Stigma: Introduction and overview

Chapter · January 2000

CITATIONS
298

READS
4,549

3 authors, including:

Brenda Major
University of California, Santa Barbara
175 PUBLICATIONS **19,931** CITATIONS
SEE PROFILE

Jennifer Crocker
The Ohio State University
202 PUBLICATIONS **22,716** CITATIONS
SEE PROFILE

The Social Psychology of Stigma

Edited by

Todd F. Heatherton
Robert E. Kleck
Michelle R. Hebl
Jay G. Hull

THE GUILFORD PRESS
New York London

1

Stigma: Introduction and Overview

JOHN F. DOVIDIO
BRENDA MAJOR
JENNIFER CROCKER

Stigmatization, at its essence, is a challenge to one's humanity—for both the stigmatized person and the stigmatizer. Crocker, Major, and Steele (1998) explain that "a person who is stigmatized is a person whose social identity, or membership in some social category, calls into question his or her full humanity—the person is devalued, spoiled, or flawed in the eyes of others" (p. 504; see also Goffman, 1963; Jones et al., 1984). From the perspective of the stigmatizer, stigmatization involves dehumanization, threat, aversion, and sometimes the depersonalization of others into stereotypic caricatures. Thus stigmatization is personally, interpersonally, and socially costly.

Classic treatments of stigmatization have tended to view the processes and consequences of stigma in highly dispositional terms, reflecting, or being reflected in, individual differences. Stereotyping and prejudice, which are central to stigmatizing others, were once seen as reflections of a constellation of personality characteristics (authoritarianism, political and economic conservatism, ethnocentrism, and anti-Semitism), and hence as problems located in specific individuals (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950). Similarly, it was assumed that the experience of being stigmatized, or being the target of stereotypes and prejudice, resulted in distortions of the personality of the

stigmatized person—most often in low self-esteem (e.g., Allport, 1954/1979). For instance, Allport (1954/1979) posed this question: "What would happen to your personality if you heard it said over and over again that you are lazy and had inferior blood?" (p. 42). And then he answered, "Group oppression may destroy the integrity of the ego entirely, and reverse its normal pride, and create a groveling self-image" (p. 152). (See Crocker & Major, 1989, for a review.)

The past half-century has seen a dramatic transformation in social-psychological views of stereotyping and prejudice. Rather than regarding prejudice as a reflection of problematic personality traits resulting from deep-seated, often unconscious inner conflicts, social psychologists now consider stereotyping to be a normal (if undesirable) consequence of people's cognitive abilities and limitations, and of the social information and experiences to which they are exposed. Similarly, views of the consequences of being the target of stigma have also been transformed over the past half-century. Rather than assuming that the experience of being stigmatized inevitably results in deep-seated, negative, and even pathological consequences for the personality of a stigmatized individual, researchers in this area now assume that people who are stigmatized experience a set of psychological predicaments, which they cope with using the same coping strategies as those used by nonstigmatized people when they are confronted with psychological challenges such as threats to self-esteem (e.g., Crocker et al., 1998; Goffman, 1963; Miller & Major, Chapter 9, this volume). As a consequence, there is considerable individual variation within stigmatized groups, just as there is within nonstigmatized groups (e.g., Major, Barr, Zubek, & Babey, 1999). Thus current views of stigma, from the perspectives of both the stigmatizer and the stigmatized person, consider the processes of stigma to be highly situationally specific, dynamic, complex, and nonpathological.

The responses of people to members of stigmatized groups are not consistently negative. Negative feelings toward persons with physical disabilities are frequently accompanied by sympathy; attitudes toward Blacks often involve sympathy and a desire to be fair and egalitarian, as well as negative affective reactions (Dovidio & Gaertner, 1998; Gaertner & Dovidio, 1986; Jones et al., 1984; Katz, 1981). This ambivalence, under some conditions, can produce more positive reactions to members of stigmatized groups than to people who are not stigmatized. Likewise, the responses of people to being stigmatized by others are not consistently negative. Although the experience of being devalued, stereotyped, and targeted by prejudice 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 despite their negative experiences. And just as contemporary research on stereotyping and prejudice indicate that the processes and expression of stereotypes are highly dependent on the situational context (e.g., Gaertner & Dovidio, 1986), the experience of being devalued is also highly dependent on social context (Crocker et al., 1998).

Because stigma is largely a social construction, a characteristic may be stigmatizing at one historical moment but not at another, or in one given situation but not in another within the same period. Context is also a critical determinant of the psychological consequences of stigmatization. Crocker and Quinn (in press) propose that "the consequences of social stigma emerge in the situation, as a function of the meaning that situation has for people with valued and devalued identities" (p. 2). These views illustrate the fundamentally social nature of stigma.

This volume focuses on the social psychology of stigma. Like theorists who take traditional approaches, the chapter authors in this volume uniformly view stigma as a social construction, shaped by cultural and historical forces. Moreover, what makes the present approach more uniquely social-psychological is the consistent emphasis on the effects of the immediate social and situational context on the stigmatizer; on the stigmatized; on their interaction; and ultimately on the personal and social affective, cognitive, and behavioral consequences of these transactions. However, the authors of this volume's chapters also recognize that stigma is more than an interpersonal process: It is determined by the broader cultural context (involving stereotypes, values, and ideologies), the meaning of the situation for participants, and the features of the situation that influence this meaning. In the remainder of this chapter, we define "stigma," consider different types of stigmas, explore potential functions of stigmatization, sketch a framework for viewing the range of phenomena involved in the study of stigma, and present an overview of the other chapters in this volume.

WHAT IS STIGMA?

Stigma is a powerful phenomenon, inextricably linked to the value placed on varying social identities. It is a social construction that involves at least two fundamental components: (1) the recognition of difference based on some distinguishing characteristic, or "mark"; and (2) a consequent devaluation of the person. Goffman (1963) described stigma as a sign or a mark that designates the bearer as "spoiled" and therefore as valued less than "normal" people. Stigmatized individuals are regarded as flawed, compromised, and somehow less than fully human. More recent definitions have focused on the contextual and dynamic nature of stigma. Jones and

colleagues (1984) observed that "the stigmatizing process is relational. . . . [A] condition labeled as discrediting or deviant by one person may be viewed as benign and a charming eccentricity by another" (p. 5). Likewise, Crocker and colleagues (1998) have argued that "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued *in some particular social context*" (emphasis added; p. 505). As Hebl and Kleck illustrate in Chapter 14 of this volume, aspects of the natural and constructed physical environment (e.g., steeply graded terrain or the absence of elevators) can also facilitate the stigmatization process in subtle and not-so-subtle ways. The social context and the physical environment thus fundamentally influence whether a characteristic of an individual will become stigmatizing or will be attended to at all.

The concept of stigma is related to, but not synonymous with, other negative evaluations of personal and social characteristics. With regard to personal qualities and individual identity, stigma is similar to the concepts of "marginality" (Frable, 1993) and "deviance" (Archer, 1985). Archer (1985) defines deviance as "a perceived behavior or condition that is thought to involve an undesirable departure in a compelling way from a putative standard" (p. 748). Frable (1993) defines marginality as belonging to a social group that is both statistically unusual and centrally defining. Like a person who is deviant or marginalized, a stigmatized person is perceived to represent a departure from normative expectations. However, people can be deviant or become marginalized because of unusual positive characteristics (e.g., extreme wealth) as well as negative ones (see Crocker et al., 1998; Frable, 1993), whereas people are stigmatized for having some undesirable characteristic. Moreover, even when deviance is associated with a negative quality, it may not involve stigmatization unless the distinguishing mark is associated with generalized inferences about the bearer's identity—attributions that "discredit the bearer" (Jones et al., 1984, p. 8). Thus, although stigma involves perceptions of deviance, it is more than that.

Stigma is also related to prejudice, in the sense that the person who is stigmatized is almost always the target of prejudice. "Prejudice" is widely defined as a negative attitude. Some researchers have asserted that *any* negative attitude toward a group represents prejudice (e.g., Ashmore, 1970, p. 253). However, other researchers have argued that a prejudicial attitude, by definition, is necessarily inaccurate or overgeneralized. Allport (1954/1979) defined prejudice as "an antipathy based on faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he is a member of that group" (p. 9). Brigham (1971) defined prejudice as a negative attitude that (by whatever criterion) is seen as unjustified by an observer, whereas Jones (1986) used the term to refer to "a faulty generalization from a group characterization (stereotype) to an individual member of that group irrespective of either (1) the accuracy of the group stereotype, or (2) the applicability of the group characterization to the individual in question" (p. 288). Although stigmatization involves these elements of prejudice and, like prejudice, involves pervasive cultural ideologies about the worth of different groups, stigma is a more encompassing term.

In summary, stigma is a term that involves both deviance and prejudice but goes beyond both. Stigma involves perceptions of deviance but extends to more general attributions about character and identity. Stigma is more inclusive than prejudice because it involves individual-based responses to deviance, as well as group-based reactions as a function of category membership. Because stigma is socially defined, there is considerable variation across cultures and across time about what marks are stigmatizing (e.g., homosexuality—see Archer, 1985; being fat—see Archer, 1985; Crandall, 1994; Hebl & Heatherton, 1998). Thus the major negative impact of stigmatization normally resides not in the physical consequences of the mark, but rather in its social and psychological consequences. Although some stigmatizing conditions (e.g., AIDS) do involve direct threats to one's health, most do not. Rather, most potentially stigmatizing conditions (e.g., facial disfigurement) lead to social avoidance or rejection, and, through mechanisms such as these, threaten psychological health. Stigma can pose a direct threat to physical well-being, however, as illustrated by the recent murders of Blacks and gays in the United States. Furthermore, even when stigma and social rejection do not jeopardize physical well-being directly, they can do so indirectly—for example, through limiting access to health care, education, employment, and housing (see Miller & Major, Chapter 9, this volume), as well as through increasing stress and creating anxiety (see Cioffi, Chapter 7, this volume). Jones and colleagues (1984) noted, "It is the dramatic essence of the stigmatizing process that a label marking the deviant status is applied, and this marking process typically has devastating consequences for emotions, thought, and behavior" (p. 4). The psychological and social consequences of stigma involve the responses both of the perceivers and of stigmatized people themselves.

TYPES AND DIMENSIONS OF STIGMA

Researchers have long sought to organize stigmas into meaningful categories. In his classic monograph *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963) distinguished three different varieties

of stigma or stigmatizing conditions: "abominations of the body" (e.g., physical deformities), "blemishes of individual character" (e.g., mental disorders, addictions, unemployment), and "tribal identities" (e.g., race, sex, religion, or nation). Using a different approach, Jones and colleagues (1984) identified six dimensions of stigmatizing conditions: (1) "concealability," which involves the extent to which the stigmatizing characteristic is necessarily visible (e.g., facial disfigurement vs. homosexuality); (2) "course of the mark," relating to whether the mark may become more salient or progressively debilitating over time (e.g., multiple sclerosis vs. blindness); (3) "disruptiveness," which refers to the degree to which the stigmatizing characteristic (e.g., stuttering) interferes with the flow of interpersonal interactions; (4) "aesthetics," which relates to subjective reactions to the unattractiveness of the stigma; (5) "origin" of the stigmatizing mark (such as congenital, accidental, or intentional), which can also involve the person's responsibility for creating the mark; and (6) peril, which involves the perceived danger of the stigmatizing conditions to others (e.g., having a highly contagious, lethal disease vs. being overweight). Scholars have also used an empirical approach to identify the dimensions of stigma (e.g., Deaux, Reid, Mizrahi, & Ethier, 1995; Frable, 1993). The dimensions that emerge as most central in this approach are the perceived danger of the stigma (peril), the visibility of the stigma (concealability), and the controllability of the stigma (origin) (Deaux et al., 1995; Frable, 1993).

In contrast to the distinctions made by Jones and colleagues (1984), Crocker and colleagues (1998) argue that "visibility" and "controllability" are the most important dimensions of stigma for the experience of both the stigmatizer and the stigmatized person. Crocker and colleagues (1998) propose that because visible stigmas are readily apparent, "the stigma can provide the primary schema through which everything about them is understood by others" (p. 507). The visibility of the stigma determines how aware stigmatized people are that reactions to them may be due to the stigma (Kleck & Strenta, 1980). A visible stigmatizing mark can create attributional ambiguity for outcomes, causing a stigmatized person to be uncertain whether negative outcomes are deserved or stem from others' prejudice (Crocker, Voelkl, Testa, & Major, 1991). In addition, the visibility of a stigmatizing mark can influence how people cope with stigma (Miller & Major, Chapter 9, this volume), how much of their effort they devote to concealing a stigma (Smart & Wegner, Chapter 8, this volume), and the extent to which they socially compare with stigmatized others. Those whose stigmas are invisible may be spared social rejection, but may suffer other costs that can ultimately affect well-being, such as a loss of social comparisons with and social support from similar others (Frable, Platt, & Hoey, 1998; Major & Gramzow, 1999).

The controllability of stigma directly involves the person's responsibility for having the stigmatizing mark in the first place, as well as for maintaining or eliminating the mark. Controllability is important because people with stigmas that are perceived to be controllable are less liked and more rejected than those whose stigmas are perceived to be uncontrollable (Weiner, Perry, & Magnusson, 1988; see also Crandall, Chapter 5, this volume). Perceptions of controllability for the same stigma (e.g., homosexuality, being overweight) can vary substantially among observers. These perceptions shape reactions in fundamental ways—cognitively (e.g., the amount of blame ascribed), emotionally (e.g., responding with anger or sympathy), and behaviorally (e.g., choosing to help) (Weiner et al., 1988). The perceived controllability of stigma is also an important dimension from the perspective of stigmatized persons. The perceived controllability of the stigma, for example, affects how stigmatized people construe others' reactions to them, as well as the impact of stigma on self-esteem (Crocker & Major, 1994).

FUNCTIONS OF STIGMATIZING OTHERS

Whereas the perspectives described above seek common defining features of stigma, an alternative perspective is to consider what functions stigmatization serves. Social stigma is ubiquitous and is observed in virtually every society. Crocker and colleagues (1998) observe: "The universality of social stigma suggests that it may have some functional value for the individual who stigmatizes, for the group from which he or she comes, for the society, or all of these" (p. 508). Stigmatizing others can serve several functions for an individual, including self-esteem enhancement, control enhancement, and anxiety buffering. Stigmatization can produce self-esteem enhancement through downward-comparison processes (Wills, 1981). According to downward-comparison theory, comparing oneself to less fortunate others can increase one's own subjective sense of well-being and therefore boost one's self-esteem. Downward comparison can be relatively passive (e.g., seeking out others who are less well off in some relevant dimension) or more active (e.g., creating a condition of disadvantage of others through discrimination). Stigmatization can involve both passive and active forms of downward comparison.

Stigmas arouse anxiety (see Hebl, Tickle, & Heatherton, Chapter 10, this volume) and feelings of threat in perceivers (see Blascovich, Mendes, Lickel, & Hunter, Chapter 11, this volume). Stigmatizing oth-

ers can then enhance the stigmatizer's perceived and actual control to the extent that it leads to differential treatment, systematic avoidance, segregation, and marginalization of others who are threatening to the stigmatizer's personal well-being (e.g., criminals) or values (e.g., adherents of certain religions). In addition, to the extent that stigmatization elicits stereotypic associations for that "type" of target, the perceiver's feelings of control may be enhanced, because stereotypes create a larger context that enables the perceiver to go beyond the immediate information and make inferences about the character and future behavior of the target (Mackie, Hamilton, Susskind, & Rosselli, 1996).

Stigmas may also arouse a particular type of anxiety in others—an existential anxiety originating from awareness of their mortality. According to terror management theory (Solomon, Greenberg, & Pyszczynski, 1991), perceptions of difference and deviance are often sufficient to arouse existential anxiety; however, it is especially likely to occur when these differences generate concerns in people about their own vulnerability, such as when these stigmas involve physical disability and disfigurement. Existential anxiety, in turn, motivates people to reinforce their cultural world view. One way of doing so is to reject those who are different or who deviate from cultural norms or standards. This rejection of difference is likely to be particularly strong for stigmas based on abominations of the body, for which the mark is the source of the existential anxiety.

Stigmatization can also enhance self-esteem by motivating favorable intergroup comparisons. Social identity concerns become important when a mark represents a category of people (such as a racial, ethnic, or national group), rather than reflecting primarily on an individual. According to social identity theory (Tajfel & Turner, 1979), social categorization of people into outgroups (different from the self) and an ingroup (including the self) stimulates a motivation to perceive or achieve a sense of positive group distinctiveness. Like downward comparison, this motivation can initiate a search for dimensions on which the ingroup is favored over the outgroup (and to placing greater emphasis on these dimensions), and it can also motivate active discrimination against outgroups. Enhancement of one's own group relative to outgroups, then, reflects positively on collective as well as personal self-esteem.

In addition, stigmatization may arise from motivations to justify or rationalize the status quo in society, which often involves institutional forms of discrimination and segregation that serve both individual and group functions. Individually, this type of stigmatization can increase personal opportunity by limiting opportunities of potential competitors.

Stigmatization of this form serves a group justification function (see also system justification; Jost & Banaji, 1994), providing a rationale that explains and excuses disparate social treatment of identifiable groups of people. Also, through systematic discrimination and residential, occupational, and social segregation, it reinforces the collective control of one group over another. Historically, for example, White Americans developed racial ideologies that helped to justify the laws enabling them to achieve two important types of economic exploitation: slavery and the seizure of lands from native tribes (Klinker & Smith, 1999). Thus, although the belief that race is a biological construct is fundamental to racism, race (like other stigmatizing marks) is actually a social construction that permits the exploitation of one group over another with the development of the ideology that justifies it (Fields, 1990). What particular groups become stigmatized (e.g., Blacks or Italians) depends upon the function stigmatization serves for the dominant group. For instance, during the period of significant immigration from southern Europe to the United States during the early 1900s that generated social and economic threats to many Americans, Italians were characterized as racially and intellectually inferior. In Nazi Germany, Jews were stigmatized in the service of economic and political gain. Although the type of anxiety described by terror management theory is uniquely personal, threats to the integrity and future of one's group also exacerbate intergroup bias, conflict, intolerance for difference, and stigmatization (Brewer & Brown, 1998).

Perhaps because of the broad range of marks that provide a basis for stigmatization, the contextual and relational nature of stigma, and the conceptual breadth of the term, any attempt to summarize the essential elements of stigma either structurally or functionally will inevitably fall short. Nevertheless, in the next section we present a perspective for approaching stigma that helps to provide an organizing framework for the book.

A CONCEPTUAL FRAMEWORK

Rather than describing stigma in terms of its key structural elements or functions, we propose an alternative, complementary perspective that attempts to locate the study of stigma within the larger context of general social-psychological processes. As illustrated in Figure 1.1, there are three fundamental dimensions within this model: (1) "perceiver–target," (2) "personal–group-based identity," and (3) "affective–cognitive–behavioral response."

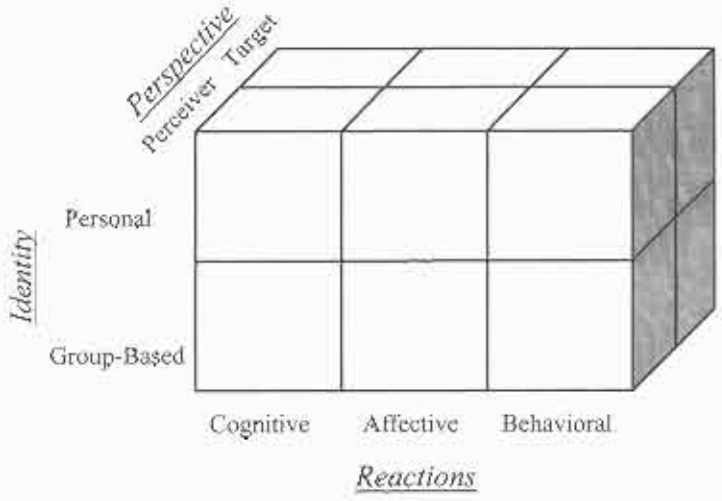

FIGURE 1.1. Three dimensions in the study of stigma.

The Perceiver–Target Dimension

As is evident from our foregoing discussion, one of the most basic issues in understanding stigma and stigmatization involves recognizing the different perspectives and experiences of those who are stigmatizing others and those who are being stigmatized. We have termed those who are stigmatizing others "perceivers." Some researchers have referred to these people as "nonstigmatized" or as "normals." We note, however, that people who are involved in stigmatizing others may also be stigmatized in some way themselves. This may occur on a different dimension (e.g., deaf people stigmatizing others on the basis of race); on the same dimension, such as race (e.g., Asians stigmatizing Blacks); or within one's own racial group (e.g., lighter-skinned Blacks stigmatizing darker-skinned Blacks; Russell, Wilson, & Hall, 1992). We also acknowledge, however, that "perceivers" are not simply "observers": They participate actively in perceptual, memorial, interpretational, and attributional processes, and in the behavioral processes that can perpetuate and exacerbate stigmatization. Similarly, "targets" are not passive recipients of stigmatization: They too are active perceivers who interpret, cope, and respond to stigmatization (see Hebl & Kleck, Chapter 14, this volume). We have adopted the terms "perceiver" and "target" because, however imperfect, they best apply to the broader range of work in social psychology.

Differences in perspective between perceivers and targets, such as those between actors and observers, have a great impact on the types of attributions (e.g., situational or dispositional) that people make for the same behaviors (Jones & Nisbett, 1971). In addition, perceivers and targets have different needs, goals, and motivations, which can further shape how they perceive and interpret information in different ways (Deaux & Major, 1987; Swann, 1987). These different perspectives influence the social roles of stigmatizers and stigmatized persons, influence how they adapt to and cope with those roles, and ultimately affect the development of personal and group identities.

A recognition of the distinct perspective and experiences of perceivers and targets suggests that a truly comprehensive understanding of stigma requires studying the *interaction* of perceivers and targets (see Jussim, Palumbo, Chatman, Madon, & Smith, Chapter 13, this volume). Unfortunately, we know considerably more about perceivers and targets separately than we do about their actions together. With respect to prejudice, Devine and Vasquez (1998) have observed:

> Somewhat symptomatic of the limitations of existing theory is that the previous work has examined majority group members (e.g., whites and heterosexuals) and minority group members (e.g., blacks and homosexuals) separately. . . . As a result, the literature has had very little to offer to help us understand the nature of the interpersonal dynamics of intergroup contact. . . . We have not yet examined carefully and fully the nature of interpersonal dynamics that emerge between majority and minority group members when they are brought together in a specific interpersonal situation. In other words, we do not know what happens when interaction begins. (pp. 240–241)

Furthermore, when interaction is studied, it is often not interaction with others who are *actually* stigmatized, but with others who are *believed* to be stigmatized. For example, one common paradigm that has been used in studies of the self-fulfilling prophecy is to lead perceivers to believe that the person with whom they are interacting has a particular characteristic (e.g., is attractive or unattractive; Snyder, Tanke, & Berscheid, 1977), whereas the target is another naive participant who is randomly assigned to the condition and is unaware that he or she is being stigmatized. How these participants behave may not closely resemble the responses of people who are aware that they are being stigmatized, who have been chronically stigmatized, who have internalized (although they do not necessarily endorse) aspects of the stigmatization, and who have made the consequent adjustments and developed the coping styles that enable them to adapt daily to being stigmatized (see Crocker, 1999; Miller & Myers, 1998; Steele & Aronson, 1995).

In summary, we believe that the distinction between perceivers and targets is fundamental to understanding stigma and stigmatization. The distinction between perceivers and targets is at least as important for understanding stigma as, and probably more important than, the distinction between actors and observers is for understanding the fundamental attribution error. Nonetheless, as we have noted earlier, stigma is not only an interpersonal phenomenon but also a collective and cultural one, and its effects are observable in the absence as well as the presence of social interaction. Consequently, a full understanding of stigma will require going beyond studying targets, perceivers, and their interactions. We return to this issue later in the chapter.

The Personal–Group-Based Identity Dimension

The second fundamental dimension of our framework involves the distinction between personal and social identity. The distinction between interpersonal and intergroup processes is a prevalent one in social psychology. Although some theorists have focused on the similarities in the processes that govern these phenomena (see Hamilton & Sherman, 1996), others have emphasized that different modes of processing are involved. These different modes critically influence cognitive representations and affective, or evaluative, responses.

Taking the perspective of the perceiver, Fiske and Neuberg (1990) propose that "people form impressions of others through a variety of processes that lie on a continuum reflecting the extent to which the perceiver utilizes a target's particular attributes" (p. 2). At one end of the continuum are category-based processes, in which category membership determines impressions with minimal attention to individual attributes. At the other end of the continuum are individuating processes, in which individual characteristics, but not group membership, influence impressions. Brewer (1988) has similarly proposed a dual-process model of impression formation, with the primary distinction in this model being person-based and category-based responding. Person-based processing is bottom-up and data-driven, beginning "at the most concrete level and stops at the lowest level of abstraction required by the prevailing processing objectives" (Brewer, 1988, p. 6). Category-based processing, in contrast, proceeds from global to specific; it is top-down. Like Fiske and Neuberg (1990), Brewer proposes that category-based processing is more likely to occur than person-based processing, because social information is typically organized around social categories.

From the perspective of the target as well as of the perceiver, the distinction between personal identity and social identity is a critical one. Self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987; see also social identity theory, Tajfel & Turner, 1979) proposes that these are two ends of a continuum, and that where a person is on this continuum determines his or her responses. When personal identity is salient, an individual's needs, standards, beliefs, and motives primarily determine behavior. In contrast, when people's social identity is activated, "people come to perceive themselves more as interchangeable exemplars of a social category than as unique personalities defined by their individual differences from others" (Turner et al., 1987, p. 50). Under these conditions, collective needs, goals, and standards are primary (Verkuyten & Hagendoorn, 1998). Thus whether a person's personal or collective identity is more salient is a factor that critically shapes how the person perceives, interprets, evaluates, and responds to situations and to others.

In summary, because stigma is both an interpersonal and an intergroup phenomenon, understanding it requires a knowledge of both (1) personal processes, reactions, and identity; and (2) collective processes, action, and identity. The distinction between individual and categorical responses is a fundamental one for considering the behaviors of targets as well as of perceivers. It affects how people process information, how they interpret information and make attributions, and what motives are most salient. We have avoided the term "versus" in describing this dimension because, as other theorists have argued, we believe that the personal–group-based identity dimension represents a continuum rather than totally discrete, mutually exclusive states.

The Affective–Cognitive–Behavioral Dimension

Affective, cognitive, and behavioral elements reflect the basic components of the tripartite view of attitudes in general and intergroup attitudes in particular (Harding, Proshansky, Kutner, & Chein, 1969). Some researchers (e.g., Zajonc, 1980) have argued that the distinction between affective and cognitive systems is a basic one. The affective system is hypothesized to be more primitive and fundamental, faster, but more diffuse than the cognitive system. The cognitive system, in contrast, may be slower but is more deliberative, elaborative, and goal-directed. Behavioral reactions may precede emotional experience or full cognitive deliberation (as the James–Lange theory proposed), or they may be consequences of affective reactions or cognitive effort, or they may stem from the joint effects of both. However, as with our other two dimensions, we propose that the affective–cognitive–behavioral distinction does not represent necessarily separate processes. Instead, stigmatization reflects a blend of these processes and their interactions, with the primacy of the factors being a function of the nature of the stigma, the

context in which it is encountered, and individual differences among the interactants.

Affective reactions may play a primary role in stigmas involving people with facial disfigurements or other "abominations of the body" (Siller, Ferguson, Vann, & Holland, 1968; see also Jones et al., 1984). Stigmas of this type commonly produce dominant, affective negative reactions of an "untutored, primitive quality" (Jones et al., 1984, p. 226) and immediate behavioral aversion. These responses may have a genetic, evolutionary basis. Consistent with this notion, these reactions occur cross-culturally (Douglas, 1966), early in development (Jones et al., 1984), and across species (Hebb & Thompson, 1968; Wilson, 1975). Nevertheless, cognitive factors can also play an important (if secondary) role. Despite potentially genetic predispositions, these reactions may be altered by learning and experience (e.g., among members of the medical community; see Jones et al., 1984). In addition, cognitive consideration of social standards and personal standards can elicit a subsequent and quite different emotion—sympathy. Thus, as a consequence of cognitive consequences of initial negative reactions, attitudes toward people with physical deformities or disabilities may be strongly ambivalent (Katz, 1981).

Although the negative affective reaction to people with physical disfigurements and disabilities is unusual in its spontaneity and intensity, overall ambivalent responses can occur for other types of stigma as well. For instance, with respect to tribal stigmas, Katz (1981) suggested parallels between the reactions of "normal" persons to people with physical disabilities and the responses of many Whites to Blacks. Many Whites initially experience feelings of anxiety, discomfort, fear, and aversion in the presence of Blacks (Kovel, 1970; Gaertner & Dovidio, 1986). Their behavior is spontaneously avoidant. Nevertheless, many Whites also develop feelings of sympathy for Blacks. The simultaneous existence of negative and positive feelings among Whites characterizes the nature of the ambivalence hypothesized to be central to many forms of contemporary racial attitudes (see Dovidio & Gaertner, 1998).

Whereas affective reactions may be more likely to dominate initial reactions to stigmas that are more individually oriented, reactions to those that are more collective may initially be "cooler" and more cognitive. For instance, collective stigmas are often associated with well-learned, consensual stereotypes. These stereotypic schemas, which may be spontaneously accessible, significantly influence how information is encoded, stored, and retrieved: "Once cued, schemas affect how quickly we perceive, what we notice, how we interpret what we notice, and what we perceive as similar and different" (Fiske & Taylor, 1991, p. 122). They also influence how the perceiver behaves toward the target, and

ultimately how the target responds. Affect may be secondary in these types of situations.

An association between personal–group-based identity and affective–cognitive reactions may be common, but these dimensions do not necessarily coincide. For example, emotional reactions (e.g., anger, sympathy) to a person with AIDS (largely an individual-level mark) may be determined largely by the attributions a perceiver makes about the cause of the condition (e.g., drug use, blood transfusion)—a basic cognitive activity (see Weiner et al., 1988). With respect to "blemishes of individual character," criminals may elicit both affective and cognitive reactions. Which is the preponderant response, however, may be determined by the specific nature of the crime. A murderer may be likely to elicit particularly strong negative affective reactions (fear, anger, revulsion) and aversion; attributions and stereotypes may be secondary. In contrast, an embezzler may primarily bring to mind stereotypic associations of "white-collar criminals"; the affective reaction is likely to be less intense and less negative. Nevertheless, stereotypes may produce further affective reactions. The activation of stereotypes can make other affective information accessible (Fiske, 1982; Fiske, Neuberg, Beattie, & Milberg, 1987; Fiske & Pavelchak, 1986). Affective responses involve a "range of preferences, evaluations, moods, and emotions" (Fiske & Taylor, 1991, p. 410).

In summary, stigmatization is associated with affective, cognitive, and behavioral reactions. These may occur in any order, and their effects are not necessarily independent. For example, affective reactions may occur initially, but subsequent cognitive responses can temper, modify, or justify these affective responses, sometimes producing other emotions that create psychological ambivalence. Alternatively, cognitive activity (e.g., attributions) may occur first; the consequence of the attributional process then determines the affective reaction (e.g., sympathy or disgust), which ultimately motivates action. We propose that which type of response occurs first or foremost is conditional upon the type of stigma involved; the context in which it is encountered; and individual differences in experiences, beliefs, values, goals, and roles.

Advantages of the Three-Dimensional Framework

Overall, we believe that the three-dimensional framework we have outlined has three main advantages. First, it may help to suggest links to fundamental processes that are of general interest to social psychology—for example, to stereotyping, prejudice, threat, and coping. Thus research on this topic not only can be viewed in terms of its unique contribution to understanding the phenomenon of stigma, but also can be appreciated for its contribution to our knowledge of more general psy-

chological processes. Second, this framework provides a way to organize and integrate research. For example, research on stigma and stereotypes has largely focused on the perceptions of the perceiver, on cognitive responses, and on collective stigmas. Research on responses to facial disfigurement have focused both on reactions of perceivers (generally affective and occurring at the individual level) and on adjustments made by targets (both cognitive and affective, but also focusing largely on individual identity; see Lefebvre & Munro, 1986). Mapping out the areas for which considerable research and conceptual understanding exist may also help us recognize the areas that are underresearched and not well understood. Third, considering stigmatization along multiple dimensions such as these may encourage a greater emphasis on the complex, iterative, and dynamic relationships between stigmatizers and people being stigmatized.

Limitations of the Framework

Any attempt to organize a topic as broad and complex as stigma will involve oversimplification, which may obscure critical distinctions or exclude important points. We have presented our framework as an organizing one, not necessarily as a comprehensive perspective. The approach has its limitations, and here we acknowledge two of the most significant. First, the perceiver–target dimension implies that stigma occurs only in social interaction. This is consistent with the approach of Jones and colleagues (1984), which emphasizes stigma in social transactions—and primarily in one-on-one interactions. Nevertheless, as we have noted earlier, it is important to emphasize that stigma is a collective and cultural phenomenon, not simply an interpersonal one. Many of the consequences of stigma occur in the absence of interactions with a perceiver. Crocker (1999) has argued that the interaction between the collective representations one brings to a situation and the nature of the situation, rather than the interaction between a target and perceiver, is what shapes stigmatization. Cultural representations are stereotypes, ideologies, values, and beliefs that are widely known, often widely shared, and widely communicated in the mass media, whether or not people actually endorse them. Stigmatized people, either through direct experience or through awareness of cultural representations, know that their social identity is devalued by others (Crocker et al., 1998). Awareness that one's social identity is devalued can threaten both collective esteem and personal self-esteem, although it does not necessarily lead either to low personal self-esteem or to low collective esteem. In addition to knowing that their social identity is generally devalued by others, stigmatized persons may also be cognizant of specific stereotypes of their group. Awareness of negative stereotypes associated with one's group, in turn, can produce a particular vulnerability that Steele and Aronson (1995; see also Steele, 1997) have identified as "stereotype threat." In contrast to the potentially general reactions to the devaluation of one's group, stereotype threat leads to self-threat only when the specific content of a negative stereotype is salient and directly relevant to one's behavior or attributes in a given situation. For example, emphasizing that a test is diagnostic of one's ability can increase the salience of stereotypes about the intellectual limitations of African Americans, which can produce poorer performance on the task for African American but not for European American students (Steele & Aronson, 1995). These findings illustrate that the negative consequences of stigma do not require an interaction between a target and perceiver, or even the presence of a perceiver. Although this perspective is not emphasized in the social interaction framework presented here, it does not preclude it.

Second, the identification of separate levels of the dimensions may imply a discrete difference, when actually the dimensions are continuous and responses may reflect a blend of reactions. With respect to the personal–group-based identity dimension, for instance, self-categorization theory (Turner et al., 1987) views individual and collective identity as a continuum. Which is salient, and the degree to which each is salient, are functions of the social context. In terms of the cognitive–affective–behavioral distinction, all of these types of reactions are typically inextricably involved and linked. Nearly all stigmas involve some affective reaction, and beliefs, values, and meanings (if not clear stereotypes) are implicated in stigmatization. Behavioral responses may be consequences of these responses or may precede and shape cognitive and affective reactions.

Nevertheless, despite its obvious limitations, the three-dimensional framework we have presented here can help to illustrate how the chapters in this volume relate to one another; beyond that, it may be useful for identifying areas that are currently underresearched but are potentially theoretically and pragmatically productive. In the next section we consider the implications of this framework as an integrating theme, as we provide an overview of the each of the chapters within this volume.

CHAPTER OVERVIEWS

Part I of this volume includes four chapters that focus on stigmatization from the perspective of the perceiver. Neuberg, Smith, and Asher (Chapter 2) approach the issue of why people stigmatize from a "biocultural" orientation. These authors acknowledge that stigmatization may serve

valuable proximate functions by improving the psychological welfare of the stigmatizer, and they recognize the importance of immediate social forces in the development and expression of stigmatization (see Stangor & Crandall, Chapter 3). However, they propose, more broadly and fundamentally, that stigmatization "is rooted primarily in the biologically based need to live in effective groups" (p. 33).

Specifically, Neuberg, Smith, and Asher argue that stigmatization is a response to factors that threaten the effectiveness and efficiency of group functioning, which is an essential aspect of human existence. Stigmatization occurs when basic principles of group living—reciprocity, trust, common values, and group welfare—are violated. With respect to the first principle, people who take more than they give by intention (e.g., by thievery) or by limited ability to reciprocate (e.g., by disability) are likely to be stigmatized. In terms of trust, cheaters and traitors (e.g., "Benedict Arnolds") are also targets of stigmatization because they threaten group welfare. Because effective group functioning depends on common values and ideals, people (e.g., homosexuals) who are seen by others as undermining the socialization of mainstream group values become stigmatized. Whereas the first three principles apply mainly to responses to members of one's own group who threaten group functioning from within, the fourth principle recognizes that outgroup members will also be stigmatized if their actions are seen to be threatening to the welfare of one's group. Neuberg and colleagues suggest that this biocultural approach helps to explain the ubiquity of stigmatization in terms of both process and content across time and culture.

Stangor and Crandall (Chapter 3) also examine the origins of stigmatization. They first consider why some attributes appear to be universally stigmatized (e.g., mental illness), whereas others (e.g., fatness) show substantial variability across cultures. In their attempt to answer the question about why people stigmatize others, Stangor and Crandall next review a range of theories of psychological processes in other domains. These theories involve the functions of stigmatization, the development of new beliefs or accentuation of existing beliefs based on group categorization and differentiation, and the role of social consensus in the origin and maintenance of stigmatization. The authors offer an integrative analysis of the etiology of stigmas and stigmatization that centers on stigma as threat. Threat may be realistic and involve tangible outcomes, or it may be symbolic and associated with challenges to one's world view. Thus, whereas Neuberg, Smith, and Asher emphasize the more distal causes of stigmatization, Stangor and Crandall focus on more proximate psychological forces. As Neuberg and his colleagues articulate, these may be viewed as complementary rather than competing perspectives.

Biernat and Dovidio, in Chapter 4, also focus on the perceiver in the process of stigmatization. However, whereas the previous two chapters emphasize general processes and conditions that facilitate the development of stigmatization, Biernat and Dovidio examine how specific cultural associations with stigmatized groups and members of those groups, once established, can either influence affective, cognitive, and behavioral responses to the stigmatized or arise as justifications for the negative treatment of these groups. Within the three-dimensional framework, this chapter emphasizes the perceiver, group-based identities, and cognitive processes. The authors argue that "although stereotyping and stigmatization are closely related terms, they are not identical. Stigmatization can sometimes occur in the absence of consensual stereotypes" (p. 89). The importance of stereotyping is hypothesized to be greater for socially identifiable groups (e.g., groups bearing tribal stigmas, or people with common defects of character), to rationalize negative group-based attitudes and discrimination, than it is for people with more idiosyncratic stigmas that may generate more immediate and readily explained reactions. Biernat and Dovidio propose that stereotypes help to justify stigmatization, but these authors view stereotypes as potential consequences as well as causes of negative reactions to stigmatized people.

In Chapter 5, the final chapter of Part I, Crandall further explores the consequences of stigmatization for the perceiver. Crandall proposes that general "justification ideologies" precede and thus shape reactions to stigmatized individuals. He asks this question: "Do people experience a near-total collapse of empathy, unaware of the pain of exclusion while willingly excluding the stigmatized?" (p. 126). He answers, "This is unlikely," and instead proposes that people adopt beliefs that justify stigmatization and "allow, release, or even *promote* stigmatization responses" (original emphasis, p. 128). Crandall identifies two categories of justification ideologies. One is an "attributional" approach, in which attributions of causality, responsibility, and blame justify stigmatization. The other is a "hierarchical" approach, in which superior–inferior relations are accepted as good, inevitable, or "natural." This distinction corresponds roughly to the personal–group-based distinction in our three-dimensional framework: Attributions generally involve explanations for an individual's actions or condition, whereas hierarchical ideologies relate to the social order of groups. Moreover, both attributional and hierarchical justifications shape the affective, cognitive, and ultimately the behavioral reactions to stigmatized people and groups. For example, attributing responsibility for a mark to the stigmatized target can produce anger rather than empathy, can influence the salience of consonant cognitions, and can determine whether the stigmatized will be responded to with assistance or aversion (see Weiner, 1986). Crandall concludes

that these justification beliefs "provide cognitive and emotional cover for negative treatment of stigmatized individuals" (p. 144).

Part II of this volume focuses on the responses of the stigmatized. The four chapters in this section emphasize the active role that stigmatized persons play in reacting to coping with stigmatization.

In Chapter 6, Crocker and Quinn consider the consequences of social stigma for the self-esteem of stigmatized individuals. They begin by considering the historical context of research on social stigma and self-esteem, and the way in which the established wisdom of social psychology came to suggest that social stigma creates low self-esteem for those who are stigmatized. They then "briefly consider the empirical evidence for this claim, which is at best inconsistent and at worst contradictory" (p. 153). According to Crocker and Quinn, this contradiction is related to a basic problem in the way self-esteem is defined in much of this literature—as a stable trait consistent across social situations and contexts. Instead, they argue that self-esteem is a judgment about the worth of the self "constructed at the moment, in the situation, as a function of the meanings that individuals bring with them to the situation, and features of the situation that make those meanings relevant or irrelevant" (pp. 153–154).

Cioffi, in Chapter 7, discusses what she calls "the 'social token,' who navigates the commute between public acts and private self-views" (p. 185). A social token is a notable representative of a social category (by virtue of his or her distinctiveness) who believes that others hold negative attitudes about him or her because of social category membership. The target's perspective; group-based identity; and cognitions, expectations, and behaviors are central themes in this chapter. Specifically, Cioffi outlines a model of how feelings of social distinctiveness intensifies feelings of being scrutinized by others, which affect how people manage their public behaviors. How people behave in front of others then influences the actor's (in this case, the stigmatized person's) self-definition. Cioffi's model resembles the "looking-glass self" metaphor—the idea the people come to see themselves as others see them (Cooley, 1902/1956). However, she expands upon this perspective by emphasizing, first, the importance of a stigmatized person's perceptions of what others "see"; and, second, the person's interpretations of his or her own public behavior as reflections of identity.

Smart and Wegner, in Chapter 8, pursue Goffman's (1963) observation that people experience physical strain in the process of attempting to conceal "invisible" stigmas. Within the three-dimensional framework we have presented, this chapter emphasizes the cognitive responses of targets to their social identity as potentially stigmatized persons. The authors' analysis is guided by the "preoccupation model of secrecy" (Lane & Wegner, 1995), which proposes that strategies employed to maintain secrecy, such as thought suppression, often activate cognitive processes that produce excessive thinking about the secret. In particular, attempts at thought suppression lead to intrusive thoughts about the secret, which result in renewed efforts to keep the thoughts out of consciousness, and ultimately to a preoccupation with the secret and its suppression. Smart and Wegner review research on stigmatization that is consistent with this model; they also describe their own research, which provides direct support for the preoccupation model as it applies to invisible stigmas (eating disorders). They conclude the chapter by considering strategies for the mental control of invisible stigmas.

In Chapter 9, Miller and Major address the ways in which stigmatized targets cope with prejudice and stigma-related stress. Within the three-dimensional framework presented here, this chapter emphasizes the target; personal identity concerns; and affective, cognitive, and behavioral responses to stigma. Framing their analysis within theories of stress and coping, Miller and Major argue that the implications of stigma for the psychological well-being of stigmatized individuals depend on how these individuals appraise their predicament and on the coping strategies they use to deal with it. Miller and Major address two broad, overlapping categories of coping strategies the stigmatized may adopt. "Problem-focused" coping strategies attempt to reduce problems associated with the stigma, and can include coping efforts targeted at the self (e.g., dieting), at the perceivers (e.g., eliminating their prejudice), or at the situation (e.g., avoidance). "Emotion-focused" coping strategies attempt to regulate stressful emotions associated with the stigma and seek to protect self-esteem from threat. Group identity, stigma concealability, and perceived control are discussed as moderators of these coping strategies. Miller and Major conclude with a discussion of the costs of different coping strategies, and with the observation that no one strategy is likely to be effective for all individuals across all situations.

The four chapters in Part III of the volume offer a close examination of the nature and consequences of interactions between perceivers and targets—the "social interface." Hebl, Tickle, and Heatherton explore "awkward moments" in social transactions between nonstigmatized and stigmatized individuals in Chapter 10. These authors define such moments as disruptions in the flow of interaction. Two themes emerge from their examination of firsthand accounts of awkward moments by both nonstigmatized and stigmatized individuals. First, anxiety, which is defined as physiological arousal accompanied by apprehension, "is present as a precursor or as a concomitant to each awkward moment" (p. 280). Second, both stigmatized and nonstigmatized individuals "arrange their lives so as to minimize or altogether avoid [these interactions]" (p. 281).

Hebl et al. expand upon the notion of anxiety to consider the role of fear, lack of experience, concern about violating norms, thought suppression, misinterpretations, hostility, and ambivalence in accounting for the awkward moments of nonstigmatized individuals. These reactions involve both personal and category-based identity, as well as relate to cognitive, affective, and behavioral responses. The authors further identify fear of rejection, awareness of being "on stage," and social expectations as factors underlying the awkward moments of stigmatized individuals. Hebl et al. conclude by highlighting the importance of attenuating awkward moments and suggesting specific strategies for reducing the awkwardness of these interactions.

In Chapter 11, Blascovich, Mendes, Lickel, and Hunter examine how and why stigma increases the likelihood of "antisocial interaction." They explore affective, cognitive, and behavioral responses, but suggest the overarching influence of motivation, which involves these responses but is "more than simply the sum or even the interaction of these components" (p. 308). From the perspective of perceivers, the authors propose that threat, involving "the perception of possible physical or psychological harm" (p. 309), motivates either flight or fight in interactions involving stigmatized individuals. This threat may be a reaction to negative stereotypes (associated group-based identities) or unlearned affective cues (often person-based). The targets, the stigmatized persons, also experience threat in terms of negative reactions and the experience of prejudice and discrimination. Blascovich et al. draw on their previous work on challenge and threat as general motivational states, and they review physiological markers of these states. They then apply this framework, both theoretically and empirically, to understanding the nature, processes, and consequences of interactions between stigmatized and nonstigmatized individuals.

Zebrowitz and Montepare explore the operation of a particular type of stigmas, age stigmas, in Chapter 12. Specifically, they "examine the stigmatizing experiences of those who are 'too young' or 'too old,' the ways in which age-stigmatized people cope with those experiences, and the possible functions of age stigmas" (p. 334). The course of age stigmas is also relatively unique: People typically mature from one stigmatized category (adolescence) to the nonstigmatized and then to another stigmatized category (the elderly). Zebrowitz and Montepare also explore the importance of cultural and situational context for age-based schemas. They observe, "The social–developmental framework of this chapter emphasizes that no individual who achieves his or her full life expectancy can avoid being a member of a stigmatized group" (p. 361). Like Biernat and Dovidio in Chapter 4, these authors focus on a group-based identity. However, more than the previous chapters, this chapter emphasizes both the perceiver and the target. Zebrowitz and Montepare

document negative stereotypes, prejudice, and discrimination toward adolescents and the elderly; discuss people's awareness of and immediate reactions to these biases; and consider longer-term coping and compensation mechanisms—affective, cognitive, and behavioral.

In Chapter 13, Jussim, Palumbo, Chatman, Madon, and Smith extend Blascovich and colleagues' and Hebl and colleagues' analyses of the nature of interaction between nonstigmatized and stigmatized individuals into the area of self-fulfilling prophecies. A self-fulfilling prophecy occurs when initially erroneous social beliefs lead to their own fulfillment—that is, when the targets of these beliefs come to behave in a manner that is consistent with and actually confirms the erroneous beliefs. This chapter thus focuses on the dynamics of social interactions between targets and perceivers, and on how group-based identities can shape the nature and behavioral consequences of these interactions. Jussim et al. first discuss early research on the self-fulfilling prophecy, and then provide a review and critical evaluation of research on the role of self-fulfilling prophecies in maintaining beliefs about stigmatized individuals in dyadic interaction. Although the processes underlying self-fulfilling prophecies are frequently initiated by the biased attitudes and stereotypes of perceivers, Jussim and his colleagues also note that targets' beliefs that another person stigmatizes them may also stimulate these processes. Like other chapters, this chapter emphasizes the importance of the interaction between targets and perceivers; however, Jussim and colleagues conclude by acknowledging that self-fulfilling prophecies may also occur at a sociological level, involving political and institutional policies. This again suggests the important role of collective representations in stigmatization.

The final chapter in this volume—Chapter 14, by Hebl and Kleck—explores the social consequences of a particular category of stigmas: physical limitations. The authors acknowledge that physical disabilities and their consequences are diverse, and thus that generalizations should be made cautiously. Nevertheless, Hebl and Kleck identify five fundamental issues for understanding the consequences of physical limitations. They first examine nonequitable and dysfunctional interaction outcomes that occur for physically disabled people. These range from direct and overt negative responses (e.g., jokes and rejection), to more indirect forms (e.g., avoidance) or more complex reactions (e.g., discrepant verbal and nonverbal responses), to unintentional forms (e.g., overly protective behaviors or unwanted and unnecessary assistance). The second dimension that Hebl and Kleck review involves both social and physical constraints on people with physical disabilities. In terms of social constraints, terms such as "the physically disabled" overemphasize the person's physical features, heighten awareness of difference, and threaten individual identity and "personhood." Physical constraints,

such as restricted access (e.g., unavailability of elevators), can similarly increase the salience of a person's disability unnecessarily.

The other basic issues of physical disability that Hebl and Kleck discuss are dimensions of disability stigmas, attributions associated with these stigmas, and strategies for "unspoiling" interactions between physically disabled and nondisabled persons. In addition to the dimension of visibility controllability, which we have considered earlier in this chapter for stigmas more generally, Hebl and Kleck note that mobility impairment is an important additional dimension of stigmas associated with physical disability. The ways a person's physical disability is perceived along these dimensions, in turn, shape the types of attributions people make and influence their evaluations and expectations. The authors conclude their chapter by recognizing the role that a stigmatized person can play in reshaping these attributions, evaluations, and expectations. For example, individuals may try to downplay or hide their disability (i.e., try to "pass"). Alternatively, they may choose to openly acknowledge their stigma to others. The decision about which strategy to adopt, and the effectiveness of that strategy, are functions of the nature of the disability, the physical and social context, and the attitudes and expectations of the interactants. This chapter thus not only reflects the theme of the social interface in this section of the book. It also reinforces the volume's overall emphasis on the value of considering the perspectives of both the perceiver and the target; the relevance of both personal and collective identities; and the relations among cognitive, affective, and behavioral reactions in developing a comprehensive understanding of stigma and stigmatization.

ACKNOWLEDGMENTS

We express our appreciation to Bob Kleck for his helpful comments and guidance on earlier versions of this chapter, and to the editors for their support. Preparation of this chapter was supported by National Institute of Mental Health Grant No. MH 48721 to John F. Dovidio, and by National Institute of Mental Health Grant No. 1 R01 MH58869-01 to Jennifer Crocker.

REFERENCES

Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality*. New York: Harper.

Allport, G. (1979). *The nature of prejudice*. New York: Doubleday/Anchor. (Original work published 1954)

Archer, D. (1985). Social deviance. In G. Lindzey & E. Aronson (Eds.), *Handbook of social psychology* (3rd ed., Vol. 2, pp. 743–804). New York: Random House.

Ashmore, R. D. (1970). Prejudice: Causes and cures. In B. E. Collins (Ed.), *Social psychology: Social influence, attitude change, group processes, and prejudice* (pp. 245–339). Reading, MA: Addison-Wesley.

Brewer, M. B. (1988). A dual process model of impression formation. In T. S. Srull & R. S. Wyer (Eds.), *Advances in social cognition: Vol. 1. A dual process model of impression formation* (pp. 1–36). Hillsdale, NJ: Erlbaum.

Brewer, M. B., & Brown, R. J. (1998). Intergroup relations. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., Vol. 2, pp. 554–594). Boston: McGraw-Hill.

Brigham, J. C. (1971). Ethnic stereotypes. *Psychological Bulletin, 76*, 15–38.

Cooley, C. H. (1956). *Human nature and the social order*. New York: Free Press. (Original work published 1902)

Crandall, C. S. (1994). Prejudice against fat people: Ideology and self-interest. *Journal of Personality and Social Psychology, 66*, 882–894.

Crocker, J. (1999). Social stigma and self-esteem: Situational construction of self-worth. *Journal of Experimental Social Psychology, 35*, 89–107.

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96*, 608–630.

Crocker, J., & Major, B. (1994). Reactions to stigma: The moderating role of justifications. In M. P. Zanna & J. M. Olson (Eds.), *The Ontario Symposium: Vol. 7. The psychology of prejudice* (pp. 289–314). Hillsdale, NJ: Erlbaum.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., Vol. 2, pp. 504–553). Boston: McGraw-Hill.

Crocker, J., & Quinn, D. M. (in press). Psychological consequences of devalued identities. In R. Brown & S. L. Gaertner (Eds.), *Blackwell handbook of social psychology, Vol. 4. Intergroup processes*. Cambridge, UK: Blackwell.

Crocker, J., Voelkl, K., Testa, M., & Major, B. (1991). Social stigma: The affective consequences of attributional ambiguity. *Journal of Personality and Social Psychology, 60*, 218–228.

Deaux, K., & Major, B. (1987). Putting gender into context: An integrative model of gender-related behavior. *Psychological Review, 94*, 369–389.

Deaux, K., Reid, A., Mizrahi, K., & Ethier, K. A. (1995). Parameters of social identity. *Journal of Personality and Social Psychology, 68*, 280–291.

Devine, P. G., & Vasquez, K. A. (1998). The rocky road to positive intergroup relations. In J. Eberhardt & S. T. Fiske (Eds.), *Confronting racism: The problem and the response* (pp. 234–262). Thousand Oaks, CA: Sage.

Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. New York: Praeger.

Dovidio, J. F., & Gaertner, S. L. (1998). On the nature of contemporary prejudice: The causes, consequences, and challenges of aversive racism. In J. Eberhardt & S. T. Fiske (Eds.), *Confronting racism: The problem and the response* (pp. 3–32). Thousand Oaks, CA: Sage.

Fields, B. J. (1990, May/June). Slavery, race, and ideology in the United States of America. *New Left Review, 181*, 95–118.

Fiske, S. T. (1982). Schema-triggered affect: Applications to social perception. In M. S. Clark & S. T. Fiske (Eds.), *The seventeenth annual Carnegie Symposium on Cognition* (pp. 55–78). Hillsdale, NJ: Erlbaum.

Fiske, S. T., & Neuberg, S. L. (1990). A continuum model of impression formation: From category based to individuating processes as a function of information, motivation, and attention. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 23, pp. 1–74). San Diego, CA: Academic Press.

Fiske, S. T., Neuberg, S. L., Beattie, A. E., & Milberg, S. J. (1987). Category-based and attribute-based reactions to others: Some informational conditions of stereotyping and individuating processes. *Journal of Experimental Social Psychology, 23*, 399–427.

Fiske, S. T., & Pavelchak, M. A. (1986). Category-based versus piecemeal-based affective responses: Developments in schema-triggered affect. In R. M. Sorrentino & E. T. Higgins (Eds.), *Handbook of motivation and cognition: Foundations of social behavior* (Vol. 1, pp. 167–203). New York: Guilford Press.

Fiske, S. T., & Taylor, S. E. (1991). *Social cognition*. New York: McGraw-Hill.

Frable, D. E. (1993). Dimension of marginality: Distinctions among those who are different. *Personality and Social Psychology Bulletin, 19*, 370–380.

Frable, D. E., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology, 74*, 909–922.

Gaertner, S. L., & Dovidio, J. F. (1986). The aversive form of racism. In J. F. Dovidio & S. L. Gaertner (Eds.), *Prejudice, discrimination, and racism* (pp. 61–89). Orlando, FL: Academic Press.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Hamilton, D. L., & Sherman, S. J. (1996). Perceiving persons and groups. *Psychological Review, 103*, 336–355.

Harding, J., Proshansky, H., Kutner, B., & Chein, I. (1969). Prejudice and ethnic relations. In G. Lindzey & E. Aronson (Eds.), *Handbook of social psychology: Vol. 5. Applied social psychology* (2nd ed., pp. 1–76). Reading, MA: Addison-Wesley.

Hebb, D. O., & Thompson, R. (1968). The social significance of animal studies. In G. Lindzey & E. Aronson (Eds.), *Handbook of social psychology: Vol. 2. Research methods* (2nd ed., pp. 729–774). Reading, MA: Addison-Wesley.

Hebl, M. R., & Heatherton, T. F. (1998). The stigma of obesity in women: The difference is black and white. *Personality and Social Psychology Bulletin, 24*, 417–426.

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York: Freeman.

Jones, E. E., & Nisbett, R. E. (1971). *The actor and the observer: Divergent perceptions of the causes of behavior*. Morristown, NJ: General Learning Press.

Jones, J. M. (1986). Racism: A cultural analysis of the problem. In J. F. Dovidio & S. L. Gaertner (Eds.), *Prejudice, discrimination, and racism* (pp. 279–314). Orlando, FL: Academic Press.

Jost, J. T., & Banaji, M. R. (1994). The role of stereotyping in system-justification and the production of false consciousness. *British Journal of Social Psychology, 33*, 1–27.

Katz, I. (1981). *Stigma: A social-psychological perspective*. Hillsdale, NJ: Erlbaum.

Kleck, R. E., & Strenta, A. (1980). Perceptions of the impact of negatively valued physical characteristics on social interactions. *Journal of Personality and Social Psychology, 39*, 861–873.

Klinker, P. A., & Smith, R. M. (1999). *The unsteady march: The rise and decline of American commitments to racial equality*. New York: Free Press.

Kovel, J. (1970). *White racism: A psychohistory*. New York: Pantheon.

Lane, J. D., & Wegner, D. M. (1995). The cognitive consequences of secrecy. *Journal of Personality and Social Psychology, 69*, 1–17.

Lefebvre, A., & Munro, I. R. (1986). Psychological adjustment of patients with craniofacial deformities before and after surgery. In C. P. Herman, M. P. Zanna, & E. T. Higgins (Eds.), *The Ontario Symposium: Vol. 3. Physical appearance, stigma, and social behavior* (pp. 53–64). Hillsdale, NJ: Erlbaum.

Mackie, D. M., Hamilton, D. L., Susskind, J., & Rosselli, F. (1996). Social psychological foundations of stereotype formation. In N. Macrae, C. Stangor, & M. Hewstone (Eds.), *Stereotypes and stereotyping* (pp. 41–78). New York: Guilford Press.

Major, B., Barr, L., Zubek, J., & Babey, S. H. (1999). Gender and self-esteem: A meta-analysis. In W. B. Swan, J. H. Langlois, & L. A. Gilbert (Eds.), *Sexism and stereotypes in modern society: The gender science of Janet Taylor Spence* (pp. 223–254). Washington, DC: American Psychological Association.

Major, B., & Gramzow, R. H. (1999). Abortion as stigma: Cognitive and emotional implication of concealment. *Journal of Personality and Social Psychology, 77*, 735–745.

Miller, C. T., & Myers, A. M. (1998). Compensating for prejudice: How heavyweight people (and others) control outcomes despite prejudice. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 191–218). San Diego, CA: Academic Press.

Russell, K., Wilson, M., & Hall, R. (1992). *The color complex: The politics of skin color among African Americans*. New York: Harcourt Brace Jovanovich.

Siller, J., Ferguson, L. T., Vann, D. H., & Holland, B. (1968). Structure of attitudes toward the physically disabled: The disability factor scales—amputation, blindness, cosmetic conditions. *Proceedings of the 76th Annual Convention of the American Psychological Association, 3*, 651–652.

Snyder, M., Tanke, E. D., & Berscheid, E. (1977). Social perception and interpersonal behavior: On the self-fulfilling nature of social stereotypes. *Journal of Personality and Social Psychology, 35*, 656–666.

Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 24, pp. 93–159). San Diego, CA: Academic Press.

Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist, 52*, 613–629.

Steele, C. M., & Aronson, J. (1995). Stereotype vulnerability and the intellectual test performance of African-Americans. *Journal of Personality and Social Psychology, 69*, 797–811.

Swann, W. B., Jr. (1987). Identity negotiation: Where two roads meet. *Journal of Personality and Social Psychology, 53*, 1038–1051.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–48). Monterey, CA: Brooks/Cole.

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford: Basil Blackwell.

Verkuyten, M., & Hagendoorn, L. (1998). Prejudice and self-categorization: The variable role of authoritarianism and in-group stereotypes. *Personality and Social Psychology Bulletin, 24*, 99–110.

Weiner, B. (1986). *An attributional theory of motivation and emotion*. New York: Springer-Verlag.

Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology, 55*, 738–748.

Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin, 90*, 245–271.

Wilson, E. O. (1975). *Sociobiology: The new synthesis*. Cambridge, MA: Belknap Press.

Zajonc, R. B. (1980). Feeling and thinking: Preferences need no inferences. *American Psychologist, 35*, 151–175.

I

THE PERCEIVER