Stigma

Matthew Clair, Harvard University
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Abstract

Stigma is an attribute that conveys devalued stereotypes. Following Erving Goffman's early elaboration of the concept, psychological and social psychological research has considered how stigma operates at the micro-level, restricting the well-being of stigmatized individuals. More recently, sociologists have considered the macro-level dimensions of stigma, illuminating its structural causes, population-level consequences, and collective responses. This research has identified how stigma reproduces social inequality through the maintenance of group hierarchies. Future research should bridge levels of analysis, compare the micro- and macro-level causes and consequences of stigma among different social groups, and identify the conditions that foster destigmatization.

Main text

Stigma is an attribute that conveys devalued stereotypes. Erving Goffman (1963, 3) classically defined stigma as an "attribute that is deeply discrediting." A discredited attribute could be readily discernable, such as one's skin color or body size, or could be hidden but nonetheless discreditable if revealed, such as one's criminal record or struggles with mental illness. For Goffman, stigma is a general aspect of social life that complicates everyday micro-level interactions—the stigmatized may be wary of engaging with those who do not share their stigma, and those without a certain stigma may disparage, overcompensate for, or attempt to ignore stigmatized individuals. Most people, Goffman (1963, 138) argued, experience the role of being stigmatized "at least in some connections and in some phases of life." Indeed, Goffman's broad definition of stigma incorporates many contemporary discredited attributes, including what he defined as "tribal stigmas" (e.g., race, ethnicity, and religion), "physical deformities" (e.g., deafness, blindness, and leprosy), and "blemishes of character" (e.g., homosexuality, addiction, and mental illness).

In the decades following Goffman's articulation of stigma, psychologists elaborated stigma's cognitive dimensions and the processes through which it shapes micro-level social interaction. Much of this research has focused on stigmas understood to be related to character, such as mental illness or addiction, or stigmas stereotyped as deviant, such as homosexuality. Psychologists have explored the evolutionary causes of stigma, with some suggesting that stigma serves sociobiological functions by categorizing and excluding individuals who may threaten a community through the spread of disease or perceived social disorder. In addition, social psychologists have focused on the individual-level consequences and coping responses of those who face stigma in daily interactions. This research has documented stigmatization's negative implications for self-esteem, academic achievement, mental health, and physical well-being. Research on coping has documented how stigmatized individuals manage their stigmatized identities and cope with specific instances of discrimination that they attribute to their stigma. This research literature is a subset of a larger psychological literature concerned with individual

coping responses to stress more broadly. Researchers have enumerated numerous coping responses—such as avoidance, suppression, and identity development—and have identified these responses' inconsistent moderating effects on stress.

Until the turn of the twenty-first century, research on stigma in sociology had been less coherent than its counterpart in psychology. Sociologists relied on the concept when it helped to illuminate a social phenomenon, but rarely did researchers strive to accumulate theoretical knowledge around stigma as a fundamental social process. Link and Phelan (2001)'s review of stigma in the *Annual Review of Sociology* initiated a distinctively sociological approach to the study of stigma that since has been refined and elaborated. Drawing on Goffman but incorporating a broader concern for the operation of power in society, Link and Phelan define stigma as the co-occurrence of four processes: (1) labeling human differences; (2) stereotyping such differences; (3) separating those labeled from "us"; and (4) status loss and discrimination against those labeled. By incorporating the role of power and discrimination in their definition of stigma, Link and Phelan articulated an approach to stigma that would enable sociologists to consider how stigma related to fundamental sociological questions, namely those relating to the social creation, reproduction, and consequences of social inequalities.

Sociological approaches to stigma in the ensuing fifteen years have considered the different types of, as well as the meso- and macro-level causes, consequences, and responses to, stigma (see Table 1). With respect to type of stigma, sociologists have focused not only on stigmas related to character, but also—and with greater emphasis than psychologists—on stigmas related to heritable, bounded social categories such as race and ethnicity ("tribal stigmas"). These stigmas are related less to deviance and the violation of social norms and more so to processes of exploitation and domination (Phelan, Link, and Dovidio 2008). Sociological research on the causes of stigma has considered the role of the law and institutional practices in the maintenance of stigmatization. Such practices enable stigmatized individuals' exclusion from social networks, neighborhoods, labor markets, the law, and politics. Here, stigma has been understood as both cause and effect: it justifies exclusion of devalued others and, through such exclusion, reifies devalued stereotypes. With respect to stigma's consequences, research in public health has considered the role of stigma as a fundamental driver of population-level health disparities through various mechanisms; for sociologists, one main mechanism is the unequal distribution of material resources given discrimination against stigmatized groups. Sociologists studying responses to stigma have considered collective responses, such as social movements and legal change, as well as what could explain variations in responses across stigmatized groups, interactional contexts, and societies (Lamont et al. 2016).

Contemporary sociological research on stigma continues to draw inspiration from Goffman's core insights on the phenomenon, developing measures to understand how different dimensions of stigma—such as courtesy stigma, structural stigma, or internalized stigma—shape inequalities faced by different groups and their social relations. Future research on stigma could benefit from greater comparison across stigmatized groups. Goffman articulated stigma as a general social process, focusing on how stigmatized individuals often face similar constraints in the management of social interactions, regardless of the particular type of stigma they face. Research comparing the experiences, causes, and consequences of stigma across types would enable a better understanding of the causal role of stigma in the reproduction of social inequality. Future

research could also benefit from greater exchange between psychology and sociology, especially with respect to detailing the unique contributions of psychological mechanisms (e.g., stress) as compared to sociological mechanisms (e.g., unequal resources) in the production of health disparities. Finally, sociologists should develop new approaches to studying destigmatization, or the process by which stigmatized groups become less devalued in society. Whereas psychologists have documented the effects of stigma reduction interventions in experimental settings, sociologists largely have been remiss to examine the external validity of such interventions or the sociohistorical transformation of devalued attributes.

Table 1. Psychological and Sociological Approaches to Stigma along Four Categories

	Micro-level (Psychology)	Meso-level (Social psychology and cultural sociology)	Macro-level (Sociology)
Causes	Physical and mental disorders, sociobiological and instrumental motivations	Intersubjective and symbolic motivations, cultural motivations, stereotypes	Social closure, power, institutional practices, neighborhood and social segregation, discriminatory laws
Contexts	Body, mind, cognitive schema	Individual perceptions and attitudes, interpersonal relationships	Policies/laws, neighborhoods, workplaces, nation-states, built and natural environments
Consequences	Mental illness, stress, physical illness	Self-esteem, identity, symbolic worth, interpersonal (mis)recognition	Group disparities in mental and physical health, in/out-group membership, economic and social inequality
Responses	Grit, physiological coping, individual management	Interpersonal withdrawal, psycho-social resources, cultural reframing	Social movements, institutional/organizational change, policy and legal change

Cross-References

SEE ALSO: Identity; Race and ethnicity; Social Psychology; Stereotypes, Prejudice, and Discrimination; Stratification and inequality

References

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Further Reading

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