

Social Stigma

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Social stigma is a severe social disapproval of or personal discontent with a person on the grounds of their unique characteristics distinguishing them from others in society. Almost all stigma is based on a person differing from social or cultural norms. Erving Goffman defined stigma as 'the process by which the reaction of others spoils normal identity'.

The three forms of stigma recognised by Goffman include: The experience of a mental illness (or the imposition of such a diagnosis); a physical form of deformity or an undesired differentness; or an association with a particular race, religion, belief, etc. (Goffman, 1990).

Mental illness, physical disabilities and diseases such as leprosy (or herpes), about which leprosy stigma may also be called, as well as illegitimacy, sexual orientation, skin tone or affiliation with a specific nationality, religion (or lack of religion) or being deemed to be or proclaiming oneself to be of a certain ethnicity, in any of myriad geopolitical and corresponding sociopolitical contexts in various parts of the world. The perception or attribution, rightly or wrongly, of criminality carries a strong social stigma.

Stigma comes in three forms: Firstly, overt or external deformations, such as scars, physical manifestations of anorexia nervosa, leprosy (leprosy stigma), or of a physical disability or social disability, such as obesity. Secondly, deviations in personal traits, including mental illness, drug addiction, alcoholism, and criminal backgrounds are stigmatized in this way. Thirdly, "tribal stigmas" are traits, imagined or real, of ethnic groups, nationalities, or religions that are deemed to constitute a deviation from what is perceived to be the prevailing normative ethnicity, nationality or religion.

Empirical research of stigma associated with mental disorders pointed to a surprising attitude of the general public. Those who were told that mental disorders had a genetic basis were more prone to increase their social distance from the mentally ill, and also assume that the ill were dangerous individuals in contrast with those members of the general public who were told that the illnesses could be explained by social and environment factors. Furthermore, those informed of the genetic basis are also more likely to stigmatize the entire family of the ill. Although the specific social categories that become stigmatized can vary across times and places, the three basic forms of stigma (physical deformity, poor personal traits, and tribal outgroup status) are found in most cultures and time periods, leading some researchers to hypothesize that the tendency to stigmatize may have evolutionary roots.

Etymology of the word stigma

Stigma is a Greek word that in its origins referred to a kind of tattoo mark that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons. These individuals were to be avoided or shunned, particularly in public places

(Healthline Network Inc., 2007).

Theories and classifications of stigma

Link and Phelan stigmatization model

Bruce Link and Jo Phelan propose that stigma exists when four specific components converge:

Individuals differentiate and label human variations.

Prevailing cultural beliefs tie those labeled to adverse attributes.

Labeled individuals are placed in distinguished groups that serve to establish a sense of disconnection between "us" and "them".

Labeled individuals experience "status loss and discrimination" that leads to unequal circumstances.

In this model stigmatization is also contingent on "access to social, economic, and political power that allows the identification of differences, construction of stereotypes, the separation of labeled persons into distinct groups, and the full execution of disapproval, rejection, exclusion, and discrimination." Subsequently, in this model the term stigma is applied when labeling, stereotyping, disconnection, status loss, and discrimination all exist within a power situation that facilitates stigma to occur.

Differentiation and labeling

Identifying which human differences are salient, and therefore worthy of labeling, is a social process. There are two primary factors to examine when considering the extent to which this process is a social one. The first issue is the fact that significant oversimplification is needed to create groups. The broad groups of black and white, homosexual and heterosexual, the sane and the mentally ill; and young and old are all examples of this. Secondly, the differences that are socially judged to be relevant differ vastly according to time and place. An example of this is the emphasis that was put on the size of forehead and faces of individuals in the late 19th century-- which was believed to be an indication of a person's degree of criminal nature.

Linking to stereotypes

The second component of this model centers on the linking of labeled differences with stereotypes. Goffman's 1963 work made this aspect of stigma prominent and it has remained so ever since. This process of applying certain stereotypes to differentiated groups of individuals has garnered a large amount of attention and research in recent decades as it helps to understand the psychological nature of the thought process taking place as this linkage occurs.

Us and them

The linking of negative attributes to differentiated groups of individuals described above facilitates a sense of separation between the proverbial "us" and "them". This sense that the individuals of the labeled group are fundamentally different causes stereotyping to take place with little hesitation. The "us" and "them" component of the stigmatization process implies that the labeled group is slightly less human in nature, and at the extreme not human at all. It is at this extreme that the most horrific events occur.

Disadvantage

The fourth component of stigmatization in this model includes the "status loss and discrimination" that is experienced. Many definitions of stigma do not include this aspect, however it is the belief of these authors that this loss occurs inherently as individuals are "labeled, set apart, and linked to undesirable characteristics." The members of the labeled groups are subsequently disadvantaged in the most common group of life chances including income, education, mental well-being, housing status, health, and medical treatment. However, the authors are quick to point out that even though some groups are able to escape some of the disadvantages listed, the principle is sound when broadly applied.

Necessity of power

The authors also emphasize the necessity of power (social, economic, and political power) to stigmatize. While the role of power is clear in some situations, in others it can become masked as the power differences are so stark. An extreme example of a situation in which the power role was explicitly clear was the treatment of Jewish people by the Nazis. On the other hand, an example of a situation in which individuals of a stigmatized group have "stigma-related processes" occurring would be the inmates of a prison. It is very imaginable that each of the steps described above would take place regarding the inmates' thoughts about the guards. However, this situation cannot involve true stigmatization according to this model because the prisoners do not have the economic, political, or social power to act on these thoughts with any serious discriminatory consequences.

Goffman's theory

In Erving Goffman's theory of social stigma, a stigma is an attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one. Goffman, a noted sociologist, defined stigma as a special kind of gap between virtual social identity and actual social

identity:

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. ... When a stranger comes into our presence, then, first appearances are likely to enable us to anticipate his category and attributes, his "social identity" ... We lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands. ... It is 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. virtual social identity. The category and attributes he could in fact be proved to possess will be called his actual social identity.

While a 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 ... It constitutes a special discrepancy between virtual and actual social identity. Note that there are other types of discrepancy ... 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.

Sociologist, Gerhard Falk describes stigma based on two categories, Existential Stigma and Achieved Stigma. Falk defines Existential Stigma "as stigma deriving from a condition which the target of the stigma either did not cause or over which he has little control." He defines Achieved Stigma as "stigma that is earned because of conduct and/or because they contributed heavily to attaining the stigma in question." (Falk, 2001).

Stigma may also be described as a label associates a person to a set of unwanted characteristics that form a stereotype. It is also affixed (Jacoby, 2005). Once people identify and label your differences others will assume that is just how things are and the person will remain stigmatized until the stigmatizing attribute is undetected. A considerable amount of generalization is required to create groups. Meaning you put someone in a general group regardless of how well they actually fit into that group. However, the attributes that society selects differs according to time and place. What is considered out of place in one society is the norm in another. When society categorizes individuals into certain groups the labeled person is subjected to status loss and discrimination (Jacoby, 2005). Society will start to form expectations about those groups once the cultural stereotype is secured.

The stigmatized, the normal, and the wise

Goffman divides the individual's relation to a stigma into three categories: the stigmatized are those who bear the stigma; the normals are those who do not bear the stigma; and the wise are those among the normals who are accepted by the stigmatized as "wise" to their condition (borrowing the term from the homosexual community). The wise normals are not merely those who are in some sense accepting of the stigma; they are, rather, "those 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." That is, they are accepted by the stigmatized as "honorary members" of the stigmatized group. 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." Goffman notes that the wise may in certain social situations also bear the stigma with respect to other normals: that is, they may also be stigmatized for being wise. An example is a parent of a homosexual; another is a white woman who is seen socializing with a black man. (Limiting ourselves, of course, to social milieus in which homosexuals and blacks are stigmatized).

The Six Dimensions of Stigma

While often incorrectly attributed to Goffman the "Six Dimensions of Stigma" were not his invention. They were developed to augment Goffman's two levels - the discredited and the discreditable. Goffman considered individuals whose stigmatizing attributes are not immediately evident. In that case, the individual can encounter two distinct social atmospheres. In the first, he is discreditable-his stigma has yet to be revealed, but may be revealed either intentionally by him (in which case he will have some control over how) or by some factor he cannot control. Of course, it also might be successfully concealed; Goffman called this passing. In this situation, the analysis of stigma is concerned only with the behaviors adopted by the stigmatized individual to manage his identity: the concealing and revealing of information. In the second, he is discredited-his stigma has been revealed and thus it affects not only his behavior but the behavior of others. Jones et al. (1984) added the "six dimensions" and correlate them to Goffman's two types of stigma, discredited and discreditable:

There are six dimensions that match these two types of stigma:

Concealable- extent to which others can see the stigma.

Course of the mark- whether the stigma becomes more prominent over time.

Disruptiveness- the degree to which the stigma get in the way of social interactions.

Aesthetics- other's reactions to the stigma.

Origin- whether others think the stigma is present at birth, accidental, or deliberate.

Peril- the apparent danger of the stigma to others.

(Jones, et al., 1984, often incorrectly attributed to Jacoby, 2005 who was citing Jones, et al.)

Types of Stigma

In *Unraveling the Contexts of Stigma*, authors Campbell and Deacon describe Goffman's universal and historical forms of Stigma as the following.

Overt or External Deformities - such as leprosy, clubfoot, cleft lip or palate and muscular dystrophy.
Known Deviations in Personal Traits - being perceived rightly or wrongly, as weak willed, domineering or having unnatural passions, treacherous and rigid beliefs, and being dishonest, e.g., mental disorders, imprisonment, addiction, homosexuality, unemployment, suicidal attempts and radical political behavior.

Tribal stigma - affiliation with a specific nationality, religion, or race that constitute a deviation from the normative, i.e. being African American or being of Arab descent in the United States after the 9/11 attacks (Campbell & Deacon, 2006).

Deviance

Stigma occurs when an individual is identified as deviant, linked with negative stereotypes that engender prejudiced attitudes, which are acted upon in discriminatory behavior. Goffman illuminated how stigmatized people manage their "Spoiled identity" (meaning the stigma disqualifies the stigmatized individual from full social acceptance) before audiences of normals. He focused on stigma not as a fixed or inherent attribute of a person but rather on the experience and meaning of difference (Shaw, 1991).

Gerhard Falk expounds upon Goffman's work by redefining deviant as "others who deviate from the expectations of a group" and categorizing deviance into two types:

Societal Deviance refers to a condition widely perceived, in advance and in general, as being deviant and hence stigma and stigmatized. "Homosexuality is therefore an example of societal deviance because there is such a high degree of consensus to the effect that homosexuality is different, and a violation of norms or social expectation" (Falk, 2001).

Situational Deviance refers to a deviant act that is labeled as deviant in a specific situation, and may not be labeled deviant by society. Similarly, a socially deviant action might not be considered deviant in specific situations. "A robber or other street criminal is an excellent example. It is the crime which leads to the stigma and stigmatization of the person so affected."

The physically disabled, mentally ill, homosexuals, and a host of others who are labeled deviant because they deviate from the expectations of a group, are subject to stigmatization- the social rejection of numerous individual, and often entire groups of people who have been labeled deviant.

Ethical considerations

Goffman emphasizes the fact that the stigma relationship is one between an individual and a social setting with a given set of expectations; thus, everyone at different times will play both roles of stigmatized and stigmatizer (or, as he puts it, "normal"). Goffman gives the example that "some jobs in America cause holders without the expected college education to conceal this fact; other jobs, however, can lead to 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 ." He also gives the example of blacks being stigmatized among whites, and whites being stigmatized among blacks (note that this work was written during racial segregation).

Falk concludes that "...we and all societies will always stigmatize some condition and some behavior because doing so provides for group solidarity by delineating 'outsiders' from 'insiders'" (Falk, 2001). Stigmatization, at its essence is a challenge to one's humanity- for both the stigmatized person and the stigmatizer. The majority of stigma researchers have found the process of stigmatization has a long history and is cross-culturally ubiquitous (Heatherton, et al., 2000).

Individuals actively cope with stigma in ways that vary across stigmatized groups, across individuals within stigmatized groups, and within individuals across time and situations (Levin & van Laar, 2004).

The Stigmatized

The stigmatized are ostracized, devalued, rejected, scorned and shunned. They experience discrimination, insults, attacks and are even murdered. Those who perceive themselves to be members of a stigmatized group, whether it is obvious to those around them or not, often experience psychological distress and many view themselves contemptuously (Heatherton, et al., 2000).

Although the experience of being stigmatized may take a toll on self-esteem, academic achievement, and other outcomes, many people with stigmatized attributes have high self-esteem, perform at high levels, are happy and appear to be quite resilient to their negative experiences (Heatherton, et al., 2000).

There are also "positive stigma": you may indeed be too thin, too rich, or too smart. This is noted by Goffman (1963:141) in his discussion of leaders who are subsequently given licence to deviate from some behavioral norms because they have contributed far above the expectations of the group.

The Stigmatizer

From the perspective of the stigmatizer, stigmatization involves dehumanization, threat, aversion and sometimes the depersonalization of others into stereotypic caricatures. Stigmatizing others can serve several functions for an individual, including self-esteem enhancement, control enhancement, and anxiety buffering, through downward-comparison- comparing oneself to less fortunate others can increase one's own subjective sense of well-being and therefore boost one's self-esteem. (Heatherton, et al., 2000).

21st century social psychologists consider stigmatizing and stereotyping to be a normal consequence of people's cognitive abilities and limitations, and of the social information and experiences to which they are exposed (Heatherton, et al., 2000).

Current views of stigma, from the perspectives of both the stigmatizer and the stigmatized person, consider the process of stigma to be highly situationally specific, dynamic, complex and nonpathological (Heatherton, et al., 2000).

Current Research on Self-Esteem

Members of stigmatized groups should have lower self-esteem than those of nonstigmatized groups. A test could not be taken on the overall self-esteem of different races. Researchers would have to take into account whether these people are optimistic or pessimistic, whether they are male or female and what kind of place they grew up in. Over the last two decades, many studies have reported that African Americans show higher global self-esteem than whites even though, as a group, African Americans tend to receive poorer outcomes in many areas of life and experience significant discrimination and stigma.

Average weight women have higher self-esteem than overweight women. Overweight women who are older have lower levels of collective self-esteem on an implicit measure but have equivalent levels of personal self-esteem on both implicit and explicit measures.

The US Department of Health, Education and Welfare determined that including the 24% of women who are actually obese, 60% of adolescent women believe they are overweight. Recent studies have shown that women who are "unattractive" or obese do not believe they will make a good impression on the men they come into contact with which makes the men feel the women are uncomfortable and uninterested in them. The women of average weight felt better about the impression they would make on the men and in return the men felt the women were interested in them and enjoyed their company.

This test showed how obese or overweight women have low self-esteem. Obese women and overweight women feel uncomfortable and aren't very social which makes the people they come into contact with uninterested and uncomfortable. The more overweight the woman is, the lower her self-esteem tends to be.

Current Research Directions of Stigma

Research undertaken to determine effects of social stigma primarily focuses on disease-associated stigmas. Disabilities, psychiatric disorders, and sexually transmitted diseases are among the diseases currently scrutinized by researchers. In studies involving such diseases, both positive and negative effects of social stigma have been discovered.

Epilepsy, a common neurological disorder characterised by recurring seizures, is associated with various social stigmas. Chung-yan Gardian Fong and Anchor Hung conducted a study in Hong Kong which documented public attitudes towards individuals with epilepsy. Of the 1,128 subjects interviewed, only 72.5% of them considered pregnancy to be appropriate; 11.2% would not let their children play with others with epilepsy; 32.2% would not allow their children to marry persons with epilepsy; additionally, employers (22.5% of them) would terminate an employment contract after an epileptic seizure occurred in an employee with unreported epilepsy (Fong, Hung, 2002). Suggestions were made that more effort be made to improve public awareness of, attitude toward, and understanding of epilepsy through school education and epilepsy-related organizations (Fong, Hung, 2002).

In Taiwan, strengthening the psychiatric rehabilitation system has been one of the primary goals of the Department of Health since 1985. Unfortunately, this endeavor has not been successful and it is believed that one of the barriers is social stigma towards the mentally ill (Yu Song, Yun Chang, Yi Shih, Yuan Lin, Jeng Yang, 2005). Accordingly, a study was conducted to explore the attitudes of the general population towards patients with mental disorders. A survey method was utilized on 1,203 subjects nationally. The results revealed that the general population held higher levels of benevolence, tolerance on rehabilitation in the community, and nonsocial restrictiveness (Yu Song, Yun Chang, Yi Shih, Yuan Lin, Jeng Yang, 2005). Essentially, benevolent thoughts were fostering the acceptance of rehabilitation in the community. It could then be inferred that the belief (held by the residents of Taiwan) of treating the mentally ill with high regard, somewhat eliminated the stigma (Yu Song, Yun Chang, Yi Shih, Yuan Lin, Jeng Yang, 2005).

The impact of HIV-related stigma on care and prevention of HIV, as studies show, is significant. A self-reported study evaluated the effects of concerns attributed to this stigma. The sample size for this study consisted of 204 people living with HIV. Participants with high HIV concerns proved to be 3.3 times more likely to be non-adherent to their medication regimen than those with low concerns (Reece, Tanner, Karpiak, Coffey, 2007). Moreover, this study revealed that the threat of social stigma prevents people living with HIV from revealing their status to others (causing obvious health concerns for society). Clinical care directed to individuals living with HIV, researchers believed, should include considerations for patient sensitivity to social stigma (Reece, Tanner, Karpiak, Coffey, 2007).

The aforementioned stigmas (associated with their respective diseases) propose effects that these

stereotypes have on individuals. Whether effects be negative or positive in nature, 'labeling' people causes a significant change in individual perception (of persons with disease). Perhaps a mutual understanding of stigma, achieved through education, could eliminate social stigma entirely.

Social stigmas can occur in many different forms. The most common deals with culture, obesity, gender, race and diseases. Many people who have been stigmatized feel as if they are transforming from a whole person to a tainted one. They feel different and devalued by others. This can happen in the workplace, educational settings, health care, the criminal justice system, and even in their own family. For an example, the parents of overweight women are less likely to pay for their daughters' college education than are the parents of average-weight women (Major, O'Brien; 2005).

Many people who are stigmatized are affected by social categorization, which is considering people primarily as members of social groups rather than as individuals (Blaine 21).

Stigma may affect the behavior of those who are stigmatised. Those who are stereotyped often start to act in ways that their stigmatisers expect of them. It not only changes their behavior, but it also shapes their emotions and beliefs (Major, O'Brien; 2005). These stigmas put a person's social identity in threatening situations, like low self esteem. Because of this, identity theories have become highly researched as of late. Identity threat theories can definitely go hand-in-hand with Labeling Theory.

Members of stigmatized groups start to become aware that they aren't being treated the same way and know they will probably be discriminated against for it. Studies have shown that "by 10 years of age, most children are aware of cultural stereotypes of different groups in society, and children who are members of stigmatized groups are aware of cultural types at an even younger age." (Major, O'Brien; 2005).

Stigmatising attitude of narcissists to psychiatric illness

Arikan found that a stigmatising attitude to psychiatric patients is associated with narcissistic personality traits.

Challenging stigma

Stigma, though powerful and enduring, is not inevitable, and can be challenged. There are two important aspects to challenging stigma: challenging the stigmatisation on the part of stigmatizers, and challenging the internalized stigma of the stigmatized. To challenge stigmatization, Campbell et al. summarise three main approaches. Firstly, there are efforts to educate individuals about the non-stigmatising facts and why they should not stigmatise. Secondly, there are efforts to legislate

against discrimination. Thirdly, there are efforts to mobilize the participation of community members in anti-stigma efforts, to maximize the likelihood that the anti-stigma messages have relevance and purchase, according to local contexts.

In relation to challenging the internalized stigma of the stigmatized, Paulo Freire's theory of critical consciousness is particularly suitable. Cornish provides an example of how sex workers in Sonagachi, a red light district in India, have effectively challenged internalized stigma by establishing that they are respectable women, who admirably take care of their families, and who deserve rights like any other worker. This study argues that it is not only the force of rational argument that makes the challenge to the stigma successful, but concrete evidence that sex workers can achieve valued aims, and are respected by others.

Contributors to the Study of Stigma

Émile Durkheim

French sociologist, Émile Durkheim was the first to explore Stigma as a social phenomenon, in the year 1895. He wrote:

Imagine a society of saints, a perfect cloister of exemplary individuals. Crimes or deviance, properly so-called, will there be unknown; but faults, which appear venial to the layman, will there create the same scandal that the ordinary offense does in ordinary consciousnesses. If then, this society has the power to judge and punish, it will define these acts as criminal (or deviant) and will treat them as such. (Durkheim, 1895).

Erving Goffman

Goffman was one of the most influential sociologists of the twentieth century. He defined Stigma as:

The phenomenon whereby an individual with an attribute is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity. (Goffman, 1963).

Gerhard Falk

German born sociologist and historian, Gerhard Falk has written over fifty scholarly works, including STIGMA: How We Treat Outsiders. About Stigma, he wrote:

All societies will always stigmatize some conditions and some behaviors because doing so provides for group solidarity by delineating "outsiders" from "insiders" (Falk, 2001).