Dear Miss Lonelyhearts—

I am sixteen years old now and I dont know what to do and would appreciate it if you could tell me what to do. When I was a little girl it was not so bad because I got used to the kids on the block making fun of me, but now I would like to have boy friends like the other girls and go out on Saturday nites, but no boy will take me because I was born without a nose—although I am a good dancer and have a nice shape and my father buys me pretty clothes.

I sit and look at myself all day and cry. I have a big hole in the middle of my face that scares people even myself so I cant blame the boys for not wanting to take me out. My mother loves me, but she cries terrible when she looks at me.

What did I do to deserve such a terrible bad fate? Even if I did do some bad things I didn't do any before I was a year old and I was born this way. I asked Papa and he says he doesn't know, but that maybe I did something in the other world before I was born or that maybe I was being punished for his sins. I dont believe that because he is a very nice man. Ough: I commit suicide?

Sincerely yours,
Desperate

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 stigmaizes 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. 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 differential status 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. 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 difference from what we had anticipated. We and those who do not depart negatively from the particular expectations as 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. 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. We tend to impute a wide range of imperfections on the basis of the original one, and at the same time to impute some desirable but undesired attributes, often of a supernatural cast, such as “sixth sense,” or “understanding”.


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


6 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. Keilen (with N. Lobesca), Farewell to Fear (New York: Avon, 1961), p. 10.
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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.

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

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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 output.

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 be-
came impossible that I should speak of it to anyone, and the con-
fusion and the panic of my discovery were locked inside me then
and there, to be faced alone, for a very long time to come.13

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 my-
self. In the place where I was standing, with that persistent roman-
tic delusion in me, as if I were a favored fortunate person to whom every-
thing was possible, I saw a stranger, a little, pitiful, 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.14

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-

13 K. B. Hathaway, The Little Locksmith (New York: Coward-McCann, 1943),
14 Ibid., pp. 49-51. 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. Oversey, The Mark of Oppression: A Psychological Study of the
American Negro (New York: W. W. Norton & Company, 1951); and E. H. Erikson,

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 par-
ticular blemish.) Here proneness to "victimization" is to be
credited, 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,
frequently 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 hear-
ing] said that in the early days the quacks and get-rich-quick medi-
cine 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 ear drums,
rollers, inhalers, massageurs, magic oils, balms, and other guar-
anteed, 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 cam-
paign) beset the hard of hearing in the pages of the daily press, even
in reputable magazines.15

also H. von Hentig, The Criminal and His Victim (New Haven, Conn.: Yale Uni-