STIGMA

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Stigma broadly refers to a socially constructed, negatively valued differentness. Based on cognitive processes of categorisation, prejudice and stereotyping in social interactions, stigmas are created through evaluation of an individual’s attributes by others. The negative social consequences of differentness that impact the social acceptance of and respect accorded a stigmatised individual have received increasing attention over bodily attributes themselves (see *discrimination). Insights from the behavioural and social sciences regarding the significant cognitive and social consequences of stigma increasingly inform policymaking and reform. Contemporary welfare states categorise individuals at each stage of the life course, determining not only economic and social well-being, but also which differences matter and which are stigmatised.

While any human difference can be stigmatised, three types of categories are frequent bases for stigma: (1) differences of the physical human body and appearance (e.g. impairments; height and weight), (2) social status differences with negative associations (e.g. criminals; prostitutes), or (3) belonging to particular groups based on age, ethnicity or race, gender, religion, sexual orientation, or other characteristic regarded as inferior by a majority or dominant social group (e.g. immigrants in or travellers to a foreign country). Dimensions that affect whether stigmatisation—as a social relationship in a particular setting—occurs are the origin or cause (responsibility); concealability (hidden vs. visible); duration and (im)permanence; disruptiveness; riskiness; and aesthetic qualities of a stigmatised attribute. All these aspects can influence social acceptance as well as social policy determinations at individual and group levels.

Resonating with researchers in many disciplines since Erving Goffman first conceptualised an elaborated theory in Stigma: Notes on the Management of Spoiled Identity (1963), the stigma concept has been differently defined, framed and applied in innumerable research projects. Stigmatisation as a social phenomenon can be
understood as the negative consequences of an otherwise adaptive, functional, or even unavoidable process of managing our environment’s overwhelming complexity through differentiation. From a social policy perspective, research on stigma needs to analyse not only social comparisons in individual interactions and the aggregate consequences of exclusion, separation or segregation, but especially institutionalised discrimination of particular social groups. Stigmatisation represents a process of social control and of normative priority setting that reproduces social inequalities, as it relies on asymmetrical power relationships. Cognitive processes of labelling and stereotyping as well as the social mechanism of categorisation together lead to stigmatisation, which involves defining a person by only one or a few of innumerable attributes. Indeed, classification is the very basis of government bureaucracies’ work, as they implement social policies targeted to the diverse categories of people defined and determined in social censuses, surveys and official statistics.

Social-psychological research has shown that stigmatised persons may be openly, covertly or unconsciously avoided or actively denigrated, with others’ reacting to them not as unique individuals but as members of disvalued categories, such as unemployed persons in employment-oriented societies. Similar to other bases of differentiation, stigma is relational. No attribute can be stigmatised or negatively valued without another attribute being accepted or highly valued. Stigmas are highly context-dependent, relying on environmental and socialised values, preferences and often-unstated norms. Since norms change, attributes need not always be stigmatised (e.g. not having work in areas with very high unemployment rates).

Prejudices—literally ‘prejudgments’—are unfavourable attitudes or beliefs about certain individuals on the basis of their membership in a particular group.

*Discrimination, in contrast, refers to subtle behaviour or overt actions that treat a member of a particular group differently than others, based on valuation of characteristics such as age, class, disability or impairment, gender, race or ethnicity, religion and sexual orientation. Stigmatisation is ‘entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination’ (Link & Phelan 2001: 367). Social policies and the institutions they establish maintain social control and norms, reify prejudices and stereotypes, label and separate people into categories, and determine who is and is not stigmatised.

Discrimination occurs on multiple levels, although stigmas are always culturally interpreted by individuals, even if they are not themselves prejudiced or hold negative
stereotypes (oversimplified, exaggerated beliefs about members of a group). On the level of human interactions, social discrimination is exemplified in a prejudiced individual maintaining social distance between him or her and members of minority groups or ‘out-groups’. ‘In-groups’—to which a person feels loyalty—tend to ascribe inferiority to members of other groups as they ascribe superiority to themselves, rationalising their views with stereotypes.

Isolating the stigmatised while ignoring stigma’s real consequences of social exclusion shifts responsibility from the stigmatisers to the stigmatised (‘blaming the victim’), which allows nonstigmatised people to maintain the status quo of power relations (Ainlay et al 1986). Policies institutionalise these prejudices, negative stereotypes and discriminatory practices, as they organise populations based on policy-relevant distinctions. Indeed, knowledge about the social consequences of stigma has influenced policymaking for centuries. While stigmatised individuals may invest heavily in a variety of psychological and behavioural coping strategies to counteract lowered self-esteem, their life chances are nevertheless often dramatically affected, especially due to institutional segregation.

Institutional discrimination refers to organisational settings, such as schools or employment offices, whose policies or programmes deny opportunities or equal rights to individuals or groups on the basis of a stigma, resulting in *sexism, *racism or *disablism. Here, stigmatisation occurs when social control is imposed, usually legitimated by professional or disciplinary power: The ‘undesired differentness’ leads to some restriction in physical and social mobility or in less access to opportunities that allow an individual or group to develop their potential. For example, education policies produce stigma early in the life course, continuously selecting and sorting pupils, thereby determining their life chances. The global movement to increase school integration and inclusion of children with *special needs responds to the stigmatisation and institutional discrimination that often results in school failure for pupils and their placement in separate special education programmes.

Similarly, *means-testing in welfare programmes is controversial because it has historically burdened recipients with the stigma of poverty—as a principal means of deterring claims. Policies affecting all life course phases can and frequently are means-tested: from social assistance payments via marriage and parenthood subsidies and university tuition fees to unemployment, retirement and old age benefits. Because means-tested benefits depend on proving need, recipients may lose privacy, be subjected to bureaucratic control and abuses of power or be dissuaded from saving money or from applying for low-paid work (see *poverty trap, *moral hazard). Even after the UK’s
*Poor Law was abolished (1948), the stigma of welfare for those receiving social assistance remained. In contrast, *social insurance programmes are based on solidarity and group morality, but require individual contributions prior to receiving benefits, thus are considered ‘entitled rights’.

Broader, or even universal, distributions of available funds may reduce stigma by eliminating the minority status of social assistance recipients. Universalistic rights-based programmes, while not a complete protection, contribute to a standard of benefit provision for a broader population, thus are less stigmatising. *Basic income, which everyone would receive unconditionally as a right of *citizenship, is another alternative. Some social welfare services or programmes accentuate differences by dividing people into the categories of recipients and non-recipients. Most likely, combinations of programmes are required to effectively meet all types of needs and integrate diverse groups. For example, the Scandinavian welfare states have a universalist foundation that counteracts the social tendency to stigmatiser—whether unintentional, intentional or institutional—and selective services addressing those whose needs are greatest.

While self-help groups assist individuals to deal with the considerable psychological pressures of stigma, fighting for political goals—such as recognition, equal rights and inclusion—can destigmatise whole groups over the long run. Creating strong in-group identity can lead to the bundling of political and economic resources, which lend the group additional clout in political, market, and community arenas. As we have seen over the twentieth century in many Western countries, women have fought successfully for equality while dramatically increasing their educational and employment participation rates. Fighting stigma that frequently coincided with being of little economic or political value, *social movements of women, racial and ethnic minorities, disabled people and *gays and lesbians have strongly advocated for their human rights.

Inclusive social policies, public education programs, and anti-discrimination legislation, in addressing, ameliorating or alleviating the causes and consequences of stigmatisation, represent governmental responses to individual-level prejudice, negative stereotyping and institutional discrimination.
Further reading: