentant about doing so. This possibility is celebrated in exemplary tales about Mennonites, Gypsies, shameless scoundrels, and very orthodox Jews.

⁸ A. G. Gowman, *The War Blind in American Social Structure* (New York: American Foundation for the Blind, 1957), p. 198.

⁹ For examples, see Macgregor *et al.*, *op. cit.*, throughout

In America at present, however, separate systems of honor seem to be on the decline. The stigmatized individual tends to hold the same beliefs about identity that we do; this is a pivotal fact. His deepest feelings about what he is may be his sense of being a "normal person," a human being like anyone else, a person, therefore, who deserves a fair chance and a fair break.¹⁰ (Actually, however phrased, he bases his claims not on what he thinks is due *everyone*, but only everyone of a selected social category into which he unquestionably fits, for example, anyone of his age, sex, profession, and so forth.) Yet he may perceive, usually quite correctly, that whatever others profess, they do not really "accept" him and are not ready to make contact with him on "equal grounds."¹¹ Further, the standards he has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising from the individual's perception of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing.

The immediate presence of normals is likely to reinforce this split between self-demands and self, but in fact self-hate and self-derogation can also occur when only he and a mirror are about:

When I got up at last . . . and had learned to walk again, one day I took a hand glass and went to a long mirror to look at myself, and I went alone. I didn't want anyone . . . to know how I felt when I saw myself for the first time. But there was no noise, no out-

¹⁰ The notion of "normal human being" may have its source in the medical approach to humanity or in the tendency of large-scale bureaucratic organizations, such as the nation state, to treat all members in some respects as equal. Whatever its origins, it seems to provide the basic imagery through which laymen currently conceive of themselves. Interestingly, a convention seems to have emerged in popular life-story writing where a questionable person proves his claim to normalcy by citing his acquisition of a spouse and children, and, oddly, by attesting to his spending Christmas and Thanksgiving with them.

¹¹ A criminal's view of this nonacceptance is presented in Parker and Allerton, *op. cit.*, pp. 110-111.

cry; I didn't scream with rage when I saw myself. I just felt numb. That person in the mirror *couldn't* be me. I felt inside like a healthy, ordinary, lucky person—oh, not like the one in the mirror! Yet when I turned my face to the mirror there were my own eyes looking back, hot with shame . . . when I did not cry or make any sound, it became impossible that I should speak of it to anyone, and the confusion and the panic of my discovery were locked inside me then and there, to be faced alone, for a very long time to come.¹²

Over and over I forgot what I had seen in the mirror. It could not penetrate into the interior of my mind and become an integral part of me. I felt as if it had nothing to do with me; it was only a disguise. But it was not the kind of disguise which is put on voluntarily by the person who wears it, and which is intended to confuse other people as to one's identity. My disguise had been put on me without my consent or knowledge like the ones in fairy tales, and it was I myself who was confused by it, as to my own identity. I looked in the mirror, and was horror-struck because I did not recognize myself. In the place where I was standing, with that persistent romantic elation in me, as if I were a favored fortunate person to whom everything was possible, I saw a stranger, a little, pitiable, hideous figure, and a face that became, as I stared at it, painful and blushing with shame. It was only a disguise, but it was on me, for life. It was there, it was there, it was real. Every one of those encounters was like a blow on the head. They left me dazed and dumb and senseless every-time, until slowly and stubbornly my robust persistent illusion of well-being and of personal beauty spread all through me again, and I forgot the irrelevant reality and was all unprepared and vulnerable again.¹³

The central feature of the stigmatized individual's situation in life can now be stated. It is a question of what is often, if vaguely, called "acceptance." Those who have dealings with him fail to accord him the respect and regard which the un-

¹² K. B. Hathaway, *The Little Locksmith* (New York: Coward-McCann, 1943), p. 41, in Wright, *op. cit.*, p. 157.

¹³ *Ibid.*, pp. 46-47. For general treatments of the self-disliking sentiments, see K. Lewin, *Resolving Social Conflicts*, Part III (New York: Harper & Row, 1948); A. Kardiner and L. Ovesey, *The Mark of Oppression: A Psychosocial Study of the American Negro* (New York: W. W. Norton & Company, 1951); and E. H. Erikson, *Childhood and Society* (New York: W. W. Norton & Company, 1950).

contaminated aspects of his social identity have led them to anticipate extending, and have led him to anticipate receiving; he echoes this denial by finding that some of his own attributes warrant it.

How does the stigmatized person respond to his situation? In some cases it will be possible for him to make a direct attempt to correct what he sees as the objective basis of his failing, as when a physically deformed person undergoes plastic surgery, a blind person eye treatment, an illiterate remedial education, a homosexual psychotherapy. (Where such repair is possible, what often results is not the acquisition of fully normal status, but a transformation of self from someone with a particular blemish into someone with a record of having corrected a particular blemish.) Here proneness to "victimization" is to be cited, a result of the stigmatized person's exposure to fraudulent servers selling speech correction, skin lighteners, body stretchers, youth restorers (as in rejuvenation through fertilized egg yolk treatment), cures through faith, and poise in conversation. Whether a practical technique or fraud is involved, the quest, often secret, that results provides a special indication of the extremes to which the stigmatized can be willing to go, and hence the painfulness of the situation that leads them to these extremes. One illustration may be cited:

Miss Peck [a pioneer New York social worker for the hard of hearing] said that in the early days the quacks and get-rich-quick medicine men who abounded saw the League [for the hard of hearing] as their happy hunting ground, ideal for the promotion of magnetic head caps, miraculous vibrating machines, artificial eardrums, blowers, inhalers, massagers, magic oils, balsams, and other guaranteed, sure-fire, positive, and permanent cure-alls for incurable deafness. Advertisements for such hokum (until the 1920's when the American Medical Association moved in with an investigation campaign) beset the hard of hearing in the pages of the daily press, even in reputable magazines.¹⁴

¹⁴ F. Warfield, *Keep Listening* (New York: The Viking Press, 1957), p. 76. See also H. von Hentig, *The Criminal and His Victim* (New Haven, Conn.: Yale University Press, 1948), p. 101.

The stigmatized individual can also attempt to correct his condition indirectly by devoting much private effort to the mastery of are: of activity ordinarily felt to be closed on incidental and physical grounds to one with his shortcoming. This is illustrated by the lame person who learns or re-learns to swim, ride, play tennis, or fly an airplane, or the blind person who becomes expert at skiing and mountain climbing.¹⁵ Tortured learning may be associated, of course, with the tortured performance of what is learned, as when an individual, confined to a wheelchair, manages to take to the dance floor with a girl in some kind of mimicry of dancing.¹⁶ Finally, the person with a shameful differentness can break with what is called reality, and obstinately attempt to employ an unconventional interpretation of the character of his social identity.

The stigmatized individual is likely to use his stigma for "secondary gains," as an excuse for ill success that has come his way for other reasons:

For years the scar, harelip or misshapen nose has been looked on as a handicap, and its importance in the social and emotional adjustment is unconsciously all embracing. It is the "hook" on which the patient has hung all inadequacies, all dissatisfactions, all procrastinations and all unpleasant duties of social life, and he has come to depend on it not only as a reasonable escape from competition but as a protection from social responsibility.

When one removes this factor by surgical repair, the patient is cast adrift from the more or less acceptable emotional protection it has offered and soon he finds, to his surprise and discomfort, that life is not all smooth sailing even for those with unblemished, "ordinary" faces. He is unprepared to cope with this situation without the support of a "handicap," and he may turn to the less simple, but similar, protection of the behavior patterns of neurasthenia, hysterical conversion, hypochondriasis or the acute anxiety states.¹⁷

¹⁵ Keitlen, *op. cit.*, Chap. 12, pp. 117-129 and Chap. 14, pp. 137-149. See also Chevigny, *op. cit.*, pp. 85-86.

¹⁶ Henrich and Kriegel, *op. cit.*, p. 49.

¹⁷ W. Y. Baker and L. H. Smith, "Facial Disfigurement and Personality," *Journal of the American Medical Association*, CXII (1939), 303. Macgregor *et al.*, *op. cit.*, p. 57 ff., provide an illustration of a man who used his big red nose for a crutch.

He may also see the trials he has suffered as a blessing in disguise, especially because of what it is felt that suffering can teach one about life and people:

But now, far away from the hospital experience, I can evaluate what I have learned. [A mother permanently disabled by polio writes.] For it wasn't only suffering: it was also learning through suffering. I know my awareness of people has deepened and increased, that those who are close to me can count on me to turn all my mind and heart and attention to their problems. I could not have learned *that* dashing all over a tennis court.¹⁸

Correspondingly, he can come to re-assess the limitations of normals, as a multiple sclerotic suggests:

Both healthy minds and healthy bodies may be crippled. The fact that "normal" people can get around, can see, can hear, doesn't mean that they are seeing or hearing. They can be very blind to the things that spoil their happiness, very deaf to the pleas of others for kindness; when I think of them I do not feel any more crippled or disabled than they. Perhaps in some small way I can be the means of opening their eyes to the beauties around us: things like a warm handclasp, a voice that is anxious to cheer, a spring breeze, music to listen to, a friendly nod. These people are important to me, and I like to feel that I can help them.¹⁹

And a blind writer.

That would lead immediately to the thought that there are many occurrences which can diminish satisfaction in living far more effectively than blindness, and that lead would be an entirely healthy one to take. In this light, we can perceive, for instance, that some inadequacy like the inability to accept human love, which can effectively diminish satisfaction of living almost to the vanishing point, is far more a tragedy than blindness. But it is unusual for the man who suffers from such a malady even to know he has it and self pity is, therefore, impossible for him.²⁰

¹⁸ Henrich and Kriegel, *op. cit.*, p. 19.

¹⁹ *Ibid.*, p. 35.

²⁰ Chevigny, *op. cit.*, p. 154.

And a cripple:

As life went on, I learned of many, many different kinds of handicap, not only the physical ones, and I began to realize that the words of the crippled girl in the extract above [words of bitterness] could just as well have been spoken by young women who had never needed crutches, women who felt inferior and different because of ugliness, or inability to bear children, or helplessness in contacting people, or many other reasons.²¹

The responses of the normal and of the stigmatized that have been considered so far are ones which can occur over protracted periods of time and in isolation from current contact between normals and stigmatized.²² This book, however, is specifically concerned with the issue of "mixed contacts"—the moments when stigmatized and normal are in the same "social situation," that is, in one another's immediate physical presence, whether in a conversation-like encounter or in the mere co-presence of an unfocused gathering.

The very anticipation of such contacts can of course lead normals and the stigmatized to arrange life so as to avoid them. Presumably this will have larger consequences for the stigmatized, since more arranging will usually be necessary on their part:

Before her disfigurement [amputation of the distal half of her nose] Mrs. Dover, who lived with one of her two married daughters, had been an independent, warm and friendly woman who enjoyed traveling, shopping, and visiting her many relatives. The disfigurement of her face, however, resulted in a definite alteration in her way of living. The first two or three years she seldom left her daughter's home, preferring to remain in her room or to sit in the backyard. "I was heartsick," she said; "the door had been shut on my life."²³

²¹ F. Carling, *And Yet We Are Human* (London: Chatto & Windus, 1962), pp. 23-24.

²² For one review, see G. W. Allport, *The Nature of Prejudice* (New York: Anchor Books, 1958).

²³ Macgregor *et al.*, *op. cit.*, pp. 91-92.

Lacking the salutary feed-back of daily social intercourse with others, the self-isolate can become suspicious, depressed, hostile, anxious, and bewildered. Sullivan's version may be cited:

The awareness of inferiority means that one is unable to keep out of consciousness the formulation of some chronic feeling of the worst sort of insecurity, and this means that one suffers anxiety and perhaps even something worse, if jealousy is really worse than anxiety. The fear that others can disrespect a person because of something he shows means that he is always insecure in his contact with other people; and this insecurity arises, not from mysterious and somewhat disguised sources, as a great deal of our anxiety does, but from something which he knows he cannot fix. Now that represents an almost fatal deficiency of the self-system, since the self is unable to disguise or exclude a definite formulation that reads, "I am inferior. Therefore people will dislike me and I cannot be secure with them."²⁴

When normals and stigmatized do in fact enter one another's immediate presence, especially when they there attempt to sustain a joint conversational encounter, there occurs one of the primal scenes of sociology; for, in many cases, these moments will be the ones when the causes and effects of stigma must be directly confronted by both sides.

The stigmatized individual may find that he feels unsure of how we normals will identify him and receive him.²⁵ An illustration may be cited from a student of physical disability:

Uncertainty of status for the disabled person obtains over a wide range of social interactions in addition to that of employment. The blind, the ill, the deaf, the crippled can never be sure what the attitude of a new acquaintance will be, whether it will be rejective or accepting, until the contact has been made. This is exactly the posi-

²⁴ From *Clinical Studies in Psychiatry*, H. S. Perry, M. L. Gawel, and M. Gibbon, eds. (New York: W. W. Norton & Company, 1956), p. 145.

²⁵ R. Barker, "The Social Psychology of Physical Disability," *Journal of Social Issues*, IV (1948), 34, suggests that stigmatized persons "live on a social-psychological frontier," constantly facing new situations. See also Macgregor *et al.*, *op. cit.*, p. 87, where the suggestion is made that the grossly deformed need suffer less doubt about their reception in interaction than the less visibly deformed.

tion of the adolescent, the light-skinned Negro, the second generation immigrant, the socially mobile person and the woman who has entered a predominantly masculine occupation.²⁶

This uncertainty arises not merely from the stigmatized individual's not knowing which of several categories he will be placed in, but also, where the placement is favorable, from his knowing that in their hearts the others may be defining him in terms of his stigma:

And I always feel this with straight people—that whenever they're being nice to me, pleasant to me, all the time really, underneath they're only assessing me as a criminal and nothing else. It's too late for me to be any different now to what I am, but I still feel this keenly, that that's their only approach, and they're quite incapable of accepting me as anything else.²⁷

Thus in the stigmatized arises the sense of not knowing what the others present are "really" thinking about him.

Further, during mixed contacts, the stigmatized individual is likely to feel that he is "on,"²⁸ having to be self-conscious and calculating about the impression he is making, to a degree and in areas of conduct which he assumes others are not.

Also, he is likely to feel that the usual scheme of interpretation for everyday events has been undermined. His minor accomplishments, he feels, may be assessed as signs of remarkable and noteworthy capacities in the circumstances. A professional criminal provides an illustration:

"You know, it's really amazing you should read books like this, I'm staggered I am. I should've thought you'd read paper-backed thrillers, things with lurid covers, books like that. And here you are with Claud Cockburn, Hugh Klare, Simone de Beauvoir, and Lawrence Durrell!"

²⁶ Barker, *op. cit.*, p. 33.

²⁷ Parker and Allerton, *op. cit.*, p. 111.

²⁸ This special kind of self-consciousness is analyzed in S. Messinger *et al.*, "Life as Theater: Some Notes on the Dramaturgic Approach to Social Reality," *Sociometry*, XXV (1962), 98-110.

You know, he didn't see this as an insulting remark at all: in fact, I think he thought he was being honest in telling me how mistaken he was. And that's exactly the sort of patronizing you get from straight people if you're a criminal. "Fancy that!" they say. "In some ways you're just like a human being!" I'm not kidding, it makes me want to choke the bleeding life out of them.²⁹

A blind person provides another illustration:

His once most ordinary deeds—walking nonchalantly up the street, locating the peas on his plate, lighting a cigarette—are no longer ordinary. He becomes an unusual person. If he performs them with finesse and assurance they excite the same kind of wonderment inspired by a magician who pulls rabbits out of hats.³⁰

At the same time, minor failings or incidental impropriety may, he feels, be interpreted as a direct expression of his stigmatized differentness. Ex-mental patients, for example, are sometimes afraid to engage in sharp interchanges with spouse or employer because of what a show of emotion might be taken as a sign of. Mental defectives face a similar contingency:

It also happens that if a person of low intellectual ability gets into some sort of trouble the difficulty is more or less automatically attributed to "mental defect" whereas if a person of "normal intelligence" gets into a similar difficulty, it is not regarded as symptomatic of anything in particular.³¹

A one-legged girl, recalling her experience with sports, provides other illustrations:

Whenever I fell, out swarmed the women in droves, clucking and fretting like a bunch of bereft mother hens. It was kind of them, and

²⁹ Parker and Allerton, *op. cit.*, p. 111.

³⁰ Chevigny, *op. cit.*, p. 140.

³¹ L. A. Dexter, "A Social Theory of Mental Deficiency," *American Journal of Mental Deficiency*, LXII (1958), 923. For another study of the mental defective as a stigmatized person, see S. E. Perry, "Some Theoretical Problems of Mental Deficiency and Their Action Implications," *Psychiatry*, XVII (1954), 45-73.

in retrospect I appreciate their solicitude, but at the time I resented and was greatly embarrassed by their interference. For they assumed that no routine hazard to skating—no stick or stone—upset my flying wheels. It was a foregone conclusion that I fell because I was a poor, helpless cripple.³²

Not one of them shouted with outrage, "That dangerous wild bronco threw her!"—which, God forgive, he did technically. It was like a horrible ghostly visitation of my old roller-skating days. All the good people lamented in chorus, "That poor, poor girl fell off!"³³

When the stigmatized person's failing can be perceived by our merely directing attention (typically, visual) to him—when, in short, he is a discredited, not discreditable, person—he is likely to feel that to be present among normals nakedly exposes him to invasions of privacy,³⁴ experienced most pointedly perhaps when children simply stare at him.³⁵ This displeasure in being exposed can be increased by the conversations strangers may feel free to strike up with him, conversations in which they express what he takes to be morbid curiosity about his condition, or in which they proffer help that he does not need or want.³⁶ One might add that there are certain classic formulae for these kinds of conversations: "My dear girl, how did you get your quiggle"; "My great uncle had a quiggle, so I feel I know all about your problem"; "You know I've always said that Quiggles are good family men and look after their own poor"; "Tell me, how do you manage to bathe with a quiggle?" The implication of these overtures is that the stigmatized individual is a person who can be approached by strangers at will, providing only that they are sympathetic to the plight of persons of his kind.

³² Baker, *Out on a Limb* (New York: McGraw-Hill Book Company, n.d.), p. 22.

³³ *Ibid.*, p. 73.

³⁴ This theme is well treated in R. K. White, B. A. Wright, and T. Dembo, "Studies in Adjustment to Visible Injuries: Evaluation of Curiosity by the Injured," *Journal of Abnormal and Social Psychology*, XLIII (1948), 13-28.

³⁵ For example, Henrich and Kriegel, *op. cit.*, p. 184.

³⁶ See Wright, *op. cit.*, "The Problem of Sympathy," pp. 233-237.

Given what the stigmatized individual may well face upon entering a mixed social situation, he may anticipatorily respond by defensive cowering. This may be illustrated from an early study of some German unemployed during the Depression, the words being those of a 43-year-old mason:

How hard and humiliating it is to bear the name of an unemployed man. When I go out, I cast down my eyes because I feel myself wholly inferior. When I go along the street, it seems to me that I can't be compared with an average citizen, that everybody is pointing at me with his finger. I instinctively avoid meeting anyone. Former acquaintances and friends of better times are no longer so cordial. They greet me indifferently when we meet. They no longer offer me a cigarette and their eyes seem to say, "You are not worth it, you don't work."³⁷

A crippled girl provides an illustrative analysis:

When . . . I began to walk out alone in the streets of our town . . . I found then that wherever I had to pass three or four children together on the sidewalk, if I happened to be alone, they would shout at me, . . . Sometimes they even ran after me, shouting and jeering. This was something I didn't know how to face, and it seemed as if I couldn't bear it. . . .

For awhile those encounters in the street filled me with a cold dread of all unknown children . . .

One day I suddenly realized that I had become so self-conscious and afraid of all strange children that, like animals, they knew I was afraid, so that even the mildest and most amiable of them were automatically prompted to derision by my own shrinking and dread.³⁸

Instead of cowering, the stigmatized individual may attempt to approach mixed contacts with hostile bravado, but this can

³⁷ S. Zawadski and P. Lazarsfeld, "The Psychological Consequences of Unemployment," *Journal of Social Psychology*, VI (1935), 239.

³⁸ Hathaway, *op. cit.*, pp. 155-157, in S. Richardson, "The Social Psychological Consequences of Handicapping," unpublished paper presented at the 1962 American Sociological Association Convention, Washington, D. C., 7-8.

induce from others its own set of troublesome reciprocations. It may be added that the stigmatized person sometimes vacillates between cowering and bravado, racing from one to the other, thus demonstrating one central way in which ordinary face-to-face interaction can run wild.

I am suggesting, then, that the stigmatized individual—at least the “visibly” stigmatized one—will have special reasons for feeling that mixed social situations make for anxious unanchored interaction. But if this is so, then it is to be suspected that we normals will find these situations shaky too. We will feel that the stigmatized individual is either too aggressive or too shamefaced, and in either case too ready to read unintended meanings into our actions. We ourselves may feel that if we show direct sympathetic concern for his condition, we may be overstepping ourselves; and yet if we actually forget that he has a failing we are likely to make impossible demands of him or unthinkingly slight his fellow-sufferers. Each potential source of discomfort for him when we are with him can become something we sense he is aware of, aware that we are aware of, and even aware of our state of awareness about his awareness; the stage is then set for the infinite regress of mutual consideration that Meadian social psychology tells us how to begin but not how to terminate.

Given what both the stigmatized and we normals introduce into mixed social situations, it is understandable that all will not go smoothly. We are likely to attempt to carry on as though in fact he wholly fitted one of the types of person naturally available to us in the situation, whether this means treating him as someone better than we feel he might be or someone worse than we feel he probably is. If neither of these tactics is possible, then we may try to act as if he were a “non-person,” and not present at all as someone of whom ritual notice is to be taken. He, in turn, is likely to go along with these strategies, at least initially.

In consequence, attention is furtively withdrawn from its obligatory targets, and self-consciousness and “other-consciousness” occurs, expressed in the pathology of interaction—uneasi-

ness.³⁹ As described in the case of the physically handicapped:

Whether the handicap is overtly and tactlessly responded to as such or, as is more commonly the case, no explicit reference is made to it, the underlying condition of heightened, narrowed, awareness causes the interaction to be articulated too exclusively in terms of it. This, as my informants described it, is usually accompanied by one or more of the familiar signs of discomfort and stickiness: the guarded references, the common everyday words suddenly made taboo, the fixed stare elsewhere, the artificial levity, the compulsive loquaciousness, the awkward solemnity.⁴⁰

In social situations with an individual known or perceived to have a stigma, we are likely, then, to employ categorizations that do not fit, and we and he are likely to experience uneasiness. Of course, there is often significant movement from this starting point. And since the stigmatized person is likely to be more often faced with these situations than are we, he is likely to become the more adept at managing them.

The Own and the Wise

Earlier it was suggested that a discrepancy may exist between an individual's virtual and actual identity. This discrepancy, when known about or apparent, spoils his social identity; it has the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world. In some cases, as with the individual who is born without a nose, he may continue through life to find that he is the only one of his kind and that all the world is against him. In most cases, however, he will find that there are sympathetic others who are ready to adopt his standpoint in the world and to share with him

³⁹ For a general treatment, see E. Goffman, “Alienation from Interaction,” *Human Relations*, X (1957), 47-60.

⁴⁰ F. Davis, “Deviance Disavowal: The Management of Strained Interaction by the Visibly Handicapped,” *Social Problems*, IX (1961), 123. See also White, Wright, and Dembo, *op. cit.*, pp. 26-27.

the feeling that he is human and "essentially" normal in spite of appearances and in spite of his own self-doubts. Two such categories will be considered.

The first set of sympathetic others is of course those who share his stigma. Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade and with a circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person. One example may be cited from a study of illiterates:

The existence of a different value system among these persons is evinced by the communality of behavior which occurs when illiterates interact among themselves. Not only do they change from unexpressive and confused individuals, as they frequently appear in larger society, to expressive and understanding persons within their own group, but moreover they express themselves in institutional terms. Among themselves they have a universe of response. They form and recognize symbols of prestige and disgrace; evaluate relevant situations in terms of their own norms and in their own idiom: and in their interrelations with one another, the mask of accommodative adjustment drops.⁴¹

Another from the hard of hearing:

I remembered how relaxing it was, at Nitchie School, to be with people who took impaired hearing for granted. Now I wanted to know some people who took hearing aids for granted. How restful it would be to adjust the volume control on my transmitter without caring whether or not anyone was looking. To stop thinking, for awhile, about whether the cord at the back of my neck was showing. What luxury to say out loud to someone, "Ye gods, my battery's dead!"⁴²

⁴¹ H. Freeman and G. Kasenbaum, "The Illiterate in America," *Social Forces*, XXXIV (1956), 374.

⁴² Warfield, *op. cit.*, p. 60.

Among his own, the stigmatized individual can use his disadvantage as a basis for organizing life, but he must resign himself to a half-world to do so. Here he may develop to its fullest his sad tale accounting for his possession of the stigma. The explanations produced by the mentally defective to account for admission to the institution for their kind provide an example:

- (1) "I got mixed up with a gang. One night we were robbing a gas station and the cops got me. I don't belong here." (2) "You know, I shouldn't be here at all. I'm epileptic, I don't belong here with these other people." (3) "My parents hate me and put me in here." (4) "They say I'm crazy. I'm not crazy, but even if I was, I don't belong in here with these low-grades."⁴³

On the other hand, he may find that the tales of his fellow-sufferers bore him, and that the whole matter of focusing on atrocity tales, on group superiority, on trickster stories, in short, on the "problem," is one of the large penalties for having one. Behind this focus on the problem is, of course, a perspective not so much different from that of the normal as it is specialized in one sector:

We all seem to be inclined to identify people with characteristics which are of importance to us, or which we think must be of general importance. If you asked a person who the late Franklin D. Roosevelt was, he would probably answer that Roosevelt was the 32nd president of the United States, not that he was a man suffering from polio, although many persons, of course, would have mentioned his polio as supplementary information, considering it an interesting fact that he managed to fight his way to the White House in spite of this handicap. The cripple, however, would probably think of Mr. Roosevelt's polio when he heard his name mentioned.⁴⁴

⁴³ R. Edgerton and G. Sabagh, "From Mortification to Aggrandizement: Changing Self-Concepts in the Careers of the Mentally Retarded," *Psychiatry*, XXV (1962), 268. For further comment on sad tales, see E. Goffman, "The Moral Career of the Mental Patient," *Psychiatry*, XXII (1959), 133-134.

⁴⁴ Carling, *op. cit.*, pp. 18-19.

In the sociological study of stigmatized persons, one is usually concerned with the kind of corporate life, if any, that is sustained by those of a particular category. Certainly here one finds a fairly full catalogue of types of group formation and types of group function. There are speech defectives whose peculiarity apparently discourages any group formation whatsoever.⁴⁵ On the boundaries of a willingness to unite are ex-mental patients—only a relatively small number are currently willing to support mental health clubs, in spite of innocuous club titles which allow members to come together under a plain wrapper.⁴⁶ Then there are the huddle-together self-help clubs formed by the divorced, the aged, the obese, the physically handicapped,⁴⁷ the ileostomied and colostomied.⁴⁸ There are residential clubs, voluntary to varying degrees, formed for the ex-alcoholic and the ex-addict. There are national associations such as AA which provide a full doctrine and almost a way of life for their members. Often these associations are the culmination of years of effort on the part of variously situated persons and groups, providing exemplary objects of study as social movements.⁴⁹ There are mutual-claims networks formed by ex-convicts from the same prison or reformatory, an example of which is the tacit society claimed to

⁴⁵ E. Lemert, *Social Pathology* (New York: McGraw-Hill Book Company, 1951), p. 151.

⁴⁶ A general survey is provided in H. Wechsler, "The Expatient Organization: A Survey," *Journal of Social Issues*, XVI (1960), 47-53. Titles include: Recovery, Inc., Search, Club 103, Fountain House Foundation, San Francisco Fellowship Club, Center Club. For a study of one such club, see D. Landy and S. Singer, "The Social Organization and Culture of a Club for Former Mental Patients," *Human Relations*, XIV (1961), 31-41. See also M. B. Palmer, "Social Rehabilitation for Mental Patients," *Mental Hygiene*, XLII (1958), 24-28.

⁴⁷ See Baker, *op. cit.*, pp. 158-159.

⁴⁸ D. R. White, "I have an ileostomy . . . I wish I didn't. But I have learned to Accept it and Live a Normal, Full Life," *American Journal of Nursing*, LXI (1961), 52: "At this time, ileostomy and colostomy clubs exist in 16 states and the District of Columbia as well as in Australia, Canada, England, and South Africa."

⁴⁹ Warfield, *op. cit.*, pp. 135-136, describes a 1950 celebration of the New York hard of hearing movement, with every successive generation of leadership present, as well as representatives of every originally separate organization. A complete recapitulation of the movement's history was thus available. For comments on the international history of the movement, see K. W. Hodgson, *The Deaf and their Problems* (New York: Philosophical Library, 1954), p. 352.

exist in South America of escapees from the French penal settlement in French Guiana;⁵⁰ more traditionally, there are national networks of acquainted individuals (or acquainted once-removed) to which some criminals and some homosexuals seem to belong. There are also urban milieux containing a nucleus of service institutions which provide a territorial base for prostitutes, drug addicts, homosexuals, alcoholics, and other shamed groups, these establishments being sometimes shared by outcasts of different kinds, sometimes not. Finally, within the city, there are full-fledged residential communities, ethnic, racial, or religious, with a high concentration of tribally stigmatized persons and (in contradistinction to much other group formation among the stigmatized) the family, not the individual, as the basic unit of organization.

Here, of course, there is a common conceptual confusion. The term "category" is perfectly abstract and can be applied to any aggregate, in this case persons with a particular stigma. A good portion of those who fall within a given stigma category may well refer to the total membership by the term "group" or an equivalent, such as "we," or "our people." Those outside the category may similarly designate those within it in group terms. However, often in such cases the full membership will not be part of a single group, in the strictest sense; they will neither have a capacity for collective action, nor a stable and embracing pattern of mutual interaction. What one does find is that the members of a particular stigma category will have a tendency to come together into small social groups whose members all derive from the category, these groups themselves being subject to over-arching organization to varying degrees. And one also finds that when one member of the category happens to come into contact with another, both may be disposed to modify their treatment of each other by virtue of believing that they each belong to the same "group." Further, in being a member of the category, an individual may have an increased probability of coming into contact with any other member, and even forming a relation-

⁵⁰ Reported in F. Poli, *Gentlemen Convicts* (London: Rupert Hart-Davis, 1960).

ship with him as a result. A category, then, can function to dispose its members to group-formation and relationships, but its total membership does not thereby constitute a group—a conceptual nicety that will hereafter not always be observed in this essay.

Whether or not those with a particular stigma provide the recruitment base for a community that is ecologically consolidated in some way, they are likely to support agents and agencies who represent them. (Interestingly, we have no word to designate accurately the constituents, following, fans, subjects, or supporters of such representatives.) Members may, for example, have an office or lobby to push their case with the Press or Government, differing here in terms of whether they can have a man of their own kind, a "native" who really knows, as do the deaf, the blind, the alcoholic, and Jews, or someone from the other side, as do ex-cons and the mentally defective.⁶¹ (Action groups which serve the same category of stigmatized person may sometimes be in slight opposition to each other, and this opposition will often reflect a difference between management by natives and management by normals.) A characteristic task of these representatives is to convince the public to use a softer social label for the category in question:

Acting on this conviction, the League [New York League for the Hard of Hearing] staff agreed to use only such terms as hard of hearing, impaired hearing, and hearing loss; to excise the word deaf from their conversation, their correspondence and other writings, their teaching, and their speeches in public. It worked. New York in general gradually began to use the new vocabulary. Straight thinking was on the way.⁶²

Another of their usual tasks is to appear as "speakers" before various audiences of normals and of the stigmatized; they present the case for the stigmatized and, when they themselves are

⁶¹ For example, see Chevigny, *op. cit.*, Chap. 5, where the situation is presented regarding the blind.

⁶² Warfield, *op. cit.*, p. 78.

natives of the group, provide a living model of fully-normal achievement, being heroes of adjustment who are subject to public awards for proving that an individual of this kind can be a good person.

Often those with a particular stigma sponsor a publication of some kind which gives voice to shared feelings, consolidating and stabilizing for the reader his sense of the realness of "his" group and his attachment to it. Here the ideology of the members is formulated—their complaints, their aspirations, their politics. The names of well-known friends and enemies of the "group" are cited, along with information to confirm the goodness or the badness of these people. Success stories are printed, tales of heroes of assimilation who have penetrated new areas of normal acceptance. Atrocity tales are recorded, recent and historic, of extreme mistreatment by normals. Exemplary moral tales are provided in biographical and autobiographical form illustrating a desirable code of conduct for the stigmatized. The publication also serves as a forum for presenting some division of opinion as to how the situation of the stigmatized person ought best to be handled. Should the individual's failing require special equipment, it is here advertised and reviewed. The readership of these publications provides a market for books and pamphlets which present a similar line.

It is important to stress that, in America at least, no matter how small and how badly off a particular stigmatized category is, the viewpoint of its members is likely to be given public presentation of some kind. It can thus be said that Americans who are stigmatized tend to live in a literarily-defined world, however uncultured they might be. If they don't read books on the situation of persons like themselves, they at least read magazines and see movies; and where they don't do these, then they listen to local, vocal associates. An intellectually worked-up version of their point of view is thus available to most stigmatized persons.

A comment is here required about those who come to serve as representatives of a stigmatized category. Starting out as someone who is a little more vocal, a little better known, or a little

better connected than his fellow-sufferers, a stigmatized person may find that the "movement" has absorbed his whole day, and that he has become a professional. This end point is illustrated by a hard of hearing:

In 1942 I was spending almost every day at the League. Mondays I sewed with the Red Cross Unit. Tuesdays I worked in the office, typing and filing, operating the switchboard in a pinch. Wednesday afternoons I assisted the doctor at the League's deafness-prevention clinic at Manhattan Eye and Ear Hospital, a job I particularly enjoyed—keeping records on children who, because their head colds, running ears, infections, and potentially deafening after-effects of childhood diseases were getting the benefit of new knowledge, new drugs, and new otological techniques, probably would not be growing up with cotton in their ears. Thursday afternoons I sat in on League adult lip-reading classes and afterwards we all played cards and drank tea. Fridays I worked on the *Bulletin*. Saturdays I made egg-salad sandwiches and cocoa. Once a month I attended the meeting of the Women's Auxiliary, a volunteer group organized in 1921 by Mrs. Wendell Phillips and other interested otologists' wives to raise funds, promote membership, and represent the League socially. I made Halloween favors for the six-year-olds and helped serve the Old Timers' Thanksgiving Dinner. I wrote the Christmas mail appeal for contributions, helped address the envelopes and lick the stamps. I hung the new curtains and mended the old ping-pong table; chaperoned the young people's Valentine Dance and manned a booth at the Easter Bazaar.⁵³

It might be added that once a person with a particular stigma attains high occupational, political, or financial position—how high depending on the stigmatized group in question—a new career is likely to be thrust upon him, that of representing his category. He finds himself too eminent to avoid being presented by his own as an instance of them. (The weakness of a stigma

⁵³ Warfield, *op. cit.*, pp. 73-74; see also Chap. 9, pp. 129-158, where a kind of confession is provided regarding the professional life. For a description of life as a professional amputee, see H. Russell, *Victory in My Hands* (New York: Creative Age Press, 1949).

can thus be measured by how eminent a member of the category may be and yet manage to avoid these pressures.)

Two points are sometimes made about this kind of professionalization. First, in making a profession of their stigma, native leaders are obliged to have dealings with representatives of other categories, and so find themselves breaking out of the closed circle of their own kind. Instead of leaning on their crutch, they get to play golf with it, ceasing, in terms of social participation, to be representative of the people they represent.⁵⁴

Secondly, those who professionally present the viewpoint of their category may introduce some systematic bias in this presentation simply because they are sufficiently involved in the problem to write about it. Although any particular stigma category is likely to have professionals who take different lines, and may even support publications which advocate different programs, there is uniform tacit agreement that the situation of the individual with this particular stigma is worth attention. Whether a writer takes a stigma very seriously or makes light of it, he must define it as something worth writing about. This minimal agreement, even when there are no others, helps to consolidate belief in the stigma as a basis for self-conception. Here again representatives are not representative, for representation can hardly come from those who give no attention to their stigma, or who are relatively unlettered.

I do not mean to suggest here that professionals provide the stigmatized with the sole public source of reminder as to their situation in life; there are other reminders. Each time someone with a particular stigma makes a spectacle of himself by breaking a law, winning a prize, or becoming a first of his kind, a local community may take gossip note of this; these events can even make news in the mass media of the wider society. In any case, they who share the noted person's stigma suddenly become accessible to the normals immediately around and become subject

⁵⁴ From the beginning such leaders may be recruited from those members of the category who are ambitious to leave the life of its members and relatively able to do so, giving rise to what Lewin (*op. cit.*, pp. 195-196) called "Leadership from the Periphery."

to a slight transfer of credit or discredit to themselves. Their situation thus leads them easily into living in a world of publicized heroes and villains of their own stripe, their relation to this world being underlined by immediate associates, both normal and otherwise, who bring them news about how one of their kind has fared.

I have considered one set of individuals from whom the stigmatized person can expect some support: those who share his stigma and by virtue of this are defined and define themselves as his own kind. The second set are—to borrow a term once used by homosexuals—the “wise,” namely, persons who are normal but whose special situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic with it, and who find themselves accorded a measure of acceptance, a measure of courtesy membership in the clan. Wise persons are the marginal men before whom the individual with a fault need feel no shame nor exert self-control, knowing that in spite of his failing he will be seen as an ordinary other. An example may be cited from the world of prostitutes:

Although she sneers at respectability, the prostitute, particularly the call girl, is supersensitive in polite society, taking refuge in her off hours with Bohemian artists, writers, actors and would-be intellectuals. There she may be accepted as an off-beat personality, without being a curiosity.⁵⁵

Before taking the standpoint of those with a particular stigma, the normal person who is becoming wise may first have to pass through a heart-changing personal experience, of which there are many literary records.⁵⁶ And after the sympathetic normal makes himself available to the stigmatized, he often must wait their validation of him as a courtesy member. The self must not

⁵⁵ J. Stearn, *Sisters of the Night* (New York: Popular Library, 1961), p. 181.

⁵⁶ N. Mailer, “The Homosexual Villain,” in *Advertisements for Myself* (New York: Signet Books, 1960), pp. 200-205, provides a model confession detailing the basic cycle of bigotry, enlightening experience, and, finally, recantation of prejudice through public admission. See also Angus Wilson’s introduction to Carling, *op. cit.*, for a confessional record of Wilson’s redefinition of cripples.

only be offered, it must be accepted. Sometimes, of course, the final step does seem to be initiated by the normal; the following is an example of this

I don’t know whether I can or not, but let me tell of an incident. I was once admitted to a group of Negro boys of about my own age with whom I used to fish. When I first began to join them, they would carefully use the term “Negro” in my presence. Gradually, as we went fishing more and more often, they began to joke with each other in front of me and to call each other “nigger.” The real change was in their utilization of the word “nigger” when joking after the previous inability to use the word “nigger” at all.

One day when we were swimming, a boy shoved me with mock violence and I said to him, “Don’t give me that nigger talk.”

He replied, “You bastard,” with a big grin.

From that time on, we could all use the word “nigger” but the old categories had totally changed. Never, as long as I live, will I forget the way my stomach felt after I used the word “nigger” without any reservation.⁵⁷

One type of wise person is he whose wisdom comes from working in an establishment which caters either to the wants of those with a particular stigma or to actions that society takes in regard to these persons. For example, nurses and physical therapists can be wise; they can come to know more about a given type of prosthetic equipment than the patient who must learn to use it so as to minimize his disfigurement. Gentile employees in delicatessens are often wise, as are straight bartenders in homosexual bars, and the maids of Mayfair prostitutes.⁵⁸ The police, in constantly having to deal with criminals, may become wise in regard to them, leading a professional to suggest that “. . . in fact the police are the only people apart from other criminals who accept you for what you are.”⁵⁹

⁵⁷ Ray Birdwhistell in B. Schaffner, ed., *Group Processes*, Transactions of the Second (1955) Conference (New York: Josiah Macy, Jr. Foundation, 1956), p. 171.

⁵⁸ C. H. Rolph, ed., *Women of the Streets* (London: Secker and Warburg, 1953), pp. 78-79.

⁵⁹ Parker and Allerton, *op. cit.*, p. 150.

A second type of wise person is the individual who is related through the social structure to a stigmatized individual—a relationship that leads the wider society to treat both individuals in some respects as one. Thus the loyal spouse of the mental patient, the daughter of the ex-con, the parent of the cripple, the friend of the blind, the family of the hangman,⁶⁰ are all obliged to share some of the discredit of the stigmatized person to whom they are related. One response to this fate is to embrace it, and to live within the world of one's stigmatized connection. It should be added that persons who acquire a degree of stigma in this way can themselves have connections who acquire a little of the disease twice-removed. The problems faced by stigmatized persons spread out in waves, but of diminishing intensity. A newspaper advice column provides an illustration:

Dear Ann Landers:

I'm a girl 12 years old who is left out of all social activities because my father is an ex-convict. I try to be nice and friendly to everyone but it's no use. The girls at school have told me that their mothers don't want them to associate with me because it will be bad for their reputations. My father had some bad publicity in the papers and even though he has served his time nobody will forget it.

Is there anything I can do? I am very lonesome because it's no fun to be alone all the time. My mother tries to take me places with her but I want to be with people my own age. Please give me some advice—An OUTCAST.⁶¹

In general, the tendency for a stigma to spread from the stigmatized individual to his close connections provides a reason why such relations tend either to be avoided or to be terminated, where existing.

Persons with a courtesy stigma provide a model of "normalization,"⁶² showing how far normals could go in treating the stig-

⁶⁰ J. Atholl, *The Reluctant Hangman* (London: John Long, Ltd., 1956), p. 61.

⁶¹ *Berkeley Daily Gazette*, April 12, 1961.

⁶² The idea derives from C. G. Schwartz, "Perspectives on Deviance—Wives' Definitions of Their Husbands' Mental Illness," *Psychiatry*, XX (1957), 275-291.

matized person as if he didn't have a stigma. (Normalization is to be distinguished from "normification," namely, the effort on the part of a stigmatized individual to present himself as an ordinary person, although not necessarily making a secret of his failing.) Further, a cult of the stigmatized can occur, the stigmatophobic response of the normal being countered by the stigma-philic response of the wise. The person with a courtesy stigma can in fact make both the stigmatized and the normal uncomfortable: by always being ready to carry a burden that is not "really" theirs, they can confront everyone else with too much morality; by treating the stigma as a neutral matter to be looked at in a direct, off-hand way, they open themselves and the stigmatized to misunderstanding by normals who may read offensiveness into this behavior.⁶³

The relation between the stigmatized and his stand-in can be an uneasy one. The person with a failing may feel that reversion to type may occur at any moment, and at a time when defenses are down and dependency is up. Thus a prostitute:

Well, I want to see what I can do with acting first. I've explained to him that if we were married and had a fight, he'd throw it up to me. He said no, but that's the way men are.⁶⁴

On the other hand, the individual with a courtesy stigma may find that he must suffer many of the standard deprivations of his courtesy group and yet not be able to enjoy the self-elevation which is a common defense against such treatment. Further, much like the stigmatized in regard to him, he can doubt that in the last analysis he is really "accepted" by his courtesy group.⁶⁵

⁶³ For an example in regard to the blind, see A. Gowman, "Blindness and the Role of the Companion," *Social Problems*, IV (1956), 68-75.

⁶⁴ Stearn, *op. cit.*, p. 99.

⁶⁵ The range of possibilities is nicely explored in C. Brossard, "Plaint of a Gentile Intellectual," in Brossard, ed., *The Scene Before You* (New York: Holt, Rinehart & Winston, 1955), pp. 87-91.

Moral Career

Persons who have a particular stigma tend to have similar learning experiences regarding their plight, and similar changes in conception of self—a similar “moral career” that is both cause and effect of commitment to a similar sequence of personal adjustments. (The natural history of a category of persons with a stigma must be clearly distinguished from the natural history of the stigma itself—the history of the origins, spread, and decline of the capacity of an attribute to serve as a stigma in a particular society, for example, divorce in American upper middle class society.) One phase of this socialization process is that through which the stigmatized person learns and incorporates the standpoint of the normal, acquiring thereby the identity beliefs of the wider society and a general idea of what it would be like to possess a particular stigma. Another phase is that through which he learns that he possesses a particular stigma and, this time in detail, the consequence of possessing it. The timing and interplay of these two initial phases of the moral career form important patterns, establishing the foundation for later development, and providing a means of distinguishing among the moral careers available to the stigmatized. Four such patterns may be mentioned.

One pattern involves those with an inborn stigma who become socialized into their disadvantageous situation even while they are learning and incorporating the standards against which they fall short.⁶⁶ For example, an orphan learns that children naturally and normally have parents, even while he is learning what it means not to have any. After spending the first sixteen years of his life in the institution he can later still feel that he naturally knows how to be a father to his son.

A second pattern derives from the capacity of a family, and to a much lesser extent a local neighborhood, to constitute itself a protective capsule for its young. Within such a capsule a con-

⁶⁶ Discussion of this pattern can be found in A. R. Lindesmith and A. L. Strauss, *Social Psychology*, rev. ed. (New York: Holt, Rinehart & Winston, 1956), pp. 180-183.

genitally stigmatized child can be carefully sustained by means of information control. Self-belittling definitions of him are prevented from entering the charmed circle, while broad access is given to other conceptions held in the wider society, ones that lead the encapsulated child to see himself as a fully qualified ordinary human being, of normal identity in terms of such basic matters as age and sex.

The point in the protected individual's life when the domestic circle can no longer protect him will vary by social class, place of residence, and type of stigma, but in each case will give rise to a moral experience when it occurs. Thus, public school entrance is often reported as the occasion of stigma learning, the experience sometimes coming very precipitously on the first day of school, with taunts, teasing, ostracism, and fights.⁶⁷ Interestingly, the more the child is “handicapped” the more likely he is to be sent to a special school for persons of his kind, and the more abruptly he will have to face the view which the public at large takes of him. He will be told that he will have an easier time of it among “his own,” and thus learn that the own he thought he possessed was the wrong one, and that this lesser own is really his. It should be added that where the infantilely stigmatized manages to get through his early school years with some illusions left, the onset of dating or job-getting will often introduce the moment of truth. In some cases, merely an increased likelihood of incidental disclosure is involved:

I think the first realization of my situation, and the first intense grief resulting from this realization, came one day, very casually, when a group of us in our early teens had gone to the beach for the day. I was lying on the sand, and I guess the fellows and girls thought I was asleep. One of the fellows said, “I like Domenica very much, but I would never go out with a blind girl.” I cannot think of any prejudice which so completely rejects you.⁶⁸

⁶⁷ An example from the experience of a blind person may be found in R. Criddle, *Love Is Not Blind* (New York: W. W. Norton & Company, 1953), p. 21; the experience of a dwarfed person is reported in H. Viscardi, Jr., *A Man's Stature* (New York: The John Day Company, 1952), pp. 13-14.

⁶⁸ Henrich and Kriegel, *op. cit.*, p. 186.

In other cases, something closer to systematic exposure is involved, as a cerebral palsy victim suggests:

With one extremely painful exception, as long as I was in the protective custody of family life or college schedules and lived without exercising my rights as an adult citizen, the forces of society were kindly and unruffling. It was after college, business school, and innumerable stretches as a volunteer worker on community projects that I was often bogged down by the medieval prejudices and superstitions of the business world. Looking for a job was like standing before a firing squad. Employers were shocked that I had the gall to apply for a job.⁶⁹

A third pattern of socialization is illustrated by one who becomes stigmatized late in life, or learns late in life that he has always been discreditable—the first involving no radical reorganization of his view of his past, the second involving this factor. Such an individual has thoroughly learned about the normal and the stigmatized long before he must see himself as deficient. Presumably he will have a special problem in re-identifying himself, and a special likelihood of developing disapproval of self:

When I smelled an odor on the bus or subway before the colostomy I used to feel very annoyed. I'd think that the people were awful, that they didn't take a bath or that they should have gone to the bathroom before traveling. I used to think that they might have odors from what they ate. I used to be terribly annoyed; to me it seemed that they were filthy, dirty. Of course, at the least opportunity I used to change my seat and if I couldn't it used to go against my grain. So naturally, I believe that the young people feel the same way about me if I smell.⁷⁰

While there are certainly cases of individuals discovering only in adult life that they belong to a stigmatized tribal group or

⁶⁹ *Ibid.*, p. 156.

⁷⁰ Orbach *et al.*, *op. cit.*, p. 163.

that their parents have a contagious moral blemish, the usual case here is that of physical handicaps that "strike" late in life:

But suddenly I woke up one morning, and found that I could not stand. I had had polio, and polio was as simple as that. I was like a very young child who had been dropped into a big, black hole, and the only thing I was certain of was that I could not get out unless someone helped me. The education, the lectures, and the parental training which I had received for twenty-four years didn't seem to make me the person who could do anything for me now. I was like everyone else—normal, quarrelsome, gay, full of plans, and all of a sudden something happened! Something happened and I became a stranger. I was a greater stranger to myself than to anyone. Even my dreams did not know me. They did not know what they ought to let me do—and when I went to dances or to parties in them, there was always an odd provision or limitation—not spoken of or mentioned, but there just the same. I suddenly had the very confusing mental and emotional conflict of a lady leading a double life. It was unreal and it puzzled me, and I could not help dwelling on it.⁷¹

Here the medical profession is likely to have the special job of informing the infirm who he is going to have to be.

A fourth pattern is illustrated by those who are initially socialized in an alien community, whether inside or outside the geographical boundaries of the normal society, and who then must learn a second way of being that is felt by those around them to be the real and valid one.

It should be added that when an individual acquires a new stigmatized self late in life, the uneasiness he feels about new associates may slowly give way to uneasiness felt concerning old ones. Post-stigma acquaintances may see him simply as a faulted person; pre-stigma acquaintances, being attached to a conception of what he once was, may be unable to treat him either with formal tact or with familiar full acceptance:

My task [as a blind writer interviewing prospective clients for his literary product] was to put the men I'd come to see at their ease—

⁷¹ N. Linduska, *My Polio Past* (Chicago: Pellegrini and Cudahy, 1947), p. 177.

the reverse of the usual situation. Curiously, I found it much easier to do with men I'd never met before. Perhaps this was because with strangers there was no body of reminiscences to cover before business could be gotten down to and so there was no unpleasant contrast with the present.⁷²

Regardless of which general pattern the moral career of the stigmatized individual illustrates, the phase of experience during which he learns that he possesses a stigma will be especially interesting, for at this time he is likely to be thrown into a new relationship to others who possess the stigma too.

In some cases, the only contact the individual will have with his own is a fleeting one, but sufficient nonetheless to show him that others like himself exist:

When Tommy came to the clinic the first time, there were two other little boys there, each with a congenital absence of an ear. When Tommy saw them, his right hand went slowly to his own defective ear, and he turned with wide eyes to his father and said, "There's another boy with an ear like mine."⁷³

In the case of the individual who has recently become physically handicapped, fellow-sufferers more advanced than himself in dealing with the failing are likely to make him a special series of visits to welcome him to the club and to instruct him in how to manage himself physically and psychically:

Almost my first awareness that there are mechanics of adjustment came to me with the comparison of two fellow patients I had at the Eye and Ear Infirmary. They used to visit me as I lay abed and I came to know them fairly well. Both had been blind for seven years. They were about the same age—a little past thirty—and both had college educations.⁷⁴

In the many cases where the individual's stigmatization is associated with his admission to a custodial institution such as a

⁷² Chevigny, *op. cit.*, p. 136.

⁷³ Macgregor *et al.*, *op. cit.*, pp. 19-20.

⁷⁴ Chevigny, *op. cit.*, p. 35.

jail, sanatorium, or orphanage, much of what he learns about his stigma will be transmitted to him during prolonged intimate contact with those in the process of being transformed into his fellow-sufferers.

As already suggested, when the individual first learns who it is that he must now accept as his own, he is likely, at the very least, to feel some ambivalence; for these others will not only be patently stigmatized, and thus not like the normal person he knows himself to be, but may also have other attributes with which he finds it difficult to associate himself. What may end up as a freemasonry may begin with a shudder. A newly blind girl on a visit to The Lighthouse directly from leaving the hospital provides an illustration:

My questions about a guide dog were politely turned aside. Another sighted worker took me in tow to show me around. We visited the Braille library; the classrooms; the clubrooms where the blind members of the music and dramatic groups meet; the recreation hall where on festive occasion the blind dance with the blind; the bowling alleys where the blind play together; the cafeteria, where all the blind gather to eat together; the huge workshops where the blind earn a subsistence income by making mops and brooms, weaving rugs, caning chairs. As we moved from room to room, I could hear the shuffling of feet, the muted voices, the tap-tap-tapping of canes. Here was the safe, segregated world of the sightless—a completely different world, I was assured by the social worker, from the one I had just left. . . .

I was expected to join this world. To give up my profession and to earn my living making mops. The Lighthouse would be happy to teach me how to make mops. I was to spend the rest of my life making mops with other blind people, eating with other blind people, dancing with other blind people. I became nauseated with fear, as the picture grew in my mind. Never had I come upon such destructive segregation.⁷⁵

⁷⁵ Keitlen, *op. cit.*, pp. 37-38. A description of the early vicissitudes of a hospitalized polio patient's identification with fellow-cripples is provided in Linduska, *op. cit.*, pp. 159-165. A fictional account of racial re-identification is provided by J. W. Johnson, *The Autobiography of an Ex-Coloured Man*, rev. ed. (New York: Hill and Wang, American Century Series, 1960), pp. 22-23.

Given the ambivalence built into the individual's attachment to his stigmatized category, it is understandable that oscillations may occur in his support of, identification with, and participation among his own. There will be "affiliation cycles" through which he comes to accept the special opportunities for in-group participation or comes to reject them after having accepted them before.⁷⁶ There will be corresponding oscillations in belief about the nature of own group and the nature of normals. For example, adolescence (and the high school peer group) can bring a marked decline in own-group identification and a marked increase in identification with normals.⁷⁷ The later phases of the individual's moral career are to be found in these shifts of participation and belief.

The relationship of the stigmatized individual to the informal community and formal organizations of his own kind is, then, crucial. This relationship will, for example, mark a great difference between those whose differentness provides them very little of a new "we," and those, such as minority group members, who find themselves a part of a well-organized community with long-standing traditions—a community that makes appreciable claims on loyalty and income, defining the member as someone who should take pride in his illness and not seek to get well. In any case, whether the stigmatized group is an established one or not, it is largely in relation to this own-group that it is possible to discuss the natural history and the moral career of the stigmatized individual.

In reviewing his own moral career, the stigmatized individual may single out and retrospectively elaborate experiences which serve for him to account for his coming to the beliefs and practices that he now has regarding his own kind and normals. A life event can thus have a double bearing on moral career, first as immediate objective grounds for an actual turning point, and

⁷⁶ A general statement may be found in two of E. C. Hughes' papers, "Social Change and Status Protest," *Phylon*, First Quarter, 1949, 58-65, and "Cycles and Turning Points," in *Men and Their Work* (New York: Free Press of Glencoe, 1958).

⁷⁷ M. Yarrow, "Personality Development and Minority Group Membership," in M. Sklare, *The Jews* (New York: Free Press of Glencoe, 1960), pp. 468-470.

later (and easier to demonstrate) as a means of accounting for a position currently taken. One experience often selected for this latter purpose is that through which the newly stigmatized individual learns that full-fledged members of the group are quite like ordinary human beings:

When I [a young girl turning to a life of vice and first meeting her madam] turned into Fourth Street my courage again failed me, and I was about to beat a retreat when Mamie came out of a restaurant across the street and warmly greeted me. The porter, who came to the door in response to our ring, said that Miss Laura was in her room, and we were shown in. I saw a woman comely and middle-aged, who bore no resemblance to the horrible creature of my imagination. She greeted me in a soft, well-bred voice, and everything about her so eloquently spoke of her potentialities for motherhood that instinctively I looked around for the children who should have been clinging to her skirts.⁷⁸

Another illustration is provided by a homosexual in regard to his becoming one:

I met a man with whom I had been at school. . . . He was, of course, gay himself, and took it for granted that I was, too. I was surprised and rather impressed. He did not look in the least like the popular idea of a homosexual, being well-built, masculine and neatly dressed. This was something new to me. Although I was perfectly prepared to admit that love could exist between men, I had always been slightly repelled by the obvious homosexuals whom I had met because of their vanity, their affected manner, and their ceaseless chatter. These, it now appeared, formed only a small part of the homosexual world, although the most noticeable one. . . .⁷⁹

A cripple provides a similar statement:

If I had to choose one group of experiences that finally convinced me of the importance of this problem [of self-image] and that I had

⁷⁸ *Madeline, An Autobiography* (New York: Pyramid Books, 1961), pp. 36-37.

⁷⁹ P. Wildeblood, *Against the Law* (New York: Julian Messner, 1959), pp. 23-24.

to fight my own battles of identification, it would be the incidents that made me realize with my heart that cripples could be identified with characteristics other than their physical handicap. I managed to see that cripples could be comely, charming, ugly, lovely, stupid, brilliant—just like all other people, and I discovered that I was able to hate or love a cripple in spite of his handicap.⁸⁰

It may be added that in looking back to the occasion of discovering that persons with his stigma are human beings like everyone else, the individual may bring to bear a later occasion when his pre-stigma friends imputed un-humanness to those he had by then learned to see as full-fledged persons like himself. Thus, in reviewing her experience as a circus worker, a young girl sees first that she had learned her fellow-workers are not freaks, and second that her pre-circus friends fear for her having to travel in a bus along with other members of the troupe.⁸¹

Another turning point—retrospectively if not originally—is the isolating, incapacitating experience, often a period of hospitalization, which comes later to be seen as the time when the individual was able to think through his problem, learn about himself, sort out his situation, and arrive at a new understanding of what is important and worth seeking in life.

It should be added that not only are personal experiences retrospectively identified as turning points, but experiences once removed may be employed in this way. For example, a reading of the literature of the group may itself provide an experience felt and claimed as reorganizing:

I do not think it is claiming too much to say that *Uncle Tom's Cabin* was a fair and truthful panorama of slavery; however that may be, it opened my eyes as to who and what I was and what my country considered me; in fact, it gave me my bearing.⁸²

⁸⁰ Carling, *op. cit.*, p. 21.

⁸¹ C. Clausen, *I Love You Honey But the Season's Over* (New York: Holt, Rinehart & Winston, 1961), p. 217.

⁸² Johnson, *op. cit.*, p. 42. Johnson's novel, like others of its kind, provides a nice instance of myth-making, being a literary organization of many of the crucial moral experiences and crucial turning points retrospectively available to those in a stigmatized category

2.

INFORMATION CONTROL and PERSONAL IDENTITY

The Discredited and the Discreditable

When there is a discrepancy between an individual's actual social identity and his virtual one, it is possible for this fact to be known to us before we normals contact him, or to be quite evident when he presents himself before us. He is a discredited person, and it is mainly he I have been dealing with until now. As suggested, we are likely to give no open recognition to what is discrediting of him, and while this work of careful disattention is being done, the situation can become tense, uncertain, and ambiguous for all participants, especially the stigmatized one.

The cooperation of a stigmatized person with normals in act-