

Selections from *Stigma*

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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 fail-

ing, 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

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 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

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 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.

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 here was no noise, no outcry; 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. Everyone 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 uncontaminated 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 will 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 1920s 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

The stigmatized individual can also attempt to correct his condition indirectly by devoting much private effort to the mastery of areas 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

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 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 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

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 contacts 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."²²

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 on both sides.

These 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 position 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 liked that. And here you are with Claud Cockburn, Hugh Klare, Simone de Beauvoir, and Lawrence Durrell!"

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 difficult 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 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.

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 induce from others its own set of troublesome reciprocation. 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 “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 tacks 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—uneasiness.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.

Notes

1. T. Parker and R. Allerton, *The Courage of His Convictions* (London: Hutchinson & Co., 1962), p. 109.
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 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 represented 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.
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.
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.
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 Psychological 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).
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.
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. 57ff., provide an illustration of a man who used his big red nose for a crutch.
18. Henrich and Kriegel, *op. cit.*, p. 19.
19. *Ibid.*, p. 35.
20. Chevigny, *op. cit.*, p. 154.
21. F. Carlin, *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.
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.
26. Barker, *op. cit.*, p. 33.
27. Parker and Allerton, *op. cit.*, p. III.
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.
29. Parker and Allerton, *op. cit.*, p. III.
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.
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.
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.
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.