

Perceptions Unmasked: Examining Societal and Cultural Role in Shaping Disability Through Goffman's Stigma Theory

Ms. Manjari

Research Scholar

Department of HSS

IITRoorkee

Email:manjarichb3@gmail.com

Dr. Sanjit Mishra

Professor

Department of HSS

IIT Roorkee

Abstract

This paper examines the intricate connection between culture and disability by examining how societal attitudes and cultural norms impact the lives of individuals with disabilities. It does this by utilizing Erving Goffman's Stigma Theory as a framework. Goffman provides a framework for analyzing the mechanisms that create and maintain public perceptions of disability through his theory of stigma as a social process that includes discrimination, stereotyping, and labeling. Goffman identifies three categories as origins of stigma: dissimilarities in physical characteristics, variances in personal aspects, and "tribal" affiliations like nationality or race. Culture-specific attitudes reinforce these stigmas by perpetuating marginalization and discrimination against individuals who don't fit. The "Perceptions Unmasked" explains how to uncover and evaluate ingrained cultural biases and attitudes that shape how the general public perceives individuals with disabilities. By dispelling these myths and comprehending the dynamics underlying stigma, we seek to challenge and dismantle ableist ideas and advance an inclusive society. This research also examines the ways in which language, media representations, religious beliefs, and historical narratives are examples of cultural components that serve to stigmatize disability as an identity. The study takes a comparative look at cultural attitudes towards disability across different societies and historical periods in order to show the range of experiences and challenges that persons with disabilities face globally. It discusses how cultural stigma affects how people with disabilities can access opportunities, resources, and social interactions. It emphasizes how crucial it is to combat ableism and promote inclusive cultural practices that acknowledge everyone's intrinsic worth and dignity, regardless of ability. Argues further that by utilizing Goffman's Stigma Theory to comprehend the intricate dynamics of culture's influence on disability, we may endeavor to create a more just and inclusive society that values diversity and encourages the full inclusion and empowerment of individuals with disabilities.

Keywords

Disability, Stigma Theory, Culture, Intellectual Disability

Reference to this paper should be made as follows:

Ms. Manjari
Dr. Sanjit Mishra

Perceptions Unmasked:
Examining Societal and
Cultural Role in Shaping
Disability Through
Goffman's Stigma Theory

Notions
July-Dec. 2024
Vol. XV, No. 2,
pp. 145-152
Article No. 19

Online available at :
[https://anubooks.com/
journal-volume/notions-
vol-xv-no2-july-dec-2024](https://anubooks.com/journal-volume/notions-vol-xv-no2-july-dec-2024)

Introduction

The comprehension that cultural and societal elements impact perceptions of disability is facilitated by the influential framework developed by Erving Goffman concerning stigma. Goffman defines stigma as a “deeply discrediting attribute” that transforms the stigmatized person “from a complete and typical person to one who is tainted and discounted. The study delineates three primary categories of stigma: those associated with physical deformities, those that are personal character defects such as mental illness, and tribal stigmas such as those associated with race or religion. Stigma, according to Goffman, is a ubiquitous element of social existence that complicates routine exchanges. Individuals who are stigmatized may exhibit caution when interacting with those who do not share their stigma, whereas those who do not experience stigma may attempt to disregard, overcompensate for, or disparage stigmatized people. Stigma is a product of social construction; the definition of a stigmatizing characteristic is subject to evolution and cultural variation. By employing Goffman’s theory, one can perceive disability as a stigmatized characteristic that is profoundly discrediting within numerous societies. As a result of the stigma associated with disability, individuals with disabilities are frequently subjected to discrimination that diminishes their prospects in life. The stigma associated with disabilities is sustained by social structures, cultural norms, and stereotypes that devalue and exclude individuals with disabilities.

The Range of the Disability Stereotype

To investigate the disability stereotype, a multitude of studies [1-3] have employed the framework of the stereotype content model. Hence, prejudices regarding social collectives are reinforced by two fundamental qualities: competence (e.g., possessing the ability to accomplish objectives and translate intentions into actions); and warmth (e.g., being pleasant and amicable), which pertains to interpersonal connections and endeavors to discern the targets’ intentions (i.e., whether they are positive or negative). Consensus-widely, individuals with disabilities are deemed “warm but incompetent” within this framework [4]. Consequently, they are delineated by an ambivalent stereotype. Negative assessments of competence, one could argue, justify an individual’s diminished social standing. However, as a result of the robust normative protection, individuals with disabilities are perceived as friendly. As an illustration, while they may not be well-suited for positions of great authority, they are regarded as exceptionally amicable and laid-back coworkers. Significantly, however, studies demonstrating the content of the “warm but incompetent” stereotype focused primarily on paradigmatic disability cases, such

as wheelchair-using individuals who were regarded as emblematic of all disabilities [5]. Unanswered is the extent to which the “warm but incompetent” stereotype applies to all categories of disabilities in light of the enormous variety of disabilities.

Disability is a complex classification that comprises a wide range of diseases and disorders. It encompasses a range of conditions such as sleep disorders (e.g., sleep apnea), autoimmune diseases (e.g., human immunodeficiency virus), chronic diseases and chronic pain (e.g., rheumatoid arthritis), cognitive disorders (e.g., learning disorders), and psychological disorders (e.g., melancholy). Previous studies examining the content of stereotypes pertaining to distinct categories of impairments have indicated that the stereotypes associated with various mental and psychological disorders may vary in nature [6]. Recent studies have expanded the range of impairments that can be attributed to variations in stereotype content to include sensorial and motor disabilities, among others. These contributions are significant because they enable us to comprehend the diversity of stereotypes that underlie experiences of stigmatization [7]. Nevertheless, prior investigations have primarily examined disability in terms of its stereotypical portrayals or specific impairments, neglecting to account for comprehensive criteria that scholars have identified as contributing to stigmatization.

Stigma

An initial analysis is conducted on the manner in which current definitions of stigma have characterized this concept, with specific attention given to the conceptualization of stigma’s social components. He argues in his seminal formulation that the stigmatized individual is reduced “from a whole and ordinary person to one who is tainted and discounted.” Stigma is defined as “an attribute that is profoundly discrediting.” “A unique kind of relationship between an attribute and a stereotype” is stigmatization, according to Goffman, and it is entrenched in a “language of relationships.” Social construction processes are of the utmost importance to him. Stigma, according to Goffman, results from a disparity between an individual’s “virtual social identity” (heritage of how society perceives and labels them) and their “actual social identity” (true personal qualities)[8].

Apply the term “mark” to designate a socially acknowledged aberrant state that may potentially stigmatize or devalue an individual, in line with Goffman’s notion of stigma as a characteristic. Jones et al. emphasize “impression engulfment,” a psychological process situated within the individual, as the essence of stigma, despite defining the stigmatizing process as relational, i.e., deviance is defined by the social environment, which provides the context in which devaluing evaluations are transmitted.

Goffman posits that stigma can be understood as a “devaluation of social identity.” In contrast, stigma manifests itself in a social context that devalues a specific characteristic, as noted by the study, and not exclusively on the part of the stigmatized individual. In addition, a succinct outline of the influence of power on an individual’s susceptibility and possible response to stigmatization is presented by the study.

These social psychological definitions concur that stigma is socially constructed and consists of two elements: (1) an attribute that distinguishes individuals and results in their devaluation; and (2) its nature is contingent upon both relationship and context. When combined with the insights offered by an evolutionary psychology-based perspective, these conceptualizations encompass numerous significant facets of stigma. Nevertheless, these frameworks have faced criticism for disregarding the perspective of the stigmatized individual and for fixating excessively on internal forces rather than the multifarious societal forces that contribute to exclusion from social life[9].

A sociological concept of stigma was derived from these criticisms; it serves as an all-encompassing framework that connects various interconnected stigma components.

Social Aspects of Stigma and Mental Illness

Stigma is a situational threat based on cognitive categorization processes, affecting treatment and identity formation. Social psychologists classify outcomes as individualistic or social. Major’s framework includes an identity threat model. In contrast, Major and O’Brien’s theory includes immediate situational indicators and collective representations. Understanding the impact of social context on identity formation and cognitive processes is crucial for a deeper understanding of stigma. These elements impact the assessment of threats to an individual’s well-being. The final two formulations are predicated on the idea that stigma predisposes individuals to adverse outcomes through the compromise of self-esteem, academic performance, and mental or physical well-being [10].

Social components of stigma encompass cognitive representations that are collectively accepted by society but erroneously link people with mental illness to specific adverse attributes. Moreover, stigmatizers’ adverse emotional responses (prejudice) and adverse actions (discrimination) may be perceived as stemming from social “others.”

Stigma is instead transmitted via what Goffman refers to as a “moral career,” during which a stigmatized individual acquires an understanding of society’s perspective and develops a broad perception of what it is like to carry a specific stigma. Thus, individuals with mental illness (a non-visible stigma) undergo a

transformation from a “normal” to a “discreditable” social standing; if they disclose their condition, they acquire an even lower “discredited” status. Goffman defines the transition from one status to the next as “control over identity information.” Stigma emerges, according to Goffman, when an individual “re-identifies” by adopting a new social identity through interaction with socially constructed categories

Goffman’s Stigma Theory

Goffman is universally recognized as the progenitor of the stigma theory of sociology. His work, *Stigma on the Management of Spoiled Identity*, was initially published in 1963. His analysis encompasses published works that provide detailed accounts of the experiences of individuals with physical disabilities or deformities, in addition to those with mental illness, blindness, deafness, prostitution, and homosexuality.

Societal classification of individuals, according to Goffman, is determined by normative expectations, which differentiate the “normals” from the “deviants.” Stigma, as defined by Goffman, is a “deeply discrediting attribute” that “converts the possessor of that quality from a complete and typical individual to one who is tainted and discredited,” ultimately leading to social exclusion. Static characteristics may include physical or mental deformities, as well as membership in a marginalized social group [11].

The stigmatized, according to Goffman, is either discreditable or discredited. The term “former” pertains to individuals who bear a stigmatizing trait but have not yet been discredited, primarily due to the incomplete revelation of said trait. The last pertains to individuals who have experienced social judgment and marginalization from their immediate social environment. .

Goffman identifies the socialization of the personal identity of a stigmatized individual as an instance of information control [12]. The disreputable individual manages information while anxiously considering whether to expose their stigmatizing nature. The individual who suffers discredit assumes the responsibility of managing the resultant tension. The oversight of symbols and signals that communicate social information is the focus of this information control quality.

Passing

Goffman has formulated the central notion of passing to assist in the description of information control [13]. This is the process by which an individual possessing a stigmatic quality manipulates information to appear somewhat or completely normal. Those who are stigmatized will endeavor to pass if the benefits of normalcy are offered. As a result, they consistently monitor individuals who are privy to their “secret.” Due to the fact that they frequently lead double lives, stigmatic

individuals frequently experience biographical discontinuities. The concealment of stigmatic symbols may involve the removal or covering of specialized devices.

Societal Perceptions of Disability

Various disabilities and illnesses can possess distinct connotations within a given society (as exemplified by the contrasting meanings attributed to bipolar disorder and paraplegia or epilepsy and AIDS). Additionally, the significance of an individual's disability may be influenced by factors such as socioeconomic status, age, gender, social class, or sexual orientation. For instance, Fine and Asch argue that cultural perceptions of femininity overlap with cultural expectations of disability, while cultural associations of disability with helplessness, dependence, and childlikeness conflict with such expectations. As a result, a disabled man is regarded as a "wounded male," whereas a disabled woman merely satisfies cultural expectations of her gender.

While various illnesses may have distinct symbolic connotations, acceptance of the chronic nature of one's illness is commonly associated with "losing hope" in our society, which implies that the chronically ill individual is deficient in some way and requires optimism in order to improve. Chronic illness is often associated with persistent distress or dissatisfaction.

Cultural Factors of Disability

The development of a cultural framework pertaining to disability was a rare undertaking until the past few years. However, in recent decades, cultural studies, an emerging and fruitful subfield of the humanities, has witnessed an explosion of disability-focused. The development of disability theory has accompanied this trend, which has occurred in part autonomously from the critical discourse surrounding the social model. However, it is noteworthy that the domain of cultural disability studies remains patchwork-like, in contrast to the social model of disability, which is distinguished by its rigidity and is thus often criticized for its dogmatism. Despite ongoing discussions concerning the influence of culture on conceptions of disability, it has not yet established its unique characteristics [14].

Considerable emphasis was placed on cultural portrayals of disabled individuals by Tom Shakespeare as early as 1994. Drawn from feminist discourse, he deliberated on various theoretical frameworks and posited the notion that "cultural representations 'objectify' disabled people," a claim that encompassed the media, theatre, literature, paintings, and films. In the years that followed, Anglo-Saxon studies published a multitude of literary and cultural analyses, including those of Lennard J. Davis, Rosemarie Garland-Thomson, Robert McRuer, David T. Mitchell,

Margrit Shildrick, Tobin Siebers, and Shelley Tremain, among others. The aforementioned analyses illustrated the efficacy and significance of utilizing “disability as a cultural trope” [15]. The concept of the “cultural model of disability” was initially formalized by Snyder and Mitchell in 2006. However, its scope was restricted to studies of disability in Canada and the United States. They exhibited a certain degree of ambiguity concerning the substance.

Conclusion

We have examined the mechanics of stigma, such as discrimination, stereotyping, and labeling, through the prism of Erving Goffman’s Stigma Theory. Also shows that there are three main sources of stigma: physical disparities, variations in personal attributes, and “tribal” affiliations. Furthermore, the idea of “Perceptions Unmasked” has been explained to identify and combat deeply rooted cultural prejudices that influence how the general public views people with disabilities. To undermine ableist notions and promote an inclusive society by being aware of these dynamics. The application of Goffman’s Stigma Theory, an examination of the complex interplay between culture and disability perceptions can facilitate the development of a society that is fairer and more inclusive. Such a society would value diversity and afford people with disabilities the freedom to engage fully in all facets of community existence. By conducting a thorough analysis of the stigmatization and marginalization that people with disabilities face, they can acquire a more profound understanding of the complex interpersonal and structural dynamics that are in operation. By recognizing and questioning these mechanisms of stigmatization, and creating a community that values equity and inclusiveness for individuals of all abilities. This paper highlights the significant impact that societal norms and attitudes have on the experiences of individuals with disabilities, which in turn affects their opportunities for social integration and access to resources.

References

1. Fiske, S. T., & Bai, X. (2020). Vertical and horizontal inequality are status and power differences: Applications to stereotyping by competence and warmth. *Current Opinion in Psychology*, 33, 216-221.
2. Rohmer, O., & Louvet, E. (2018). Implicit stereotyping against people with disability. *Group Processes & Intergroup Relations*, 21(1), 127-140.
3. Abele, A. E., Ellemers, N., Fiske, S. T., Koch, A., & Yzerbyt, V. (2021). Navigating the social world: Toward an integrated framework for evaluating self, individuals, and groups. *Psychological Review*, 128(2), 290.

4. Clément-Guillotin, C., Rohmer, O., Forestier, C., Guillotin, P., Deshayes, M., & d'Arripe-Longueville, F. (2018). Implicit and explicit stereotype content associated with people with physical disability: Does sport change anything? *Psychology of Sport and Exercise*, 38, 192-201.
5. Fritsch, K. (2013). The neoliberal circulation of effects: Happiness, accessibility and the capacitation of disability as wheelchair. *Health, Culture and Society*, 5(1), 135-149.
6. Aubé, B., Rohmer, O., & Yzerbyt, V. (2023). How threatening are people with a mental disability? It depends on the type of threat and the disability. *Current Psychology*, 42(31), 27019-27034.
7. Bourguignon, D., & Herman, G. (2015). Les individus stigmatisés face aux programmes de lutte contre les discriminations. *Ringelheim J, Herman G, Rea A.*
8. Al-Hindawi, F. H., Alkawwaz, S. M. H., & Al-Mohammed, M. (2022). A Critical Pragmatic Exposition of Stigmatization. *Journal of Positive School Psychology*, 3093-3104.
9. Clair, M., Daniel, C., & Lamont, M. (2016). Destigmatization and health: Cultural constructions and the long-term reduction of stigma. *Social science & medicine*, 165, 223-232.
10. Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social science & medicine*, 64(7), 1524-1535
11. Carnevale, F. A. (2007). Revisiting Goffman's Stigma: the social experience of families with children requiring mechanical ventilation at home. *Journal of Child Health Care*, 11(1), 7-18.
12. Golczyńska-Grondas, A. (2015). The Invisible Barrier: Formative Practices—The Example of Stigmatising Identity Work in a Marginalised Collectivity. *Ethnologia Polona*, 36, 237-255.
13. Solomon, J. F., Solomon, A., Joseph, N. L., & Norton, S. D. (2013). Impression management, myth creation and fabrication in private social and environmental reporting: Insights from Erving Goffman. *Accounting, organizations and society*, 38(3), 195-213.
14. Garland-Thomson, R. (2020). Integrating disability, transforming feminist theory. In *Feminist Theory Reader* (pp. 181-191). Routledge.
15. Goodley, D. (2014). *Dis/ability studies: Theorising disablism and ableism*. Routledge.