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MOVING BEYOND THE INDIVIDUAL:
APPLYING CULTURAL IDENTITY TO STIGMA THEORY AND METHODOLOGY

A Dissertation Presented

by

EMILY REICHERT

Submitted to the Office of Graduate Studies,

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In partial fulfillment of the requirements for the degree of

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PhD in Sociology Program

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ABSTRACT

MOVING BEYOND THE INDIVIDUAL:
APPLYING CULTURAL IDENTITY TO STIGMA THEORY AND METHODOLOGY

May 2021

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Scholarly research on the topic of stigma has endured through half a century, formally beginning in 1963 with Goffman's influential work, "Stigma: Notes on the Management of Spoiled Identity." Since then, top researchers in a wide range of fields have contributed toward further elucidating the expansive processes of stigmatization and anti-stigma initiatives for a growing number of marginalized experiences. It is within this growing body

of work, however, that inconsistencies and contradictions become more onerous and limit the scope of future research. These limitations include a) competing camps of pro- and anti-stigma initiatives toward public health aims, b) siloed approaches to anti-stigma research, and c) an overemphasis on individual- and psychological-level approaches at the expense of cultural- and moral-level frameworks. The current project argues that in failing to prioritize intersectionality, the field has expanded exponentially without means of translation in place. This project represents an attempt to understand stigma with the lessons of intersectionality in mind. In utilizing Stuart Hall's Theory of Cultural Identity, stigma is reconceptualized as both, a relationship between an attribute and a stereotype, and as a tool used within the management of cultural identity values. Such a conceptualization is tested through two research aims. The first explores the possible cultural role perceived danger may serve; the second tests if a concept of verbal marks may play a role in stigma communication. These aims are tested with a 2 x 2 x 2 experimental survey and distributed among undergraduate college students who evaluate stigmatized, in the form of Schizophrenia and fatness, or non-stigmatized identities. Results showed that perceived danger likely does not play a significant role in evaluation across stigma subjects, and that certain elements of positive evaluative adjectives may be involved in a verbal marking process of stigma communication. The findings of this study are discussed in terms of immediate and long-term implications, the limitations that shaped the study, and recommendations for future research toward addressing such limitations.

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CHAPTER 1

INTRODUCTION

Beginning in 1963 with the publication of *Stigma: Notes on the Management of Spoiled Identity* by Erving Goffman, the concept of stigmatization, defined as the relationship between a stereotype and an attribute, entered the public sphere. In the 56 years since then, the subject of stigma has experienced a surge of public policy and academic attention devoted to studying stigma experiences as well as researching stigma reduction strategy methods and effectiveness. Within this history, the concept of stigma has undergone a series of transformations meant to elucidate the many elements and processes involved according to academic fields ranging from social and clinical psychology, sociology, and communication, and many others. Said transformations include frameworks and models including the Attribution Model of Mental Illness (Corrigan et al., 2003), the Model of Stigma Communication (Smith, 2007), a Modified Labeling Theory (Link et al., 1989), and the more recent Link and Phelan's (2001) sociological umbrella concept of stigma. Within these models, stigma is further classified according to where it is being measured such as public stigma, self stigma, structural stigma, and stigma by association (Bos et al., 2013; P. Corrigan, 2004; Goffman, 1963). In this way, knowledge about stigma in the last 50 years has been wide-ranging and encompassing the expansive nature of the concept itself.

Despite such a wide range in expertise all contributing to the subject of stigma and stigma reduction, many questions and predicaments remain to be addressed. Some current limitations involve a lack of coordination between researchers studying various stigmatized topics such as in the case of health-related stigma (Stangl et al., 2019; van Brakel et al., 2019) as well as issues with understanding where stigma fits within intersectional frameworks (Remedios & Snyder, 2015). Other limitations include an uneven emphasis on individual level factors of stigma compared to other factors such as moral and cultural influences (A. Kleinman & Hall-Clifford, 2009; Yang, 2007; Yang et al., 2007). Lastly, there is a disconnect and inconsistency in public health recommendations for stigma that vary depending on the topic being discussed, as is evidenced in stigma related to mental illness, body weight, and cigarette tobacco smoking policies (Abu-Odeh, 2014; Bayer, 2008; Evans-Polce et al., 2015; A. Kleinman & Hall-Clifford, 2009; Puhl & Heuer, 2010; Stuber et al., 2009). All of these limitations populate the field in which the current project resides. And while there are many ideas proposals for possible solutions, many fall short of addressing more than one limitation at a time.

As such, the current project brainstorms possible theoretical trajectories that may offer viable solutions to the three limitations of stigma research. By going back to Goffman's (1963) original work and following recommendations from anthropological research (Kleinman & Hall-Clifford, 2009; Yang et al., 2007), a proposal for stigma as informed by Cultural Identity Theory (Du Gay et al., 1997; Hall, 1989) is put forward. In order to test the viability of such a theoretical framework, two general aims derived from the theory are proposed, each with testable hypotheses and research questions.

The following section will delve more deeply into the history of the field of stigma research, the identified limitations of it, a proposal for stigma within Cultural Identity Theory, and a delineation of the two main aims derived therein.

CHAPTER 2

LITERATURE REVIEW

2.1 Summary of Existing Models and Frameworks

The subject of stigma has a single beginning in Erving Goffman with his 1963 book entitled *Stigma; Notes on the Management of Spoiled Identity*. This work is documented as the first attempt to unify a wide range of human experiences—including those such as psychological disability, facial deformities, loss of anal sphincter control, and mental hospitalization—under one single conceptual scheme based on what they shared in common: that of stigma (Goffman, 1963, p. Preface). Although the origin of stigma is widely agreed upon, the subsequent work following, ranging in contributions from disciplines such as medicine, criminology, and psychology, have led to the subject quickly becoming multifaceted and complex (Bos et al., 2013). A summary of prominent theories and frameworks from various fields will be discussed in order to form a basis with which to begin the current projects trajectory in stigma research.

Stigma is commonly conceptualized in terms of four dimensions that can be measured including public stigma, self-stigma, stigma by association, and structural stigma (Bos et al., 2013). These classifications originate in social psychological as well as clinical psychological research and reflect researchers needs to distinguish between specific groups during survey

sampling. Public stigma represents those who are doing the stigmatizing and what their thoughts, feelings, and behaviors toward the stigmatized manifest (Bos et al., 2013; Corrigan, 2004). Self-stigma represents the processes undergone by the person who has found themselves to be stigmatized (Corrigan, 2004). The third component, stigma by association, describes the processes that occur when a person finds themselves to be on the receiving end of what Goffman (1963) termed a courtesy stigma, when a person receives a stigma because they are associated with a person already stigmatized (1963, p. 2). Lastly, structural stigma describes the institutionalization of what Goffman (1963) called stigma theories into societal systems. These dimensions originate partially in response to the predicament of mental health care in that the demonstrated improvement of effectiveness in treatment regimens over the past 50 years is still being hindered by individuals not seeking help, in large part because of factors such as stigma (Corrigan, 2004). Once these components of stigma are identified, social psychological research then studies the various tracts, particularly public and self-stigma, to understand the cognitive and psychological mechanisms responsible for their procurement.

One such social cognitive model addresses the development of public stigma, also developed by Corrigan et al., (2003), called the Attribution Model of Mental Illness Stigma. The model posits that discriminatory behavior is shaped by cognitive and emotional attributions made by a person (Corrigan et al., 2003, pp. 164–165). Cognitive attributions of controllability and dangerousness are the main drivers impacting beliefs about personal responsibility, which then impact the affective or emotional response, and concludes in the form of either discriminatory or helping behavior. The model informs the ways people

evaluate and emotionally react to stigmatized groups and demonstrates how attributions can vary depending on whether the evaluator assigns cause and controllability in certain ways (Corrigan et al., 2003).

Criticisms of social psychological models of stigma will typically note the lack of attention paid to social influences of the stigma process. This gap has been addressed by prominent sociologists, among them including Bruce Link and Jo Phelan, who attended to the social constructivist aspects of the stigma process as well as structural. Their 2001 piece, “Conceptualizing Stigma,” laid the groundwork for future interdisciplinary contributions and highlighted current issues of how scholars at the time were researching stigma, including inconsistent definitions, lack of representation of stigmatized individuals in theorizing, and an overuse of individualistic focus. One of the solutions to these issues brought up was to propose a new framework for the stigma concept that could be used across disciplines to continue the study of stigma. What resulted was a definition of stigma intended to be more in line with Goffman’s original intentions, where he states, “a language of relationships, not attributes” is necessary to understand the process of stigma (Goffman, 1963, p. 3). Link and Phelan’s definition consists of five interrelated concepts, the overarching point of which being that stigmatization only occurs through the convergence of all five components (Link & Phelan, 2001, p. 377).

Unique to Link and Phelan’s (2001) conceptualization is the acknowledgement of the role of power in stigma as well. They state that this process of stigma is “entirely dependent on social, economic, and political power—it takes power to stigmatize” (2001, p. 375). A main justification for clarifying the dependence of stigma on power is to counter claims of

‘reverse-stigma,’ or the idea that stigmatization can be something created by powerless groups about those who hold power over them. For Link and Phelan (2001), if the dynamic of power in the situation is not parallel to the direction of the other four stigma components of labeling, stereotyping, separating, and disadvantaging, then the social situation in question is simply not that of stigmatization, but something else (2001, p. 376). They conclude, ‘To the extent that we answer no, some of the cognitive components of stigma might be in place, but what we generally mean by stigma would not exist’ (Link & Phelan, 2001, p. 376). Of the many contributions to the field that Link and Phelan’s (2001) framework adds, their caveat of power is the first to integrate macro-level explanations of the stigmatization process.

The remaining four components proceed as follows, first human differences are distinguished and labeled. Link and Phelan (2001) explain that the amount of possible differences between groups of people could quickly overwhelm even those who are most observant. They acknowledge that only a select number of differences are made socially significant, a process of which involves oversimplifying the situation as to result in clear, unambiguous, and easily reproducible representations. Labeling is a term chosen by Link and Phelan (2001) to describe this process, chosen over others such as ‘attribute,’ ‘condition,’ or ‘mark’ in an attempt to keep the focus on the stigmatizing process, rather than the object of stigmatization (2001, p. 368). Second, the identified differences are associated with negative attributes. The classical term for this component is known as stereotyping, which refers to the various stories and expectations a society will circulate amongst itself in order to institutionalize and reinforce the desired social dynamics of the time. The cognitive

advantage of stereotyping is understood in terms of ‘cognitive efficiency,’ whereby mental processing can be preserved and saved for other tasks by reaching for an automatic pre-scripted stereotype in order to understand a given social situation. The third component involves the separation of groups, the divide between ‘us,’ and ‘them,’ while the fourth component is comprised of status loss and discrimination. The intent behind acknowledging this fourth component is to draw attention not just to the process of stigma, but to its outcomes and consequences as well.

Link and Phelan’s (2001) conceptual model of stigma breaks down the five interrelated components that are all necessary for stigmatization to occur: labeling, stereotyping, separation, and status loss and discrimination, all under the excise of power, whether that power is political, economic, or social. The model brings together the various definitions of stigma that exist within the literature and at the same time highlights why the stigma predicament can be such a pervasive and persistent experience. One reason it is so difficult to change is because of how multifaceted and complex the process is. The model has been useful to subsequent stigma research in the years since. One expansion on the components from Link and Phelan (2001) includes the Model of Stigma Communication (Smith, 2007).

Although they appear similar, the Model of Stigma Communication, or MSC, developed by Rachel Smith (2007), elaborates that operations of stigma are predicated on the use of communicative tools. The MSC explicates the message attributes that are necessary within stigma communication in order to enact those stigma processes. These four main attributes include content cues for distinguishing people, categorization for separating people

into groups, linking the out-group to peril and danger, and the projection of responsibility and blame away from the in-group and onto the out-group (2007, p. 463). According to Smith (2007), these four messaging attributes lead to cognitive and emotional reactions, which then lead to messaging effects such as developing a stigma attitude, isolation of the target, and distributing the stigma message. Within the field of communication, further stigma research is underway to address remaining gaps in the literature.

The Model of Stigma Management Communication (SMC), based in similar principles to the Model of Stigma Communication (MSC), directly addresses the issue among stigma research to question the determinations made in deciding whose perception makes the determination as to whether an individual is stigmatized or not (Meisenbach, 2010). Such as in the case of concepts like public stigma and self stigma, Meisenbach (2010) points out that the assumptions behind such concepts are based in the perceptions of non-stigmatized individuals. She states,

“SMC theory challenges assumptions that scholarly determination of stigma should depend solely on non-stigmatized individuals’ perceptions. Individuals’ perceptions of themselves as stigmatized are important identity formation and stigma management theorizing, whether publics share that stigma perception or not”

(Meisenbach, 2010, p. 271).

By integrating research on ‘dirty work’ and occupational taint (Ashforth & Kreiner, 1999; Ashforth et al., 2007), Meisenbach (2010) proposes a 2x2 typology that details the strategic options individuals have available to respond to stigma along two planes based on 1) the acceptance or rejection of the public understanding of the stigma, and 2) the acceptance or

rejection of the stigma as it applies to the self. These four quadrants of stigma management strategies therefor include six general approaches I) accepting, II) avoiding, III) evading responsibility for, IV) reducing offensiveness of, V) denying, and VI) ignoring/displaying. Of the many contributions the SMC adds to the field, it notably questions the discursive dynamics of power that exist even within anti-stigma research in the form of what perceptions of stigma are validated and established in conceptualization. SMC argues that engagement with stigma is based on processes more complicated than a stigma and non-stigma binary and provides steps for understanding the paths of stigma management that individuals face.

The previous models mentioned are but only a few of the many works published in stigma research. Reviewing them serves the purpose of orientation to the wide array of research that has followed the publication of Goffmans (1963) *Stigma: Notes on the Management of Spoiled Identity*. The following section begins to address the limitations of the current research and covers the existing recommendations of moving forward.

2.2 The Limitations of Stigma Research

The limitations of stigma research often appear small, but when considered comprehensively, they compound to create a debilitating snowball effect. The first limitation within the research is the inconsistent and contradictory practice of stigma processes that appear to be subjectively based on the specific form a stigmatization takes. These inconsistencies form two camps of pro-stigma and anti-stigma initiatives that for the most part operate independently and in contradiction of one another. The resolution of these two

camps is further complicated by the multitude of limitations that are specific to anti-stigma research, which include a siloed approach grounding current research and an overemphasis on individual- and psychological-level approaches at the expense of cultural, social, and moral frameworks. The source of these limitations is identified as an epistemological error in failing to consider intersectionality in the conceptual development of stigma research. This section will summarize these limitations in terms of how they relate to one another as well as how they can be addressed by the proposed solutions in the following section. An overview of the tension between pro- and anti-stigma camps will be discussed first.

In arguing that stigma can change over time, Kleinman and Hall-Clifford (2009) cite two examples in depression and tobacco smoking stigma that have documented cultural changes since the mid-1900's. They note a significant de-stigmatization of depression, and conversely a significant increase in stigmatization for tobacco smoking (Kleinman & Hall-Clifford, 2009, p. 418). Interesting about these two examples is not only the opposite directions of stigmatization, but also the difference in public policy approaches between the two. This is interesting because the topic most associate with "stigma" is likely stigma related to mental illness, and the anti-stigma approaches aimed towards reducing that form of stigma. But restricting the concept only to as it pertains to mental illness misses much of the stigmatization process, and this is especially clear in the case of other types of stigmas, such as tobacco smoking and obesity. What emerges is something resembling a dichotomy, or perhaps a spectrum, of pro - and anti-stigma-oriented topics. Here the term 'pro-stigma' will be used to refer to health initiatives that support using strategies of stigmatization towards the goal of decreasing certain behaviors, such as tobacco-cigarette smoking and fatness.

Conversely, the term ‘anti-stigma’ is used more frequently in the stigma literature and will be used to refer to initiatives that aim to decrease stigmatization in service of goals towards increasing certain behaviors, such as help-seeking for mental-illness.

Most significant about this duality is the level of contention behind those that qualify as pro-stigma, such as in the case of obesity. Discussing the use of stigmatization within weight-loss initiatives is a loaded task simply due to the cultural baggage that accompanies it. Subjects such as the obesity crisis as well as the public health threat of obesity have been a pervasive force for many decades in America and abroad (Brewis et al., 2018; Carr & Friedman, 2005). More recently, health scholars are beginning to document what fat studies advocates have long argued: that fat and overweight individuals experience interpersonal and institutional bias and discrimination as a result of the stigmatization of fatness (Abu-Odeh, 2014; A. Brewis et al., 2018; A. A. Brewis et al., 2011; Carr & Friedman, 2005; Lyons, 2009; Puhl & Heuer, 2010; Tomiyama et al., 2018). By using Link and Phelan’s (2001) multi-component model of stigma, Abu-Odeh (2014) concludes that all five components necessary for stigmatization to occur (1. Distinguish and label, 2. Link to undesirable beliefs and stereotypes, 3. Separate in-group from out-group, 4. Status loss and discrimination, 5. Social, economic, and political power) are present in public health initiatives to reduce obesity. If both stigma and a health epidemic are a public health concern, it raises questions as to how they should be reconciled.

Rekha Nath (2019) details in ‘The injustice of fat stigma,’ the possible reasons for justifying the stigmatization of fatness do not withstand closer examination. The two most common justifications for stigmatizing fatness include the consequentialist defense and the

desert-based defense (Nath, 2019). The consequentialist defense of fat stigma reasons that due to the public danger posed by excess weight, social forces must be enacted to raise awareness and deter people from gaining weight and to lose weight instead. The desert-based defense of fat stigma argues that fatness is a social failure, one of which that implies those who do fail by being fat are entirely responsible, and therefore blameworthy, for their failure. Both of these justifications, Nath (2019) argues, are insufficient to justify the use of stigma and therefore stigma should not be used toward either of these aims.

It is important to be clear that stigmatization of fatness is the primary tool being used across these initiatives and that the strategy of fat stigmatization is not only an ineffective tool for reducing obesity, it introduces additional threats to public health and health disparities (Puhl & Heuer, 2010). This has implications not only for those impacted by fat stigmatization, but also for the broader issue of interrogating the relationship between the medical and public health fields with stigmatization as an adaptive public health strategy that can be readily adapted across conditions. Fat body weight is not the only subject that has utilized stigmatization towards improving public health.

In defending the use of stigmatization as a tool to impact public health against obesity, bioethicist Daniel Callahan (2013) pulls from the success of similar public health efforts to decrease another public health ailment: tobacco cigarette smoking. He argues that through stigmatization, the campaigns combatting smoking were a public health triumph in greatly reducing smoking among the population, therefore the same strategy should be effective to address obesity as well. He is not incorrect to make this connection as it has been outwardly acknowledged that stigmatization has been regarded an effective strategy for

reducing smoking, but this perspective is not without criticism (Bayer, 2008). Stigmatization of tobacco smoking is cited for possible negative unintended consequences that are felt by those who are the targets of smoking reduction campaigns (Evans-Polce et al., 2015; Stuber et al., 2009). These unintended consequences can include feelings of guilt, loss of self-esteem, perceived devaluation, experiencing differential treatment, reports of keeping smoking activity a secret, as well as withdrawal from nonsmoking peers (Evans-Polce et al., 2015; Stuber et al., 2009). Similar to the critiques of the use of fat stigmatization as a public health strategy, critiques of smoking stigmatization follow similar points: that the consequences outweigh any possible benefits, that stigmatization inherently violates the Hippocratic oath to do no harm, that stigmatization further compliments existing inequalities, and that segregation in the form of ‘smoking islands’ may even encourage further smoking instead of discourage (Bell et al., 2010; Graham, 2012; Thompson et al., 2007).

Considered together, obesity and tobacco smoking constitute two areas wherein stigmatization is utilized proactively toward public health aims. While there are those who disagree that stigmatization should be used as a public health strategy, these perspectives represent the minority among a large consensus that are in favor of stigmatization being used towards these goals. Contrast this with stigmatization related to mental illness, however, and a different stance is taken in regard to stigma: here, mental illness stigma is considered harmful, and several institutional bodies have invested in initiatives for stigma reduction, or also called anti-stigma approaches.

Descriptive research about the effects and manifestations of mental illness stigma exploded almost immediately in the late 20th century, work on stigma reduction took until

the recent 2010's to begin seriously growing (Bos et al., 2013; Xu et al., 2017). Within the United States, the Surgeon General released a 1999 report on mental health that was the first of its kind to discuss mental health and mental illness (Hegner, 2000). Within it, both the prevalence of mental disorders as well as the high cost of untreated illness were undergirded by the significant role stigma plays both in negatively affecting people's lives as well as preventing them from seeking appropriate care (Hegner, 2000). The World Health Organization followed suit and released a 2001 Mental Health report that addressed the barrier of stigma and the need to reduce it. This report, following the 1999 White house conference on mental health, jettisoned initiatives for stigma reduction efforts in the country for the next decades to come. Indeed, the piece closes by drawing attention to World Health Organization (2001) and Department of Health and Human Services (1999) reports of stigma constituting the "leading impediment to health promotion, treatment, and support" (1999, p. 478).

In a landmark study by Corrigan and colleagues (2012), a meta-analysis was used to evaluate the effects of anti-stigma approaches for mental illness. The study sample included 72 articles representing 79 independent studies that ranged from 1972 to 2010 (Corrigan et al., 2012). Three approaches to changing public mental illness stigma were identified based on social psychological research which included education, consumer contact, and protest (2012, p. 963). Education approaches address inaccurate stereotypes of mental illness stigma and counter them with factual information. Contact strategies involve introducing social contact between intervention participants and stigmatized individuals. Lastly, protest strategies draw attention to the injustice of stigma. These three approaches are then employed

to change three main outcome areas: attitudes, affect, and behavioral intentions. The findings of the meta-analysis determined that both contact, and education approaches were observed to significantly change attitudes and behavioral intentions. The analysis found that protest strategy outcome effect did not differ significantly from zero, leading to the conclusion that protest is not an effective method for stigma change. Similar findings were confirmed and replicated in subsequent systematic reviews and meta-analyses that followed across a range of stigma classifications including self-Stigma in a Chinese population (Xu et al., 2017), interventions targeted towards workplace settings (Hanisch et al., 2016), long-term effects of anti-stigma interventions (P. W. Corrigan & Penn, 2015), and stigma associated with different forms of mental illness (Griffiths et al., 2014; Morgan et al., 2018).

The paradox with anti-stigma initiatives, however, is that despite institutional and cultural agreement that stigmatization of mental illnesses is harmful, the effectiveness of anti-stigma interventions suffers from several limitations. These include the heterogeneity in type of stigma being measured, type of mental illness stigma being targeted, target intervention audience, forms of outcomes measured, and length of effects following interventions long term (Corrigan et al., 2012; Griffiths et al., 2014; Mehta et al., 2015).

As anti-stigma initiatives for mental illness stigma have grown, so have anti-stigma research for other stigmatized subjects, particularly those related to health. However, instead of the research about mental illness stigma being adapted and useful towards anti-stigma research for other stigmatized health subjects, what has happened instead is the discovery that the knowledge gained for mental illness stigma does not translate over to other forms of stigmatization. This realization has led to the need for documentation into the ways in which

these stigmatized issues differ from mental illness stigma, and in the process, less attention has been paid to the translatability of these findings. As a result, there is a large and growing body of research as to the wide diversity of stigmatization. One review documented the identification of 55 distinct scales that were being used to measure 136 outcomes all for various forms of stigma (Mehta et al., 2015, p. 382). The consequence of this is that research for anti-stigma initiatives are limited according to the stigmatized topic of interest, and effectiveness of all these initiatives becomes difficult to discuss and quantify. Researchers refer to this as a “siloe approach,” whereby the funding, theory, research, measures, and initiatives are only specific to a single health condition (van Brakel et al., 2019). The siloe approach is problematic for many issues, one of which being that when individual people are considered, the realities of multiple stigmas become evident. This is problematic because, as Turan et al. (2019) state, “While often examined in isolation, stigmatized identities do not exist in a vacuum. Most people experience intersecting forms of stigma, which have complex effects on health behaviors, physical health, and mental health” (2019, p. 12). Limiting research in this way creates a dilemma for any anti-stigma or intervention efforts because the singular focus is not best equipped to accommodate these complex effects.

To be sure, there is a substantial body of work devoted to studying the experiences of those with multiple stigmas. Researchers such as Hartwell (2004), examine multiple stigmas as they are applied to people, in this case examining racial, substance abuse, and mental illness, and the ways in which these singular categories can form complex arrangements when affixed to individuals. Similarly, Brinkley-Rubinstein’s (2015) work investigates the effect of multiple stigmas through ethnographic interviews with formerly incarcerated, HIV-

positive, Black men. This study found that multiple forms of stigma compounded upon one another, even though participants conceived of these stigmas separately. Remedios and Snyder (2015) used survey responses to find that being afflicted with more than one stigma category had the effect of multiplying the negative outcomes related to stigma such as unfair treatment, being stereotyped, and feelings of invisibility. Similar conclusions were reached by Logie and colleagues (2011) in their qualitative investigation into experiences of stigma expressed by HIV-positive women, some of which with stigma related to sex work occupations, sexuality, and/or gender. They found that the experience of discrimination and stigma is overlapping, complex, and evident along micro-, meso-, and macro-level sites of experience (Logie et al., 2011). The only problem with projects such as these is that there is little initiative to further pursue such research to inform anti-stigma initiatives that address multiple stigmas.

Work like that of Hartwell (2004), Brinkley-Rubinstein (2015), Remedios and Snyder (2015), and Logie et al. (2011) also procures a second limitation that has not yet been addressed, which is the dearth of collaboration between anti-stigma and research concerned with forms of inequality such as racism, sexism, heterosexism, etc. (Holley et al., 2012). Much of what is known about forms of oppression and social change has not been incorporated into the mental health stigma research (Holley et al., 2012). While prevalent stigma models recognize the role of social power to stigmatization, such is the case in Link and Phelan's (2001) conceptualization of stigma, that recognition does not get incorporated into the methodological designs and instead the research remains affixed on examining

individual, cognitive-level psychological processes over more critical perspectives (Holley et al., 2012).

Increasingly across critiques of stigma and anti-stigma research is a frequent point made about the imbalance between individual, psychological, and cognitive processes of stigma in research compared to other forms of knowledge such as social, moral, and cultural elements (Holley et al., 2012; A. Kleinman & Hall-Clifford, 2009, p. 418; Stangl et al., 2019). Individual and psychological here refers to how researchers may study social aspects of stigma such as stereotypes, environmental factors, and cultural norms, but that they only do so in so far as they apply to the individual (Yang et al., 2007, p. 1526). Neglecting social and cultural influences of stigma limits understanding the ways stigmatized illnesses are interpreted by individuals and how those cultural forces can shape manifestations of stigma in particular cultures (Yang, 2007, p. 981). Possible reasons why this is the case are less speculated on, but one rationale could be due to a conceptual quandary with the stigma concept itself that gets brought to light when intersectionality is addressed.

Intersectionality, first discussed by Kimberle Crenshaw (1989), is an element of experience that describes group members that are multiply-burdened from multiple forms of marginalization (1989, p. 140). Crenshaw (1989) centers the experiences of Black women in order to illustrate the conceptual limitations of the single-categorical axis framework of common conceptualizations of discrimination such as those present in antidiscrimination law (1989, pp. 150–151). She refers to these conceptions as ‘top-down’ approaches to discrimination that begin with normative understandings of ‘neutral’ individuals that then applies marginalization as singular categories on the basis that they unidirectionally

disadvantage compared to the normalized neutral state. The problem with this approach, she states, is that it not only reinforces status quo norms of privileged group members, but it also distorts a complex phenomenon into an oversimplified and exclusionary practice (Crenshaw, 1989, pp. 140; 149). In this way, she argues, Black women are excluded and erased in theory, law, and anti-discrimination work based on the fact that they do not represent ‘pure’ uni-categorical forms of discrimination as they pertain to the default and normal white male identity because they are both Black and women (Crenshaw, 1989, p. 145).

Intersectionality creates a crisis for stigma research in the same way that it does for antidiscrimination, except the dilemma may be more disastrous for stigma since it contributes to a need for validating a stigma concept in the first place. Unfortunately, the interrogation of stigma has already been under way and the additional interrogation that intersectionality proposes threatens an already fragile field. This insecurity has always been present, as early as in Goffman’s (1963) own work in which the final chapter of *Stigma* is devoted to distinguishing the concept of stigma from that of deviance. They are not the same, he argues, because deviance is too broad to address specific deviances that are institutionalized within a society that constitute stigma (Goffman, 1963, pp. 131–132). It is on this basis that those who find themselves stigmatized in different ways will still find themselves “in an appreciably similar situation and respond in an appreciably similar way” (Goffman, 1963, p. 130). This alone, however, did not completely resolve the issue of justifying the validity of the stigma concept.

Again in 2008, Phelan et al. address the relationship between two similar concepts of stigma and prejudice by reviewing 18 key conceptual models of stigma and prejudice to

determine whether both concepts are studying the same or distinct processes (2008, p. 359). They conclude stigma and prejudice are not distinct constructs and are rather two terms used to describe the same process, with the caveat that they identified three ‘sub-types’ of stigma/prejudice (Phelan et al., 2008, p. 365). For Phelan and colleagues (2008), the validity of the stigma concept is maintained because they argue that stigma research addresses specific elements of marginalization differently than discrimination research. This was a conclusion that was not shared by Holley et al. (2012), that in a review of stigma and oppression frameworks determine that the stigma concept is not sufficient recommended replacing current stigma frameworks with a critical anti-oppression paradigm (Holley et al., 2012, p. 60).

This vast collection of limitations appears overwhelming when considered together. First, a division and lack of delineation between pro-stigma and anti-stigma initiatives obscures larger questions of what role stigma should serve in a society, and why. Second, research belonging to the anti-stigma camp has become hindered by a siloed approach that grounds all research and efforts from the subject of stigmatization first. Third, the majority of that research overemphasizes the influence of individual-level factors while neglecting to study those related to morality and culture. A possible reason for all of these issues may have to do with the conceptual validity of the stigma concept itself, something that has persistently plagued the field since its inception with Goffman’s (1963) *Stigma*. At the center of this epistemological crisis is the incompatibility between stigma frameworks and considerations of intersectionality. It has become clear that if the stigma concept is to survive such scrutiny,

it must be able to address the challenges posed by intersectionality in a manner that accounts for the differences documented thus far.

2.3 Trajectory: Cultural Identity Theory

The current project proposes that a culturally based approach to studying stigma may be a viable strategy toward maintaining a theoretically consistent understanding of marginalization under the conceptual umbrella of stigma. In short, this project asks if cultural perspectives of stigma will be as divergent and fragmented as individual-based research findings. First, the assumptions and key principles of importance to a cultural identity understanding of stigma will be reviewed. From there, two research questions are proposed that represent possible ways a cultural identity conceptualization of stigma can make meaningful intercategorical comparisons based on stigmatization status. The first research question proposes that a form of discursive risk is shared among stigmatized experiences as evidenced in a cultural situation of ‘identity stakes.’ The second research question asks if symbolic, or verbal communicative, marks can be identified and measured in a way that also makes meaningful intercategorical comparisons based on stigma status. The arguments presented in each research question will lead to several hypotheses meant to test the viability of each approach. Before the research questions are specified, however, the assumptions and guiding framework of a cultural identity approach to stigma will be introduced.

In discussing the limitations of stigma research, the conceptual validity of the stigma construct is brought to bear. Goffman (1963) begins this task and distinguishes stigma from deviance, Phelan et al. (2008) delineate the differences between stigma and prejudice, and

Holley et al. (2012) interrogate the distinction between stigma and oppression frameworks. A notable conclusion drawn by Holley et al. (2012) is that stigma frameworks alone are not sufficient for studying marginalization, and that anti-oppression based frameworks should serve a significant role in rectifying that insufficiency. One possible approach, proposed by scholars such as Bowleg (2012) and Turan et al. (2019), is the integration of the intersectional framework proposed by Crenshaw (1989) with stigma to form the concept of ‘intersectional stigma.’

Turan et al. (2019) in their proposal of intersectional stigma, explain that there are three main approaches to studying intersectionality within stigma. These include anticategorical, intracategorical, and intercategorical (McCall, 2005; Turan et al., 2019). First, the Anti-categorical approach works on deconstructing and interrogating existing boundaries of categories to address the oversimplification of certain topics. Second, the intracategorical approach takes the opposing route and delves deeply into a given category or number of categories of identity. Third, the intercategorical approach facilitates comparisons and similarities between groups and identities. These classifications are relevant because they are the basis of which the stigma concept is justified as unique and necessary among competing concepts for studying forms of marginalization. Goffman (1963) bases the uniqueness of stigma on the basis that the litany of experiences he covers, including criminality, sexuality, mental illness, unemployment, physical handicap, physical unattractiveness, literacy, epilepsy, divorce, old age, obesity, colostomy, addiction, sex work, race, deafness, blindness, polio, and religion, all share intercategorical similarities to constitute the need of an umbrella concept of stigma.

This is a justification that, when studied through siloed and overly individualistic approaches, breaks down due to the abundance of descriptive and observable differences between differing forms of stigmatization. And not to be mistaken, these anticategorical observations are just as important in understanding the boundaries of the stigma concept. Going too far and collapsing so many forms of discrimination into stigma threatens to flatten and oversimplify a complex and multi-layered process. Yang and colleagues (2007) warn that although stigma appears to be experienced globally across cultures,

“we must be careful not to collapse all forms of discrimination into a formulaic idea of stigma. ... Across cultures, the meanings, practices, and outcomes of stigma differ, even where we find stigmatization to be a powerful and often preferred response to illness, disability, and difference” (Yang et al., 2007, p. 1528).

The challenge of developing a concept of stigma that is informed by intersectionality must be clear in the intercategorical similarities that justify their grouping under the stigma umbrella, while also attending to the anticategorical factors that make these experiences complex. One such strategy that may address these requirements and limitations is to shift from an individualistic and psychological approaches into a cultural identity-based framework.

Anthropologists have made a compelling case in favor of such a direction. Kleinman and Hall-Clifford (2009) return to Goffman in a reexamination of his oft cited work for clues as to how he grounded the inclusion of stigmatized conditions. They state,

“The modern idea of stigma owes a great deal to Goffman, who viewed stigma as a process based on the social construction of identity. In his original discussion of stigma, Goffman included both psychological and social elements, but his ideas have

primarily been used in the analysis of the psychological impact of stigma on individuals. This has created an understanding of the psychology of the stigmatized, focusing on the processes by which stigma is internalized and shapes individual behavior. Yet, this has been to the exclusion of considerations of how social life and relationships are changed by stigma” (Kleinman & Hall-Clifford, 2009, p. 418).

They argue that moral and cultural approaches to studying stigma are not necessarily unheard of, and cite Goffman’s work as the first to address both individual and cultural level experiences of stigma (Kleinman & Hall-Clifford, 2009; Yang et al., 2007). It is only in the work following Goffman that the deficit becomes observable. Yang and colleagues (2007) indicate that the gap is particularly noticeable in studying stigma in cross-cultural contexts, such as in Chinese society, where the effects of stigma are felt most strongly in the moral life of familial and social ties. They state,

“Something crucial is missed when stigma is seen as affecting the individual only; in these examples from Chinese society, stigma is most grievously felt as its conditions reverberate across social networks, such that both the entire network is threatened or devalued and the individual sufferer is shunned, banned, or discriminated against within that network as a defensive response. The end result for individuals with mental illness and their families in China can be a kind of social death that threatens the very existence, value, and perpetuity of the family group” (Yang et al., 2007, p. 1529).

Drawing from anthropological tenets and adopting concepts such as the social dimensions of illness (Kleinman, 1988) and social suffering (Das et al., 2001; Kleinman et al., 1997), Yang

et al., (2007) envision an approach to studying stigma that focuses on the moral mode of what matters to individuals in their local worlds. They contend that what makes stigma so devastating and important is its entanglement in the matters people engage with in everyday life. Such is the case in every culture, including western cultures, where they critique that “writings about stigma in the European and North American traditions of social thought have not adequately attended to its moral dimensions” (Yang et al., 2007, p. 1530). They introduce the theoretical and methodological contributions of moral experience to stigma research. Moral experience describes the facets of everyday life, or the local world, that mean the most to people in terms of what is at stake for people in their local world. These facets broadly range from material concerns such as money and possessions, to social concerns like relationships and status, or long terms factors such as health, life chances, and employment (Yang et al., 2007, p. 1528). If something matters the most to a person, it qualifies as a moral mode of life experiences, and therefore constitutes an element that is entangled with the stigma experience.

Following the recommendations of Yang et al., (2007) and Kleinman and Hall-Clifford (2009), the current project also returns to Goffman (1963) in search of possible directions for stigma research that address the cultural and identity related components of the stigmatization process. In particular, addressing what Goffman (1963) has to say about not only culture, but cultural identity pertaining to stigmatization. Where Yang et al., (2007), Kleinman and Hall-Clifford (2009) pursue a moral experience based approach to studying stigma, this project will address a related cultural element of identity, the importance of which being something Goffman (1963) speaks of frequently.

A cultural identity conception of stigma is needed because there remain gaps in the literature that thus far have not been addressed by existing frameworks. Knowledge of stigma theory can directly inform the reduction efforts to combat it and the two need to be synchronous. As Kleinman and Hall-Clifford (2009) state, “Understanding the unique social and cultural processes that create stigma in the lived worlds of the stigmatized should be the first focus of our efforts to combat stigma” (2009, p. 418). Furthermore, a cultural identity approach to stigma may be uniquely situated to address many of the longstanding limitations of the research, both in general theory and reduction related efforts. Within *Stigma*, Goffman (1963) commonly points to the places in which a theory of cultural identity informs the stigma process. These include the greater social structure that stigma is apart of, the connections that exist between stigmatized and normal, and the identity values of a society.

Specifically, Goffman (1963) directs researchers to keep in mind three ideas while studying stigma. First, stigma ultimately exists within the greater social structure, not within the stigmatized topics themselves. Second, the space between stigmatized and normal is largely illusory since a more accurate classification of them is as two points along the same line. Third, stigma is directly related to what he refers to as the identity values of a society. These ideas will be expanded upon further and used as the starting points for further development towards a cultural identity strategy of stigma.

Goffman held that the central issue of stigma was not located within any individual belonging to a particular stigma topic, but rather the place in the social structure that any stigma topic inhabited. Therefore, while there is importance to dividing research according to the particulars of stigmatized topics, he cautioned that doing so shouldn't be independent

from understanding the larger social structure from which they all inhabit. Warning against focusing too closely on cataloguing the array of stigma topics he states,

“it is not very useful to tabulate the numbers of persons who suffer the human predicament outlined in this book. As Lemert once suggested, the number would be as high as one wanted to make it; and when those with a courtesy stigma are added, and those who once experienced the situation or are destined, if for no other reason than oncoming agedness, to do so, the issue becomes not whether a person has experience with a stigma of his own, because he has, but rather how many varieties he has had his own experience with” (Goffman, 1963, p. 129).

Isolating an inquiry into the stigma topic can inhibit exploration into the larger processes of which stigmatization is inextricably apart of. This is because stigma is a multifaceted and multidimensional construct, meaning that in order to understand how stigma affects individuals, it must also be addressed how stigma is situated within the contextual social forces of everyday life (Yang, 2007, pp. 981–984). These social forces are wide ranging and include history, political forces, religious beliefs, as well as ethnic, moral, and cultural influences (Goffman, 1963, p. 127; Yang, 2007, p. 981). When stigma is approached in this manner, it opens the inquiry to consider what factors transcend the stigmatized individual to connect them to the larger social structure, and to the others that participate in that same structure.

A second point drawn by Goffman (1963) is that the connection between stigmatized and normal should not be overlooked easily. He states, “the role of normal and the role of stigmatized are parts of the same complex, cuts from the same standard cloth,” (1963, p. 128-

130) and by this he means that they constitute roles occupiable by everyone, not simply categories that can be used to sort groups of people into. The proposition being made is that stigmatization is not a unique predicament of the few; rather it is a process in which almost everyone experiences at various points throughout their life (1963, p. 128). Therefore, if everyone comes into contact with stigmatization throughout their lives, the resulting conclusion is that individuals have knowledge pertaining to both stigmatized and normal viewpoints simultaneously. They always carry both. Goffman (1963) goes on to say,

“Stigma involves not so much a set of concrete individuals who can be separated into two piles, the stigmatized and the normal, as a pervasive two-role social process in which every individual participates in both roles, at least in some connections and in some phases of life. The normal and the stigmatized are not persons but rather perspectives” (Goffman, 1963, pp. 137–138).

This should not be interpreted to argue that Goffman believed the role of stigmatized and the role of normal to be equivalent in experience, because he makes clear that they are not. The takeaway is that they are connected, but what are they connected to? Yang and colleagues (2007) argue that what connects these two perspectives has to do with the moral mode, or put differently, what matters most to people in their everyday lives. They state, “Both the stigmatizers and the stigmatized are engaged in a similar process of gripping and being gripped by life, holding onto something, preserving what matters, and warding off danger” (Yang et al., 2007, p. 1528). They go on to say,

“The focus on moral experience also allows a reconceptualization of how the so-called ‘others’ [normal] constitute the world of stigma. These are ones doing the

stigmatizing, but they can also be members of a peer group, social network, or system of care (e.g., parents, doctors). The anthropological approach sees all of these people as inhabiting shared social space. Not just positioned differently within structures of stigma, status, and prestige, they are bound together in getting things done, in the practice of addressing illness and stigma. What matters most to all these ‘others’ interlaces with what matters to sufferers” (Yang et al., 2007, p. 1530).

What is shared between these two roles is what matters most to them; those factors that connect them to things that are larger than they are. Family ties, morals, status, financial security, and health are all things that connect and are shared in common by both the stigmatizer and the stigmatized. For Yang and colleagues (2007), the moral mode of everyday life is made the focus of that shared system. Goffman addresses another related element that is shared in the stigma process: cultural identity values.

Goffman argues that stigma is not simply a spontaneous ill that arises out of its own volition in a society. Rather, he is suggesting that stigma is a tool used by all people within a society to engage with identity values. By situating stigmatized and normal both as roles in which individuals reserve the knowledge and ability to enact both, he foregrounds this idea that both stigmatized and normal, not stigmatized alone, are needed in order for the societal project of identity to function (1963, p. 135). He elaborates,

“The general identity-values of a society may be fully entrenched nowhere, and yet they can cast some kind of shadow on the encounters encountered everywhere in daily living...It should be seen, then, that stigma management is a general feature of

society, a process occurring wherever there are identity norms” (Goffman, 1963, pp. 128–130).

Such a proposition, that to engage with stigma is to also engage with identity, has not been fully attended to within the stigma literature. Goffman describes identity values as special kinds of norms because in their maintenance is at stake the “psychological integrity of the individual” (Goffman, 1963, p. 128). Unfortunately, Goffman’s (1963) main concern in *Stigma* was on the interpersonal contingencies that arise between mixed encounters of stigmatized and normal individuals, not on the identity values of a society. Therefore, these literary gaps pertaining to societal identity values cannot be supplanted by Goffman himself. The task at hand then moves to explore theories of identity to address these missing parts in the literature.

Stuart Hall is one such figure to have elaborated of the idea of identity values in societies and theorized not only on the issue of cultural identity, but also accommodated for the complexity that is introduced into theories of identity when more than one identity is considered. Using his own experiences of living in lower-middle class Jamaica, and later England in “the shadow of the black diaspora – ‘in the belly of the beast,’” Hall’s work on culture and identity always sought to return to experiences of diaspora and displacement (Hall, 1989, pp. 35–36). In an appreciation letter about Hall’s contributions following his passing in 2014, Solomos (2014) wrote,

“Hall’s engagement with these issues simultaneously drew on feminism, psychoanalysis and the work of Frantz Fanon, in order to shift the emphasis away

from focusing on unitary forms of identity to plural processes of identification”

(Solomos, 2014, p. 1672).

Hall’s focus specifically on multiculturalism and the accommodation beyond any one form of identity is one reason his work is best equipped to explore Goffman’s propositions on identity values. When applied through Hall’s theoretical tenets of cultural identity, the ideas of stigma and cultural values suggested by Goffman become legible in new contexts. It is these tenets that form the theoretical basis of the present project.

The subject of culture is often thought of as a sticky one—too broad to define, and when it is adequately described, can become too generalized to be of any actual use. Instead of regarding this aspect of culture as a barrier and skipping over it, Hall deconstructs what it is that makes culture matter, especially in terms of identity, and in doing so, opens it up for practical exploration and inquiry. Hall positions his conceptualizations against another different way of thinking about cultural identity. The first way considers cultural identity as a shared collective of qualities and values held by people who share a common history and ancestry (Hall, 1989, p. 36). While Hall does not dispute this idea and its importance, he does suggest that it alone is an incomplete view of the process, largely because it doesn’t address the ways in which identity actually arises and survives within a culture. Therefore, he states,

“Cultural identity, in this second sense, is a matter of ‘becoming’ as well as of ‘being’. It belongs to the future as much as to the past. It is not something which already exists, transcending place, time, history and culture. Cultural identities come from somewhere, have histories. But, like everything which is historical, they undergo constant trans-formation. Far from being eternally fixed in some essentialized past,

they are subject to the continuous 'play' of history, culture and power. Far from being grounded in a mere 'recovery' of the past, which is waiting to be found, and which, when found, will secure our sense of ourselves into eternity, identities are the names we give to the different ways we are positioned by, and position ourselves within, the narratives of the past" (Hall, 1989, p. 70).

Conceiving of identity in this way, as always active rather than static, as a production rather than historical fact, enables the issue of cultural identity to be viewed as a material practice; as something that can be operationalized, measured, and observed (Hall, 1989, p. 69). And in doing so, the component parts of the cultural identity project become more accessible. Put simply, a culture can be understood as a framework, or map, of ways to understand ourselves, others around us, and our own place in the world (Du Gay et al., 1997, p. 8). It does this by developing networks of meaning. And it is meaning that bridges the connection between the physical and material world with the invisible and symbolic world of language and communication (Du Gay et al., 1997, p. 10). This is because the physical world is overflowing with perceptible information: differences, experiences, noises, sights...to acknowledge them all would be impossible. To try would be stifling. Therefore, to navigate in such a chaotic, unpredictable, diverse, and complicated world, networks of meaning, or culture, are created and shared as a referent and guide for moving through time and space together. Put another way,

"Meanings help us to interpret the world, to classify it in meaningful ways, to 'make sense' of things and events, including those which we have never seen or experienced

in real life but which occur in films and novels, dreams and fantasies, as well as objects in the real world” (Du Gay et al., 1997, p. 10).

Things in the world are given meaning by the way they are represented through language (Du Gay et al., 1997, p. 13). The use of the term, network, is important because meaning making through language is always a relational and interpretive process. New meanings are established by mapping them onto meanings already known; the ways they differ from, how they’re similar, how they’re new. Hall states,

“Meaning is not a transparent reflection of the world in language but arises through the differences between the terms and categories, the systems of reference, which classify out the world and allow it to be in this way appropriated into social thought, common sense” (Hall, 1985, p. 108).

It is when specific meanings become widely shared and accepted that it is considered to be culturally established; the ideology of a culture builds in this way. For Hall, the field of difference is not neutral, it is always shaped through history and relations of power. Hall pulls from Frantz Fanon (1963) to understand the severe implications of what such power is capable of in the case of colonization: “This expropriation of cultural identity cripples and deforms. If its silences are not resisted, they produce, in Fanon’s vivid phrase, ‘individuals without an anchor, without horizon, colourless, stateless, rootless – a race of angels’” (Fanon, 1963, p. 176; Hall, 1989, p. 71). The meanings built with and upon in the project of cultural identity are never neutral or starting from nothing. This is to say that the cultural identity project is not neutral either. Like any other map, the cultural identity project is inscribed with values about where each intersection relates to all the others, and so on. Hall writes,

“Cultural identities are the points of identification, the unstable points of identification or suture, which are made, within the discourses of history and culture. Not an essence but a positioning. Hence, there is always a politics of position, which has no absolute guarantee in an unproblematic, transcendental ‘law of history’”
(Hall, 1989, p. 72).

Goffman made a similar observation about personal identity when he wrote,

“By personal identity, I have in mind ... positive marks or identity pegs, and the unique combination of life history items that comes to be attached to the individual with the help of these pegs for his identity” (Goffman, 1963, p. 57)

It is owing entirely to the cultural identity field that there are any such pegs, or spaces, to attach onto. Moreover, cultural identity is a sophisticated process that accomplishes multiple aims at the same time: it differentiates how someone is unlike and unique to others, while it finds continuity in how someone is still comparable to others before them, while it maintains previous expectations, or breaks from them and builds something new.

When stigma is reframed through Hall’s conception of cultural identity theory, it becomes more than simply a descriptive collection of spoiled and shameful identities. Instead, it becomes a piece in the cultural field of representations, always active and always playing a part in what possibilities (and terrors) are readily available and accessible for a individuals to call upon while making sense of their world. The primary task following these assumptions and principles is to identify avenues through which such a framework can be studied and tested. Two research questions and subsequent hypotheses are therefore proposed as possible avenues. The first suggests that a shared experience of risk may be present in

stigmatization through the form of ‘identity stakes.’ The second research question asks if communicative, or symbolic, marks share common features in stigma communication when compared to non-stigma communication.

2.4 Research Questions and Hypotheses

2.4.i Research Question 1: Perceived Danger

The first project inquiry will address whether perceptions of danger may constitute a shared element of stigmatization. Previously, measures for perceived danger have found inconsistent responses depending on the topic of stigmatization being studied. This project asks if this inconsistency in outcomes for perceived danger may be a theoretical and measurement issue. Part of the reason discussions of perceived danger varies so much within discussion of stigmatization is because there are so many various ways to conceptualize the construct. The aim is therefore to ask whether so many constructs have a shared element, and if that element is consistent across various types of stigmatization.

The element of perceived danger in stigma is a complex subject because there are so many ways to conceive of danger as it pertains to processes of stigmatization. For social psychologists, perceptions of danger are related to the attributions people make about others which informs their emotions and subsequent behaviors. When Corrigan and colleagues (2003) discuss dangerousness, they are referring to the stereotyped attributions specific to mental illness: namely that those who are stigmatized with a mental illness are more likely to be perceived as more physically dangerous, violent, and unpredictable (Corrigan et al., 2003; Phelan et al., 2000). When Smith (2007) discusses dangerousness, a distinction is made

between the communicative context cues called upon to draw attention to the danger a stigmatized group poses to the community, what she terms as peril, and the specific quality of the danger those cues are referring to. Peril describes the ways in which people communicate to one another that a stigmatized group poses some kind of a threat to a community (Smith, 2007). Several social psychological approaches consider stigma to constitute an immediate situational threat that manifests itself in interpersonal communication encounters where an individual can be presented with the danger of having their identity spoiled by stigma attributions (Jones, 1984; Major & O'Brien, 2005).

Anthropologists argue that there is more to perceptions of danger than just attributions about the person being stigmatized; they assert that danger is inherent to the stigmatizing scenario itself, that those who risk being stigmatized perceive risk and danger as well, just in a different sense. Goffman's (1963) writings appear to support this interpretation as he speaks of "direct instances of the situation, not the person, becoming threatened" (1963, p. 136).

Proposed accordingly, they argue that anthropological and ethnographic approaches offer something new to the field: that of moral experience and the resulting implications of the consideration of a local world (Yang et al., 2007, p. 1528). Yang and colleagues (2007) contend that the danger perceived in the stigma process is not just physical or relegated to a single individual; rather, they suggest that the danger posed by stigma is fully entrenched in the moral stakes of a culture. They state,

"Stigmatizing someone is not solely a response to sociological determinants or a deeply interpretive endeavor played out in a cultural unconscious. It is also a highly

pragmatic, even tactical response to perceived threats, real dangers, and fear of the unknown. This is what makes stigma so dangerous, durable, and difficult to curb. For the stigmatized, stigma compounds suffering. For the stigmatizer, stigma seems to be an effective and natural response, emergent not only as an act of self-preservation or psychological defense, but also in the existential and moral experience that one is being threatened' (Yang et al., 2007, p. 1528).

The perceived danger being described by Yang and colleagues (2007) is a specific one: they hypothesize that stigma represents a direct threat to “what is most at stake” for people, which is the diminishment or destruction of their lived social and moral value (2007, p. 1530). Prior to their work, moral stakes as an element of stigma had yet to be addressed in the preceding literature. Yang and colleagues (2007) contend that such a perspective is valuable because stigma shares similarities across contexts but what is most at stake ultimately shapes how stigma is felt; and that what is most at stake is empirically discoverable (2007, pp. 1532–1533).

Taken together, there are many possible sources for perceptions of danger. These sources can range from attributions about potential for physical violence as in the case of some mental illnesses (Corrigan et al., 2003), the danger a stigma poses to a community as in the case of infectious diseases (Smith, 2007), a situational threat and the possibility of having one’s identity spoiled by stigma (Goffman, 1963; Jones, 1984; Major & O’Brien, 2005), or to the threat stigma poses to social and moral value (Yang et al., 2007). So many manifestations of a similar concept such as perceived dangerousness brings up the question of whether there is an underlying element of perceived danger that is shared as a feature of stigmatization. The

current project posits that if such a feature were a shared property of stigma, its most basic form would likely be most observable in the form of uncertainty towards the arrival of a stigma into a social situation. This is based on the insight from Hall (1985) on dominant ideologies who maintains that “ideologies are systems of representation materialized in practices,” (Hall, 1985, p. 104). By this, meaning that ideologies of identity constitute a shared social project that everyone has some level of investment with and engages in regularly through communication. It follows, therefore, that the arrival of a stigma into a social situation represents an opportunity to ‘play,’ as Hall would put it, with the dominant ideologies of a culture. Such an instance of play represents plausible uncertainty and may manifest in the form of perceived danger.

Goffman demonstrated not only that stigmatized and normal have more in common than it would first appear, he specified that what both carry is risk: the threat of failure to maintain a social situation in accordance with societal identity values (Goffman, 1963, p. 133). Hall also points to this same threat and uses it as a keystone in his theorization of cultural identity. Hall, however, does not refer to it as threat or risk. He refers to it as play. Play as in, identity is constituted by boundaries of difference that are perpetually positioned and repositioned to changing points of reference, places, and times. (Hall, 1989, p. 73). When identity is described as in play, that means it is never permanent; it must always be reenacted and reassured. Hall states that of the word play, “it suggests ... the instability, the permanent unsettlement, the lack of any final resolution” of any given representation (Hall, 1989, p. 73).

Also critical in the project of cultural identity is the strategic use of sameness and difference. In order to create meaning about what something is, two processes are undergone:

it is determined what the concept is similar to, but also what it is different from; what it is not (Hall, 1989, pp. 73–74). Citing Saussure’s conception of language, communication through language is only made possible through difference and distinguishing where concepts are in relation to the others. Hall takes this idea of difference one step further to elaborate using Derrida’s use of ‘differance’ to illustrate how language not only signifies what differs, it also defers meaning and sets it up to be re-adapted and rearticulated (Hall, 1989, p. 74). Hall states,

“This second sense of difference challenges the fixed binaries which stabilize meaning and representation and show how meaning is never finished or completed in this way, but keeps on moving to encompass other, additional or supplementary meanings” (Hall, 1989, p. 74)

Meaning making is a historically precedented practice that never truly starts anew but instead always builds on what has come before in order to make sense. He states, “Marx reminds us that the ideas of the past weigh like a nightmare on the brains of the living” (Hall, 1985, p. 111). Hall is very specific in that he holds reality is not simply reflected in language, it is constituted and created through the representations of differences drawn between terms and categories” (Hall, 1985, p. 97). As meanings become more complex, they can be thought of as ideologies, or “the frameworks of thinking and calculation about the world—the ‘ideas’ which people use to figure out how the social world works, what their place is in it and what they ought to do” (Hall, 1985, p. 99). His insistence on play and ‘differance’ is an important one: because just as familiar meanings and ideologies require regular reassurances that the status quo has remained the same, these points of repeatability also serve as opportunities to

‘play’ with the representation, and transform it into something else, something perhaps contrary to the status quo. Of this potential, Hall states,

“A particular ideological chain becomes a site of struggle, not only when people try to displace, rupture or contest it by supplanting it with some wholly new alternative set of terms, but also when they interrupt the ideological field and try to transform its meaning by changing or re-articulating its associations, for example, from the negative to the positive” (Hall, 1985, p. 112)

These critical points for struggle represent risk to ideologies-in-dominance. Even if unable to change them completely, sites of discursive struggle still threaten to “set limits to the degree to which a society-in-dominance can easily, smoothly and functionally reproduce itself” (Hall, 1985, p. 113).

What is being described here is a concept of cultural identity stakes. The idea that, regardless of a person’s particular alignment (or misalignment) with an identity ‘peg’, to use Goffman’s term, there is an expectation, a shared compulsion, that the cultural identity values which have been passed down previously should be validated and maintained in order to pass to others. Proposed here is an idea that stigmatized identity ‘points’ (categories or topics) represent critical cultural sites where identity values are utilized, at some point in time whether previously, presently, or will be, in the movement of power. Identity stakes are powerful because they are based on discursive formations of legitimate truth: what people in a culture are ‘allowed,’ or ‘able’ to pull from in order to understand themselves. These identity points are further valued and given positive or negatively valued cultural truths. The entire practice of identity stakes is built upon communication and therefore is always subject

to its own temporality. Reproduction of representations are the currency through which legitimation is made 'true' and given value.

As Link and Phelan (2001) accurately describe, "Stigma is entirely dependent on social, economic, and political power" (Link & Phelan, 2001, p. 375). Hall, pulling from multiple Marxist theorists, gives an intelligible model for understanding the loaded concept of 'power': he states,

"The problem of ideology, therefore, concerns the ways in which ideas of different kinds grip the minds of masses, and thereby become a 'material force.' ... It also has to do with the processes by which new forms of consciousness, new conceptions of the world, arise, which move the masses of the people into historical action against the prevailing system. These questions are at stake in a range of social struggles" (Hall, 1986, p. 29).

The instances of representation regarding stigmatized identities carry stakes because the discursive field is the arena through which their gained influence and meaning can continue to exert such power, and it is also where that power can be contested, perhaps even shifted or changed. It is not through the inherent properties of a stigmatized target where meaning arises inherently; it is not through the presence of a stigmatized target that individuals automatically know of the power relations in a society. Rather it is only through the discursive tools that individuals use to communicate those very crucial meanings to members of a society—and it is those same tools that are used to maintain and grow. This is not to devalue the impact of structural forces of stigma, rather to elevate the necessity of symbolic ideologies in maintaining, justifying, and enacting such material forces.

The task of the current project is to question if these cultural constructs are observable, and therefore measurable, through the communication of individuals. The prediction is that the presence of a stigma represents an opportunity for individual play of dominant ideologies, and therefore should invoke responses of uncertainty and perceived danger. Operationally, an issue arises of how to measure such an abstract concept such as perceived danger due to cultural maintenance. Previous measures for capturing perceived danger have tended to focus exclusively on the cognitive attributions, such as measures of perceived dangerousness which quantify the level of which a study participant perceives the object in question to be a danger. Pulling more broadly from the risk perception literature, The cognitive aspects of risk have been studied in depth and are based on two types of evaluations: the first being dread risk, which includes a lack of feeling in control, perceptions of high catastrophic potential, inequality between evaluated risks and benefits, as well as general feelings of dread (Slovic, 1987). The second evaluation, unknown risk, involves the extent to which an item is observable, knowable, new, and whether the effects of it are delayed or immediate (Slovic, 1987). Many of these evaluations match with the processes involved in measuring perceived responsibility and dangerousness in stigma. Specifically, measures of perceived responsibility and dangerousness constitute measures of cognitive risk.

Older models of risk perception placed affective responses after cognitive evaluations, thus suggesting that positive or negative emotions followed a cognitive assessment of the factors listed above. Several models for mental illness stigma have done the same. Recent research has challenged this and instead suggests that people make initial

appraisals that are not the result of analytical reasoning, but are instead “presumed to be relatively effortless, intuitive, and automatic evaluations that are sensitive to events related to survival (e.g., loss, threat, injustice) and opportunities (e.g., forming attachments” (Karasawa, 1995; Lerner & Keltner, 2000, 2001; Peters et al., 2004, p. 1352). This function operates by way of an “affect heuristic” (Slovic et al., 2002) which asserts that people use their affective responses to guide the formation of their cognitive risk evaluations.

More recently, researchers have begun to explore the possibility that risk perception is not just a cognitive and logical process, but an emotional one as well (Peters et al., 2004). More recently, studies have validated measures that address both cognitive and affective elements of the risk perception experience (Smith et al., 2019). Smith and colleagues (2019) distinguishes two elements that constitute danger appraisal, the first is the cognitive dimension and is defined as perceiving a person to be a danger. The second dimension is the affective component, defined as the emotional experience of feeling threatened (Smith et al., 2019). Similarly, Yang and colleagues (2014) distinguish between tangible threat, defined as the assessment that a person will be violent or elicit fear, and symbolic threat, which is related to blameworthiness and anger (2014, p. 7).

The following hypotheses are therefore based on the recommendations covered thus far. Previous measures for perceived dangerousness of stigmatization will be adapted and supplanted with risk perception research to populate a taxonomy, located in table 1, of perceived risk and benefit as divided by cognitive and affective measures. The taxonomy of perceived risk measures is intended to first, result in translatable findings that can be

understood in terms of previous stigma research, and second, to test for a shared variable of perceived risk among stigmatized conditions when compared to non-stigmatized conditions.

2.4.ii Hypotheses

H1: Stigmatized conditions will receive higher ratings of negative affective measures, such as anger, fear, disgust, and sadness, when compared to the non-stigmatized condition.

H2: The non-stigmatized condition will receive higher ratings of positive affective measures, such as happy, friendly, excited, enthusiastic, and love, compared to both stigmatized conditions.

H3: The non-stigmatized condition will receive higher ratings of positive cognitive measures, such as perceived value and perceived quality, compared to the two stigmatized conditions.

H4: Both stigmatized conditions will receive significantly higher ratings of perceived risk and dangerousness measures compared to the non-stigmatized condition.

2.4.iii Research Question 2: Verbal Marks

The second research question of this project reexamines the role of marking when considered through the lens of a cultural identity theory. While marks are frequently discussed in the stigma literature, they are usually contained in the form of nonverbal and bodily communication and communicated by the stigmatized person themselves. This project asks if that conceptualization could be expanded to contain verbal marks and be communicated preceding the stigmatized status of an individual. To properly address this question, a review of current conceptualizations of marks within stigma communication will

be summarized. Following that, Hall's (1985) theory of cultural identity will be applied to the current definition of marks in order to reexamine those functions when viewed through a different framework. After identifying possible cultural-based functions of marks, the measurement of which will originate from an unexpected source in marketing communication research.

First, in reviewing Smith's (2007) Model of Stigma Communication (MSC), stigma messages contain four basic features that include marks, group labeling, peril, and etiology (2007, p. 463; Smith et al., 2019, p. 2). Within this model, marks and group labeling represent two different functions within the stigma process. Marks are nonverbal cues that are quickly recognized and evoke strong reactions in order to function as an alert that a stigmatized categorization is present (Smith et al., 2019). Group labeling, while it can include marks, is used to communicate that the stigmatized group is different from the normal and is different because of the stigma. Smith (2019) states, "Labels arouse and reflect social cognitions, such as considering stigmatized people to be a distinct group, highlighting intergroup differences, encouraging categorization, and promoting stereotypes" (Smith, 2007; Smith et al., 2019, p. 2). In discussing the different forms that marks can take, Smith (2007) describes two qualities of marks that include concealment and disgust (2007, p. 468). Marks will vary depending on the degree to which it is possible to conceal them, such as a physical bodily movement tic with Tourette's syndrome which may be concealable, to a Black individual's race, which is largely not concealable. Marks will also frequently bear disgust cues in order to evoke disgust responses, increase attention to the affixed person, and encourage avoidance (2007, p. 469). Within the MSC, marks are typically described as

nonverbal forms of communication, often expressed on the body. This is the standard within stigma research: marks are considered nonverbal and/or bodily and there are no quantitative instruments used to measure them. The second research question of the current project asks if these understandings of marks within stigma could be expanded when considered in terms of a cultural identity framework.

To review the assumptions of a perspective of stigma through cultural identity theory, they include first, that stigma is not located within any one individual, that normal and stigma represent two roles that are accessible via all individuals, and that stigma is a tool used for engaging with a cultures identity values. Given these assumptions, the relevant question is what function, if any, could marks serve within the process of cultural identity value engagement? In order to address this question, insights from Stuart Hall (1985), specifically pertaining to meaning making and signification, will be discussed.

For Hall (1985), identity is not simply reflected by culture, it is constructed through signification practices that constitute representation and ideological social relations. The idea that cultural identity consists of a network of symbolic ‘points’, or in Goffman’s term, ‘pegs’, concerned with ways to understand the self, the world around the self, and the self’s place within the world (Goffman, 1963, p. 56). Such a cultural identity network is built upon firstly, representation (which is made possible through signification and language), and secondly through the inscription and perpetual management of the values and meanings embedded in given identities. Of direct interest to the second hypothesis is this management of the cultural identity value network. Hall’s concept of ‘play’ comes to mind again because

it encourages asking specifically who in a society is entrusted with the management, i.e. reassurance, reenactment, repositioning, of such identity values (Hall, 1989).

One possibility is that everyone is tasked with the management of the identity values. Although every individual may have equal means to take up the task, other considerations such as their resources for doing so, the reception and effect of their practice, and their level of investment in the field is not equal. In other words, although it would appear that all individuals within a culture have the ability to reinforce, reposition, or radically shift identity value norms, not all of them will do so with equal impact and effect. And one reason individuals may continue to engage with such a network, despite a possibly limited range of influence, is because, as Hall states, these frameworks of meaning are integral for individuals to obtain a shared sense of who they are. Therefore, even if an individual is not directly impacted by a given identity, there still exists connections that form a precedent in upholding (or challenging) a status quo.

Considerations such as these are valuable because they expand the area of study to include functions that occur even when no stigmatized individuals are physically present (or their presence is concealed and/or minimized). The management of identity values, especially those considered stigmatized identities, are always available and ready to be invoked communicatively. This has yet to be fully explored within the stigma literature. The relevant issue at present is the question of whether marks constitute a significant function within cultural identity value management, and if so, how this function could be measured quantitatively. Guidance towards addressing these questions will come from a potentially unexpected source: from advertising and marketing research.

The practice of advertising and marketing has several functions. Certainly, a key element is in sharing information about a product and persuading audiences to purchase said product. But an additional function crucial to successful marketing is the engagement with relevant identity values of a culture. This is because, as Du Gay et al. (1997) explain,

“In order to sell, it must first appeal: and in order to appeal, it must engage with the meanings which the product has accumulated and it must try to construct an identification between us the consumers and those meanings” (Du Gay et al., 1997, p. 25).

Advertising can represent a significant structure in cultural identity because it regularly and habitually engages with possible connections between individuals and the identity values of their culture. Advertising communication is only effective insofar as the audience can identify themselves with the individuals depicted in the message (Du Gay et al., 1997, p. 25). This process of identification operates on many different levels within the imagination—and it is within the imagination—where the “idealized self-images” and “unspoken desires” are made evident (Du Gay et al., 1997, p. 26). Additionally, identification is not a unidirectional process as the advertising message does not simply reflect the relevant values of the time, but it also engages with them in productive, protective, or transformative ways. The messaging in advertising is always simultaneously engaged in the past and present as well as the future because the goal of advertising points towards the future: a future hopefully where viewers purchase said products (Du Gay et al., 1997, p. 39).

What remains, however, is the question of how the management of these values manifest and whether they can be measured. There is reason to suspect that marketing practices

are involved in the process. Within cultural identity theory, the foremost principle is that meaning is created through communication, specifically difference created with language (du Gay et al., 1997). One way that meaning is created through difference is by the practice of marking: by identifying the similarity and difference between two objects, it becomes possible to distinguish between the two, and thus use that difference to form meaning. One small caveat, however, is that communication is temporary in time. A difference spoken or written about at one point in history is not necessarily everlasting, as individuals can pass away, taking their stories, knowledge, and meanings with them. It is in this way that meaning through communication is always inherently temporary. It must always continue to be enacted if it is to persist. Thus, the identity values of a culture likewise only exist insofar as they are repeatedly and consistently called upon through the meaning making process of communication and language. Therefore, each individual experiences the stakes of identity not only in relation to how they are played out upon their own bodies, but they also assume responsibility for continuing to manage the identity values of a culture.

Given this information, a viable tool for measuring these marks would need to engage directly with marking as a communicative practice that differentiates between two objects. One possible tool that meets these criteria is the Evaluative Lexicon (EL). Matthew Rocklage and Russel Fazio (2015) sought to create a novel approach to quantifying and measuring attitudinal dimensions that captured multiple meanings and would be applicable across a wide variety of settings. What they developed was the Evaluative Lexicon. Previous attitude measurement tools were caught between one of two methodological approaches: the time intensive open-ended approach, which required individuals to engage in introspection about

their attitudes and beliefs, and a closed-approach, consisting of close-ended surveys such as affective bias scales, and semantic differential scales (Rocklage & Fazio, 2015, p. 215). All of which required research participants to reflect on and assess various dimensions of their attitudes toward an object. The EL is a new tool that covers the same ground but does it without needing the participant to reflect on their own attitudes. Instead, it relies on the implied evaluations that evaluative adjectives connote in their usage. Meaning, Rocklage and Fazio (2015) use evaluative adjectives themselves as the measure in which to draw rich cognitive and emotional data from individuals that use them. Of the choice to focus on adjectives, they state,

“We therefore focused on those words that are descriptive by their very nature: adjectives. Adjectives are particularly important when expressing attitudes because they are essentially communicators’ attempts to describe an object and their favorability toward it (e.g., as beneficial, terrible, fantastic)” (Rocklage & Fazio, 2015, p. 216).

This showcases the wide range of applicability the measure has. In the case of the current study, where attitudes and beliefs are of lesser importance to the symbols and signs being communicated, a tool that measures ‘attempts to describe an objective and favorability toward it’ is exactly what such a study requires.

The Evaluative Lexicon (EL) was created and validated through a series of studies and publications. Its creation was facilitated in an initial study which collected a list of adjectives used in prior evaluative research and met additional criteria set forth by the investigators. The criteria included: the adjectives needed to be evaluative in nature, have

positive or negative denotations, have consistent valence associated with them, were applicable across several objects and contexts (Rocklage & Fazio, 2015, p. 216). The final list contained 94 evaluative adjectives. From there, 132 participants were recruited to provide normative ratings three key constructs for each adjective on the list. These constructs included the valence, extremity, and emotionality implied for each evaluative adjective. Survey participants were asked to rate each of the adjectives either on the implied valence, or the implied emotionality (Rocklage & Fazio, 2015, p. 216). Implied valence was described to participants as the extent to which a term implies a negative evaluation or a positive reaction. Implied emotionality was described as the extent to which a term implies a reaction based on emotional reaction. The third variable, extremity, was not presented to study participants, but was instead calculated as an additional variable drawn from values of implied valence scores. Extremity is related to valence in that it describes the extent of how positive or how negative a reaction is (Rocklage et al., 2018, p. 1327).

The findings of the initial study demonstrated not only that individuals appear to be able to conceive of the meanings of these adjectives across multiple dimensions, but also that the final computed ratings for each adjective along those dimensions matched prior research using the same terms (Rocklage & Fazio, 2015, p. 217). Subsequent studies used the values of the EL compiled in the original study and tested the tools validity in measuring underlying attitudes and the applicability to multiple methods of research as well as in experimental and naturalistic settings.

The second task of this project uses the Evaluative Lexicon to ask whether the qualities of evaluative adjectives, such as adjective count, adjective valence, adjective

extremity, and adjective emotionality, can be operationalized as marks that significantly measure stigmatized identities in an intercategorical manner. Doing so requires certain assumptions to be made. First, it is assumed that marks related to the management of stigma identities will be negative in adjective count, valence, extremity, and emotionality. Second, it is assumed that non-stigma identities will be positive in adjective count, valence, extremity, and emotionality. One benefit of the EL is that it allows the measurement of positivity and negativity as two elements. It is therefore possible to be much more specific in measuring these adjectives than in other attitude measurement survey instruments. Three tests will be performed for every hypothesis: 1) do the stigmatized conditions differ from the non-stigmatized condition in the dependent variable? 2) are the stigmatized conditions parallel in their associations with the dependent variable? And 3) are the associations in the assumed directions with the dependent variable? Given these specifications, the following hypothesis are as follows.

2.4.iv Hypotheses

H5: Both stigmatized conditions will receive significantly more negative adjective counts than the non-stigmatized condition.

H6: The non-stigmatized condition will receive significantly more positive adjective counts than both stigmatized conditions.

H7: Will the number of ambivalent and dichotomous adjectives differ significantly between both stigma conditions?

H8: Will there be a difference in negative adjective valence between the non-stigma condition and the stigma conditions?

H9: Will there be a difference in positive adjective valence between the non-stigma condition and the stigma conditions?

H10: Will there be a difference in positive adjective extremity between the non-stigma condition and the stigma conditions?

H11: Will there be a difference in negative adjective extremity between the non-stigma condition and the stigma conditions?

H12: Will there be a significant difference in positive adjective emotionality between the non-stigma condition and the stigma conditions?

H13: Will there be a significant difference in negative adjective emotionality between the non-stigma condition and the stigma conditions?

H14: Will the two outcome variables of adjective emotionality and affective scale measures be significantly related to one another?

H15: Will any evaluative adjectives be significantly associated with the stigma and non-stigma conditions?

2.5 Case Study

On Wednesday, April 3, 2019 at 6:14PM EST the Gillette Venus Twitter handle published a photo of body-positive influencer and author Anna O'Brien, also known as

Glitter and Lazars, in her bathing suit on the beach. The tweet read, “Go out there and slay the day 🍷📷 Glitter + Lazars.” The tweet was not unlike the others that had come before it with a snappy slogan, some emojis, and an uplifting photo, except for one noticeable difference: Anna O’Brien is a plus-size model. While she was not the first plus-size model to be featured in one of their tweets, the majority of the women shown prior to April 3 were thin women. The tweet went viral. At the time, tweets from the account on average received less than 50 interactions per tweet, but the Glitter and Lazars image throttled to thousands of likes, retweets, and comments. Major news outlets soon picked up on and reported on the hype drawn from the tweet.

Debates about the message of the tweet sprung up. Some argued that the brand was “promoting” and “glorifying” obesity, and many requested that Gillette delete the post (Di Filippo, 2019). One comment read, “Hey Gillette this is not healthy at all, people of this size run the risk of early death due to heart failure and many more health issues” (*Gillette’s New Venus Advert Sparks Fat Phobia Debate with Choice of Model*, 2019). Many comments accused Gillette of “irresponsibly’ promoting an unhealthy lifestyle for profit” (Cerullo, 2019). Likewise, appeals to danger were included as one comment read, “Please stop. Promoting this is dangerous. Being unhealthy is not a good thing,” (Cerullo, 2019). Those familiar with stigma communication cues may notice the appeals to responsibility and peril appear here as they do with other stigmatized topics such as mental illness and infectious diseases.

In addition to appeals for responsibility, danger, and health, many also posted animated gif reaction images, memes, and jokes at the model’s expense. One animated gif

shows an image of Homer Simpson pouring bleach into his eyes while he screams. Another image shows an illustration of a whale with a razor head for a tail-the caption reads, “shave the whales.” Another comment shows a possibly photoshopped image of someone in a bikini who is underweight and has bone structure showing through her skin. The comment reads, “Get out there and slay the day!” meant to imply that Gillette might as well be encouraging people develop eating disorders such as Anorexia as well. One gif response shows actor and celebrity Johnny Depp dressed up as Jack Sparrow and making a disgusted/gagging expression. Another user posted a poll that read, “This was a...” with options “Good idea” and “Bad idea.” Out of 20,587 votes, 11.1% responded “Good idea,” while “88.9%” responded, “Bad idea.” These examples can be understood as what Burmeister and Carels (2014) refer to as disparagement humor. They suggest that the level of engagement of enjoyment of jokes negatively targeting someone of a lower social class coincides with an increased level of agreement with stigmatized attitudes towards that group (Burmeister & Carels, 2014).

On the other side of the debate, many disagreed with the backlash and responded in support of Gillette and O’Brien. One user responded, “Are you this person’s doctor? Do you know if they are unhealthy? How? Where is her medical history in the tweet?” (GMA Team, 2019). Another user commented, “Weight is not an indicator of health, and health is not an indicator of worth” (GMA Team, 2019). Another user wrote, “I know this is just a trickle of positivity in a sea of madness, but I just wanted to say thank you for posting this. I know and love a lot of people that are big and it breaks my heart to see the abuse they endure daily.

Thank you for helping to normalize love for all bodies” (Jorgenson, 2019). One user commented, “You are slaying sister! 🥰🥰🥰” (Jorgenson, 2019).

The attention drawn was so great that it led to the brand adding their own comment under the tweet the next day that read,

“Venus is committed to representing beautiful women of all shapes, sizes, and skin types because ALL types of beautiful skin deserve to be shown. We love Anna because she lives out loud and loves her skin no matter how the ‘rules’ say she should display it” (Gillette Venus, 2019).

The ABC News Good Morning America Team reached out to O’Brien regarding the viral tweet. She responded, “What people who aren’t plus-sized don’t know is this is our everyday existence. I wanna show women that they can do whatever they want. If you look at my image, it’s joyful. It’s happy. It’s inspired. I’m living a great life, but for a lot of people, all they can see is fat” (GMA Team, 2019).

The debate even extended into the realm of journalism, as some outlets favored Gillette’s approach to fat positivity while others, such as CBS News journalist Megan Cerullo, framed their coverage of the tweet favoring critique. Cerullo wrote regarding the subject,

“More than one-third of American adults are considered obese. That can cause coronary artery disease, hypertension, type 2 diabetes, high cholesterol, obstructive sleep apnea, osteoarthritis of the knees and other joints, as well as fertility problems, according to NYU Langone Health. ... Experts believe Gillette intended to make a

splash by wading into polarizing territory among a new generation of consumers who view brands as extensions of themselves” (Cerullo, 2019).

It is clear the tweet had entered highly contentious cultural territory regarding fat acceptance that wasn't resolved prior to the tweet and continued to be debated long after it's virality faded.

The current study uses the case of the viral 2019 Gillette Venus tweet as a naturalistic example of both cultural identity threat and as a discursive play of dominant ideological identity values pertaining to fatness. An experimental survey is then created, including vignettes replicating the scenario presented by the viral tweet. Two stigmatized conditions are chosen for the study stimuli: fatness and Schizophrenia. The stigma of fat body weight is chosen because it is the stigma in question of the viral tweet. It is also chosen because the measurement of fat stigma is related to attributions of responsibility and causality regarding the responsibility to manage ones weight and personal health (A. A. Brewis et al., 2011; Stangl et al., 2019). These factors are posited to explain a majority of fat stigma rather than perceived dangerousness. Because modified perceptions of dangerous are of key interest to the study, the second stigma condition chosen is mental illness, specifically the condition of Schizophrenia. The stigma of Schizophrenia is related to attributions of physical dangerousness and this attribution is frequently cited as the reason for increased levels of social distancing (Link et al., 1987; Penn et al., 1999; Steadman, 1981). Therefore, two conditions that represent low and high in traditional attributions of perceived dangerousness will be tested to measure modified measures of perceived risk pertaining to cultural threat.

The two conditions are also chosen because the dominant ideologies regarding each include discursive challenges and struggles to the common-sense status quos. In the case of mental illness and Schizophrenia, the link between mental illness and proclivity of physical dangerousness has been subject to debate about whether individuals suffering from mental illness are more dangerous than those who are not (Penn et al., 1999). In the case of fatness, there are likewise struggles to common-sense status quos regarding the link between fat body weight and negative health outcomes (Lyons, 2009). Both stigmatized conditions therefore represent cultural points of struggle, or play, where stigma verbal marks are expected to be utilized by actors involved. In this way, both stigmatized conditions of Schizophrenia and fatness satisfy the conditions necessary to test both research questions of interest in the present study. First, in testing the existence of a shared cultural threat among two stigmatized conditions typically rated low and high with traditional measures of perceived dangerousness. Second, in testing for use of verbal marks in the form of evaluative adjectives used in the discursive management of cultural identity values as applied to fatness and mental illness.

2.6 Summary

The present state of stigma research is vast and complex, hailing contributions from several different fields such as psychology, sociology, anthropology, and communication. Although the initial catalyst for such research, Goffman's 1963 publication on stigma remains the first and among the only attempts to synthesize many forms of marginalization under the conceptual umbrella of stigma. In the time since, much research has proliferated

according to the type of stigmatization, but less attention has been paid to intercategorical translation efforts and broader theoretical justification of the concept. The current project proposes a strategy to be used toward synthesizing existing knowledge about various forms of stigma into a common framework. Guided by Goffman's (1963) recommendations and supplanted using Stuart Hall's (1985, 1986, 1989) theory of cultural identity, the current project proposes a framework of cultural identity stakes to be tested for possible utility towards these aims of inter-categorical assessment and evaluation. The project will include two research questions, the first involving expanded perceptions of danger and the second testing the role of verbal marks in the form of evaluative adjective elements. The intention is to identify possible methodological tools, based in theoretically driven constructs, that can demonstrate shared properties across two differing types of stigmatized conditions.

CHAPTER 3

METHODS

3.1 Study Design

The present study used this viral Gillette Tweet case as a starting point for an experimental survey analysis of stigma. The image of Anna O'Brien was included for the fat stigma condition, and a similarly staged image of a thin woman was sourced for the thin condition. From here, the study design was adjusted to add conditions for the presence of mental illness: Schizophrenia stigma, and no mental illnesses present through the use of a written "bio" accompanying the images. The format presentation was adjusted from a Twitter-based presentation into a hypothetical vignette loosely adapted from O'Keefe's (1988) message design approach for eliciting communicative elements from respondents in an evaluative manner. The hypothetical vignette framed the survey as an exercise for the participant to evaluate potential candidates for employment or for becoming a patient at a private practice. This method was chosen to encourage participants to evaluate the person in the conditions.

3.2 Study Sample

A convenience sample of 281 college students were recruited from social science courses to participate in an online survey about adjective use and identities. 273 ($n = 273$)

students completed the survey. Of the completed respondents, the majority age was low twenties, with over 90% of respondents reporting their age between 18-23. Respondents were also majority female ($n = 171$), with over 60% reporting female compared to men ($n = 99$). Concerning the reported race of participants, 40% reported being white ($n = 108$), 30% reported Asian ($n = 81$), 18% reported Black ($n = 49$), and 11% reported “Other” ($n = 31$). A complete table of participant demographics is found in Table 2.

3.3 Procedure

Participants were recruited to complete an online survey for course credit in various social science classes including Introduction to Sociology, Introduction to Communication, The Self in Society, and Customer Relationship Management. Procedures were approved by the institutional review board (IRB). Recruitment to participate in the study occurred through in-person visits to classrooms where the investigator presented information about the study, how to participate, eligibility guidelines, the voluntary nature of the survey, and anonymity of submissions. The survey was divided into two parts: first, they would be exposed to an experimental condition and prompted to evaluate the stimulus. Second, they were then asked to fill out those same evaluation measures as they applied to themselves. After providing consent to participate in the study and verifying their age of 18 years or older, participants were presented with one of two possible hypothetical vignettes describing a scenario where an applicant would need to be evaluated by the participant filling out the survey.

Participants were then shown identical profiles of the “applicant,” with the only differences being the two experimental manipulations for body weight stigma and mental illness stigma. Further details about the experimental manipulation will be provided in the

following subsection for manipulation. In addition to the photo, all respondents were shown basic information text about the applicant. Following the presentation of the applicant profile, participants were prompted to evaluate the applicant Rachel Johnson using several measures including open-ended items, selection of adjectives from word banks, and Likert-style scale items. After completing the evaluation of the applicant, the participants were asked to fill out the Likert-style scale items again, with themselves as the person being evaluated instead of the stimulus. Lastly, participants were asked to provide demographic information about themselves before reaching a concluding page with repeated information about the voluntary nature and anonymity of their responses, and an option to request course credit before submitting their responses.

3.4 Manipulation

Participants were randomly assigned to one of four conditions in a 2 (scenario: doctor's office or advertising agency) x 2 (body weight stigma: fat or thin) x 2 (mental illness stigma: schizophrenia or no mental illness) factorial design. First, participants were randomly sorted into one of two possible environmental conditions consisting of a doctor's office or advertising agency's vignette. Both vignettes were designed to be identical except for the environmental stimulus of either an advertising scenario, or a medical office scenario. The advertising scenario reads as follows:

“For this survey, imagine that you are the Director of Advertising for a well-known brand. It is part of your job to review applications and oversee the decision process for deciding which professional models will be featured in the company's print advertisements. Today your assistant has delivered a folder containing an application

that was recently submitted. On the following pages, please carefully look over this application then answer the following questions.”

The medical office scenario reads:

“For this survey, imagine that you are the Head Physician for a well-known medical practice. It is part of your job to review applications and oversee the decision process for accepting new patients. Today your assistant has delivered a folder containing a patient application that was recently submitted. On the following pages, please carefully look over this application then answer the following questions.”

From there, participants were randomly assigned to one of four possible experimental conditions designed to operationalize stigma due to body weight (a fat stimulus and a thin stimulus), and mental illness (a stimulus with Schizophrenia, and a stimulus with no mental illness), resulting in four possible experimental conditions. The four possible conditions include Fat + Schizophrenia, Fat + No mental illness, Thin + Schizophrenia, and Thin + No mental illness. The applicant profile presented text information about the stimulus, Rachel Johnson, in addition to a photograph. The profile text reads,

“Applicant Name: Rachel Johnson

Age: 31

Height: 5’ 7”

Preexisting Conditions: [Schizophrenia] OR [N/A]

Weight: [250 lbs.] OR [115 lbs.]”

These specifications were the only differences between experimental conditions, and all other elements of the survey were identical for all participants.

3.5 Measures

The survey included several measures to represent the theoretical constructs of interest, including perceived affective benefit, perceived affective risk and dangerousness, perceived cognitive benefit, and perceived cognitive risk and dangerousness. In addition to the formal measures, the survey also included tools from the Evaluative Lexicon (Rocklage & Fazio, 2015).

Formal survey measures used in the survey represent constructs identified by the attribution model of mental illness stigma (Corrigan et al., 2003), and the model of stigma communication (Smith, 2007), including perceived risk and perceived dangerousness. In addition to traditional stigma survey items, a measure for affective feelings of risk was Peters and Slovic's (2007) HUE: Holistic, Unipolar, Discrete Emotion scale, as well as Smith's (2012) measure for perceived dread. Lastly, in an effort to incorporate Slovic et al.'s (2004) benefit perceptions to the measures of perceived risk, the positive items in Peters and Slovic's (2007) HUE measure was included in addition to Dodds and colleagues (1991) scales for perceived quality.

Two items for perceived dangerousness (Smith et al., 2019) and one item for perceived risk (E. M. Peters et al., 2004) are used to assess the degree to which the survey respondent judges the decision to hire the hypothetical individual portrayed in the survey stimulus as dangerous, a risk, and unpredictable ($\alpha = .799$). These three items were averaged into one score to represent perceived risk/dangerousness with lower scores indicating lower perceived risk and higher scores indicating higher perceived risk ($M = 2.73$, $SD = 1.52$). Response options are ordered on a seven-point Likert-style scale from Not at All (1) to Very

Much (7). Examples of these items include, “The decision to hire Rachel for the modeling job would be [Dangerous], [A Risk], and [Unpredictable].”

The holistic, unipolar, discrete emotion (HUE) evaluative measures consists of 10 unipolar discrete emotion terms and asks participants to respond the degree to which the term applies to the topic of interest (Peters & Slovic, 2007). Divided in half, there are five positive HUE items: happy, friendly, enthusiastic, loving, and excited, ($M = 18.25$, $SD = 8.691$, $\alpha = .916$) and five negative HUE items: upset, angry, annoyed, disgusted, and afraid ($M = 6.92$, $SD = 3.579$, $\alpha = .800$). A measure for feeling threatened (Smith et al., 2019) includes two items to assess the degree to which the stimulus makes the survey participants feel threatened. These two items include, “Rachel makes me feel [Threatened]” ($M = 1.31$, $SD = .918$) and “Rachel makes me feel [Uneasy]” ($M = 1.78$, $SD = 1.342$).

In an effort to include cognitive measures for both perceived risk and perceived benefit, scales for perceived quality were adapted from Dodds and colleagues (1991) to accommodate the need for a cognitive measure of perceived benefit. Because the original scales were used to evaluate products, the items were adapted to apply to the evaluation of a person. Perceived quality is designed to measure the conceptualization of the cognitive tradeoff between perceived quality and sacrifice (Dodds et al., 1991). The measure consists of five items including examples such as, “Rachel seems [Reliable],” “Rachel seems [Good],” and “Rachel seems [Dependable]” ($M = 19.25$, $SD = 7.041$, $\alpha = .919$). An average of the five items was used for analysis.

The Evaluative Lexicon (EL), developed by Rocklage and Fazio (2015), is a program that allows researchers to quantify evaluative adjectives according to three elements designed

to distinguish between implied affect and cognition that are elicited when people use language. These three elements include adjective valence, extremity, and emotionality. The Lexicon of evaluative adjectives was created by compiling lists of evaluative adjectives, then asking study participants to judge each adjective according to its implied valence, extremity, and emotionality. The final Evaluative Lexicon, comprised of 94 adjectives, has been experimentally validated to accurately demonstrate implicit attitudes that are elicited through use of adjectives. Through these measures, adjective implied valence, extremity, and emotionality was calculated and stored in the Evaluative Lexicon program.

For the current project, adjectives were elicited from participants using word banks containing the 94 terms of the EL. To lighten the cognitive load for participants, the adjectives were divided into three separate categories: neutral, negative, and positive adjectives, where one category displayed per page. Adjectives were divided according to the valence score; 42 adjectives with a mean valence score of 6.0 or larger were placed in the ‘positive’ category, 40 adjectives with a valence score of less than 2.54 were placed in the ‘negative’ category, and ten adjectives with scores ranging from 2.74 to 5.94 were placed in the ‘neutral’ category. With the stimulus image appearing at the top of every new page, the items for adjective elicitation read,

“The following choices show a selection of [NEUTRAL/NEGATIVE/POSITIVE] adjectives. Please select any of the adjectives that you feel accurately describe Rachel. If more than one adjective applies, multiple selections can be made. If none of the adjectives apply, leave them blank and click ‘Next.’”

Designing the data collection with word bank selection as opposed to open-ended text entry allowed the researcher to control of the direction that the adjectives would be used. When open-ended text entry is used, it can be necessary to remove data that includes adjectives from the EL but is preceded by negation (Rocklage & Fazio, 2015, p. 219).

3.6 Data Processing

Before analysis, the responses of 281 participants were examined for missing values, accuracy of data entry, and fit between distributions and assumptions. Of the 281 submissions, 8 were removed for either not completing the survey, or for having missing values for more than 90% of the survey. Assumptions of normality and possible extreme scores were determined separately for each demographic group and variable. Variables that did not meet assumptions of normality were analyzed twice using parametric and nonparametric statistics.

CHAPTER 4

RESULTS

The results of this study are divided along two main research aims. The first research question asks if there is a shared sense of danger, risk, or peril that is aroused when a stigma topic is present. To answer this question, several hypotheses were tested. Hypotheses 1-4 address elements of testing the relationship between two stigma conditions and adapted measures of perceived danger. The second research question asks if there are verbal marks that are elicited when asked to evaluate two stigma conditions. Hypotheses 5-15 will test the relationship between two stigma conditions and various elements of evaluative adjectives of the Evaluative Lexicon (Rocklage & Fazio, 2015).

H1: Stigmatized conditions will receive higher ratings of negative affective measures, such as anger, fear, disgust, and sadness, when compared to the non-stigmatized condition

The first hypothesis predicted that stigmatized conditions (fat and Schizophrenia) would receive higher ratings of negative affective measures, such as anger, fear, disgust, and sadness, when compared to their non-stigmatized counterparts (thin and no mental illness). To test this hypothesis, a correlation table was produced. This analysis showed that the condition stigmatized with mental illness was significantly related to ratings of negative affect ($r = .121, p = .048$), however, the fat stigma condition was not. The direction of the

association was tested using an independent samples one-way ANOVA. Results showed that participants in the Schizophrenia condition rated higher levels of negative affect ($M = 1.56$, $SD = .885$) compared to those in the condition with no mental illness ($M = 1.37$, $SD = .714$); $F(1, 267) = 3.94$, $p = .048$. From these findings, H1 was not fully supported because the prediction specified that both stigmatized conditions would receive higher ratings of negative affect. The results demonstrated that only one stigmatized condition (mental illness) received higher ratings over the non-stigmatized condition (no mental illness).

H2: The non-stigmatized condition will receive higher ratings of positive affective measures, such as happy, friendly, excited, enthusiastic, and love, compared to both stigmatized conditions

The second hypothesis predicted that non-stigmatized conditions (thin and no mental illness) would receive higher ratings of positive affect items, such as happy, friendly, excited, enthusiastic, and love, compared to their stigmatized counterpart conditions (fat and schizophrenia). This hypothesis was tested by running a correlation table. Results showed that only Fat and Thin conditions demonstrated a significant association ($r = .276$, $p < .001$). Furthermore, an independent samples one-way ANOVA examining the relationship between Fat/Thin conditions and positive affect showed that the stigmatized fat condition received higher levels of positive affect ($M = 4.03$, $SD = 1.71$) compared to the non-stigmatized thin condition ($M = 3.10$, $SD = 1.55$); $F(1, 270) = 22.188$, $p < .001$. From these findings, H2 was rejected. Positive affect did not have similar associations to two conditions of

stigmatizations, and in the case that there was a significant association it was in the opposite direction than predicted.

H3: The non-stigmatized condition will receive higher ratings of positive cognitive measures, such as perceived value and perceived quality, compared to the two stigmatized conditions

Hypothesis 3 predicted that non-stigmatized conditions would receive higher ratings of positive cognitively based measures, such as perceived value and perceived quality, compared to the stigmatized counterpart conditions. This was tested first by producing a correlation table, the full correlation matrix can be found in Table 2. Results showed that only the fat/thin conditions were significantly associated with perceived quality ($r = .127, p = .043$). None of the conditions were significantly associated with perceived value. Hypothesis 3 also predicted that the significant association would be in a specific direction, with non-stigmatized conditions predicted to received higher levels of positive cognitive measures. For the fat/thin conditions, this was tested using an independent-samples one-way ANOVA, shown in Table 3.

Results showed, with marginal significance, that participants in the stigmatized fat condition reported higher levels of perceived quality ($M = 4.01, SD = 1.49$) compared to that reported by those in the non-stigmatized thin condition ($M = 3.68, SD = 1.35$); $F(1, 268) = 3.669, p = .056$. From these findings, H3 was rejected. The two stigmatized conditions were not simultaneously associated with positive cognitive measures, and when one of the stigmatized conditions was significantly associated, it was in the opposite direction than predicted.

While H3 was rejected, additional analyses produced interesting findings worth noting. First, a post hoc multiple comparisons test showed that among the four experimental conditions, Fat/NA, Fat/Schizophrenia, Thin/NA, and Thin/Schizophrenia, the Fat/NA condition (subject being rated was stigmatized with Fat condition but not mental illness) was significantly different from the three other condition combinations. This was interesting, because while the weight stigma condition was significantly related to perceived quality, this effect was not observed in both fat condition groups (Fat/NA and Fat/Schizophrenia). To explore this difference further, a test for possible interaction effects between weight stigma and mental illness stigma on perceived quality was conducted. Results showed that there was an interaction effect present between the two stigma conditions on perceived quality, $F(1, 266) = 4.831, p = .029$. The results indicated a ‘sweet spot’ interaction effect, which suggests that the effect was only significant in a specific combination of conditions. The ‘sweet spot’ interaction effect was only observed in the Fat/Schizophrenia group and suggests that the mental illness stigma added to the Fat/Schizophrenia group introduced an effect on perceived quality that was not present in the Fat/NA group.

In addition to the interaction effect between weight and mental illness conditions on perceived quality, a significant gender effect was also observed; $F(1, 263) = 4.280, p = .04$. Of the survey respondents that were men, reports of perceived quality were observed in the hypothesized direction with ratings of perceived quality decreasing from thin condition ($M = 3.568, SD = 1.266, N = 58$) to fat conditions ($M = 3.356, SD = 1.209, N = 41$). Conversely, respondents that were women demonstrated the opposite direction of reported perceived quality. Among women respondents, those in the thin condition reported overall lower levels

of perceived quality ($M = 3.776$, $SD = 1.412$, $N = 76$) compared to those in the fat condition ($M = 4.305$, $SD = 1.536$, $N = 92$). In response to this gender effect, a second ANOVA was conducted while controlling for gender. Results showed that when gender was controlled for, the effect from fat/thin stigma conditions moved to non-significant levels, the mental illness stigma conditions became significant; $F(1, 266) = 4.549$, $p = .034$; and the interaction effect between mental illness and body weight stigma conditions remained significant; $F(1, 266) = 4.553$, $p = .034$. The implications drawn from these results will be discussed further in the next section.

H4: Both stigmatized conditions will receive significantly higher ratings of perceived risk and dangerousness measures compared to the non-stigmatized condition

Hypothesis 4 predicted that both stigmatized conditions of body weight and mental illness would be significantly associated with perceived risk and dangerousness measures compared to their non-stigmatized counterparts of thin and no mental illness, with the stigmatized conditions reporting higher levels of perceived risk and dangerousness. To test this hypothesis, a correlation table was first produced, shown in Table 4. Findings showed that only the stigmatized Schizophrenia/No mental illness conditions were significantly associated with perceived risk and dangerousness ($r = .207$, $p = .001$). To test the direction of the association, an independent-samples one-way ANOVA was conducted between the Schizophrenia/No mental illness conditions and perceived risk and dangerousness. The results of the ANOVA can be found in Table 5. Results showed that participants in the stigmatized Schizophrenia condition reported higher levels of perceived risk and

dangerousness ($M = 3.04$, $SD = 1.60$) compared to those in the no mental illness condition ($M = 2.41$, $SD = 1.37$) $F(1, 266) = 11.948$, $p = .001$. From these results, H4 was not supported. While the mental illness stigma conditions were significantly associated with perceived risk and dangerousness in the predicted direction, H4 predicted that both stigmatized conditions for weight and mental illness would produce similar significant associations and this was not the case.

H5: Both stigmatized conditions will receive significantly more negative adjective counts than the non-stigmatized condition

H6: The non-stigmatized condition will receive significantly more positive adjective counts than both stigmatized conditions

Hypothesis 5 and 6 predicted that negative adjective counts would be significantly associated with stigmatized conditions, and that positive adjective counts would be significantly associated with non-stigmatized conditions, respectively. H5 was rejected due to none of the conditions having significant associations with negative adjective counts. Concerning H6 and positive adjective counts, the fat/thin conditions were significantly associated with positive adjective count ($r = .177$, $p = .003$), however an independent samples one-way ANOVA revealed that the direction of the association was opposite to what was predicted. Participants in the fat condition reported a significantly larger amount of positive adjectives ($M = 5.76$, $SD = 5.80$, $N = 136$) than those in the thin condition ($M = 3.91$, $SD = 4.413$, $N = 137$); $F(1, 271) = 8.756$, $p = .003$. Considering these results, H6 was rejected as well.

H7: Will the number of ambivalent and dichotomous adjectives differ significantly between both stigma conditions?

H7 asked if the number of ambivalent and dichotomous adjectives would differ significantly between stigma conditions of body weight and mental illness. A correlation table was run to address this question. No significant association was observed between stigma conditions and ambivalent adjective counts. Concerning the number of dichotomous adjectives used, results showed that only mental illness stigma conditions of Schizophrenia/NA were significantly associated with the number of dichotomous adjectives used to evaluate the stimulus ($r = -.216, p = .030$). An independent samples one-way ANOVA demonstrated that participants in the Schizophrenia condition rated the stimulus with significantly fewer dichotomous adjectives ($M = .77, SD = .425, N = 48$) than participants in the no mental illness condition ($M = .92, SD = .267, N = 53$); $F(1,99) = 4.837, p = .030$.

H8: Will there be a difference in negative adjective valence between the non-stigma condition and the stigma conditions?

H8 asked if there would be a difference in negative adjective valence between the stigma conditions, and if there was a difference, whether it would be in line with adjective count results. This was first tested by creating a correlation table, which showed that only body weight stigma conditions were significantly associated with negative adjective valence ($r = -.232, p = .002$). To examine the direction of the association, an independent-samples

one-way ANOVA was run between body weight stigma and negative adjective valence. Results demonstrated that when participants used negative adjectives, those in the fat/stigmatized condition used more negatively valenced adjectives ($M = 2.13, SD = .828$) than participants in the thin/non-stigmatized condition ($M = 2.57, SD = 1.01$); $F(1, 199) = 10.154, p = .002$. These results show that while there was a difference in negative adjective valence between fat and thin conditions, the association did not carry over into mental illness stigma conditions.

H9: Will there be a difference in positive adjective valence between the non-stigma condition and the stigma conditions?

H9 asked if there would be a difference in positive adjective valence between two stigmatized conditions and their non-stigmatized counterparts (body weight and mental illness). This question was addressed first through a correlation table. Results showed that both stigma categories were significantly associated with positive adjective valence. Body weight ($r = -.168, p = .014$) and mental illness ($r = -.164, p = .016$) stigma were both negatively associated with positive adjective valence. In order to examine this association further, an independent-samples one-way ANOVA was conducted for both body weight and mental illness stigma with positive adjective valence. Concerning body weight stigma, participants exposed to the thin stimulus reported more positively valenced adjectives ($M = 7.889, SD = .254, N = 120$) than those exposed to the fat stimulus ($M = 7.830, SD = .171, N = 131$); $F(1, 249) = 4.760, p = .030$. Likewise, participants exposed to the no mental illness stimulus reported more positively valenced adjectives ($M = 7.892, SD = .224, N = 123$) than

those exposed to the Schizophrenia stimulus ($M = 7.826$, $SD = .205$, $N = 128$); $F(1, 249) = 5.841$, $p = .016$.

H10: Will there be a difference in positive adjective extremity between the non-stigma condition and the stigma conditions?

H10 asked if there would be a difference in positive adjective extremity between two stigmatized conditions and their non-stigmatized counterparts (body weight and mental illness). This question was tested using a correlation table, which showed that both stigma conditions of body weight ($r = -.168$, $p = .014$) and mental illness ($r = -.164$, $p = .016$) were significantly associated with adjective extremity in positive adjectives. To examine the directions of these associations, independent-samples one-way ANOVA's were conducted for both stigma conditions with positive adjective extremity. Concerning body weight stigma, when participants used positive adjectives, they tended to be more extreme for those shown the thin stimulus ($M = 3.389$, $SD = .254$, $N = 120$) than those shown the fat stimulus ($M = 3.330$, $SD = .171$, $N = 131$); $F(1, 249) = 4.756$, $p = .030$. Likewise in mental illness stigma, when participants used positive adjectives, they tended to be more extreme for those shown the no mental illness stimulus ($M = 3.392$, $SD = .224$, $N = 123$) than for those shown the Schizophrenia condition ($M = 3.32$, $SD = .205$, $N = 128$); $F(1, 249) = 5.836$, $p = .016$.

H11: Will there be a difference in negative adjective extremity between the non-stigma condition and the stigma conditions?

H11 asked the same question as H10 except concerning negative adjective extremity. This was tested using a correlation table. Only body weight stigma was significantly associated with negative adjective extremity ($r = .232, p = .002$). An independent-samples one-way ANOVA further revealed that when participants used negative adjectives, those that were exposed to the fat stimulus tended to report a higher level of extremity ($M = 2.367, SD = .828, N = 96$) compared to those that were exposed to the thin stimulus ($M = 1.929, SD = 1.016, N = 84$); $F(1, 178) = 10.163, p = .002$. These results demonstrate that when participants used negative adjectives, they tended to be more extreme for those evaluating the fat stimulus compared to the thin stimulus.

H12: Will there be a significant difference in positive adjective emotionality between the non-stigma condition and the stigma conditions?

H13: Will there be a significant difference in negative adjective emotionality between the non-stigma condition and the stigma conditions?

H12 and H13 asked if stigma conditions of body weight and mental illness would be significantly associated with positive and negative adjective emotionality. While no significant associations were observed for negative adjective emotionality, a correlation table showed that body weight stigma was significantly associated with positive adjective emotionality ($r = .516, p < .001$). An independent-samples one-way ANOVA showed that participants in the fat condition reported higher levels of emotionality in positive adjectives

($M = 5.670$, $SD = .700$, $N = 119$) compared to participants exposed to the thin stimulus ($M = 4.815$, $SD = .758$, $N = 95$); $F(1, 212) = 73.142$, $p < .001$.

H14: Will the two outcome variables of adjective emotionality and affective scale measures be significantly related to one another?

H14 asked if the two outcome variables of affective measures and adjective emotionality would be significantly related to one another. This was tested with a correlation matrix, shown in Table 7. Results showed that both measures were significantly correlated with one another, and that this was true for both positive and negative scales respectively. Positive affective scales and positive adjective emotionality were significantly associated ($r = .224$, $p = .004$) as were negative affective scales and negative adjective emotionality ($r = .336$, $p < .001$).

H15: Will any evaluative adjectives be significantly associated with the stigma and non-stigma conditions?

Lastly, H15 asked if any specific adjectives would be significantly associated with any of the stigmatized conditions and their non-stigmatized counterparts. This was first tested using a correlation table in order to identify significant relationships, and then followed up with an independent-samples one-way ANOVA to determine the direction of the association. Results showed that certain evaluative adjectives were significantly associated with body weight and mental illness stigma. Beginning with body weight stigma, the thin body weight stimulus was significantly associated with the use of the following positive adjectives:

attractive, healthy, appealing, and desirable. The fat body weight stimulus was significantly associated with the use of: awesome, joyful, exciting, positive, delightful, wholesome, commendable, nice, cheerful and enjoyable. For negative adjectives, the thin body weight condition was significantly associated with inappropriate, foolish, and boring. The fat body weight condition was significantly associated with only one evaluative adjective: unhealthy. Concerning mental illness stigma, no mental illness condition was significantly associated with the following positive adjectives: attractive, healthy, and awesome. The Schizophrenia condition was not significantly associated with any positive adjectives. Conversely, the no mental illness condition was not significantly associated with any negative adjectives, while the Schizophrenia condition was significantly associated with questionable, repulsive, unsafe, and inappropriate. Since some evaluative adjectives were significantly associated with more than one condition, checks for possible interaction effects were conducted. No interaction effects were found, meaning these associations demonstrate independent effects. The full correlation matrices can be found in Table 8, for negative adjectives, and Table 9 for positive adjectives.

CHAPTER 5

DISCUSSION

The discussion will begin with an overview of what knowledge can initially be drawn from the results in terms of how the results affect the overall goals of the project. Following will be a more in-depth look at the theoretical and historical implications of the results. Here, the theoretical implications will be discussed in terms of the first and second research aims and the study assumptions. Next, the limitations of the study will be reviewed including guidelines of how the limitations should inform future interpretations of the findings. Lastly, the discussion will close with guidelines for future research following this project.

5.1 Initial Takeaways

The initial takeaways will summarize what these results mean within the context of the overarching research goals for the project. The first goal was to identify possible measurement practices and tools that could be useful towards the inter-categorical study of stigma. This goal was tested through two main possibilities: the first in modifying existing stigma measurement scales for perceived dangerousness, the second in adapting the Evaluative Lexicon for evaluation of people and identities. Each of the results will be

discussed in terms of their implications toward the project goal of finding possible measures for inter-categorical study of stigma.

Inter-categorical research, according to Turan and colleagues (2019), prioritizes the identification of similarities and differences between categories. Two theoretical tracts toward this goal were followed: the first in pursuit of operationalizing an experience of fear, threat, or danger on a cultural level. Slovic et al.'s (2004) research on risk and benefit measurement, which utilized both cognitive and affective dimensions, was used as the primary model. This resulted in the adaption of four sets of measures: positive and negative affective scales, as well as positive and negative cognitive scales. Positive affective items were pulled from Peter and Slovic (2007) and Smith (2019) to include seven Likert-scale items including happy, friendly, safe, and secure. Negative affect items were pulled from the same sources, and likewise included seven items such as upset, angry, disgust, and afraid. Cognitive and logical measures were meant to expand beyond emotion and connect to reasons and justifications other than feelings. Positive cognitive measures were operationalized as perceived benefit. Two scales for perceived quality and perceived value, developed by Dodds et al. (1991), included ten items total and were adapted from evaluating object products to evaluating a person for this study. Negative cognitive measures were operationalized as perceived threat and perceived danger. These items were pulled from Smith et al. (2019) and Peters et al. (2004) to include items such as stigmatized, risky, and predictable.

The first four of hypotheses predicted that across these four measures, stigma and non-stigma stimuli would be rated according to their status as stigmatized or non-

stigmatized. That is, it was predicted that both stigma conditions were predicted to be rated significantly more cognitively and affectively negative as was the non-stigma condition predicted to be rated significantly more positively in both cognitive and affective scales. So, the goal was two-fold: to not only demonstrate expected directions between stigma and non-stigma, but also to demonstrate parallel directions between two stigmatized conditions of body weight and mental illness. The findings showed that, even when expanding the existing measures to include cognitive and affective in addition to positive and negative dimensions, the predictions were not supported for either goal. On the first task of demonstrating a specific difference between stigma and non-stigma conditions, with stigma stimuli being rated as more negative and less positive, the responses did not support such a relationship. In the case of the body weight stigma, the stigmatized fat condition was rated more affectively and cognitively positive than the thin condition, which was opposite to what was predicted. The second task of demonstrating a significant association between two stigmatized conditions also went unsupported. While these sets of measures produced some interesting findings, no measures, cognitive or affective, performed similarly between body weight and mental illness stigma conditions.

There are several implications to be drawn from these findings. Most relevant to the theoretical underpinning is what these results mean for the relationship between perceived threat and danger with the stigma process. In studies prior, several forms of danger and risk posed by stigma have been presented as a possible variable involved in the stigma process, and those findings were replicated in this study as well, but only for Schizophrenia stigma. The measures deployed in this study have been adapted intentionally to be as broad and

generalizable as possible in order to capture some shared elements of risk in two stigma conditions. The results of this study suggest that risk and danger are not a shared element in stigma but is instead specific to only certain types of stigma—in this case specific to stigma of schizophrenia.

In the case of Schizophrenia stigma, previous findings that show increased levels of perceived dangerousness of those with Schizophrenia were replicated in these analyses. This was consistently the case that participants in the schizophrenia condition rated the stimulus as evoking more negative feelings and rated as more dangerous than those rating the non-mental illness stimulus. It was also consistent that these findings arose in the data for negative affective measures and negative cognitive measures mainly, and less so for their positive affective and cognitive counterparts. One exception to this was in examining the relationship with positive cognitive measures such as perceived quality and the presence of schizophrenia in the fat weight stimulus appeared to hinder participants ratings of perceived quality, when in comparison those in the fat weight stimulus without Schizophrenia rated significantly higher levels of perceived quality. It was in this test that an actual interaction effect was observed between the two stigma conditions, where the fat stimulus appeared to elevate ratings of perceived quality, but this boost was hampered by the addition of the Schizophrenia stigma. While such a result is indeed interesting, the interaction effect did not occur in similar analyses such as the relationship with positive affect. It appears to persistently be the case that stigma relating to Schizophrenia is unique in ratings of negativity, at least in comparison to body weight stigma. The relationship between stigma

conditions and perceived quality produced interesting results that may be useful to further examine in future studies.

Even though risk and danger may not constitute a shared stigma element, it may still hold relevance in neighboring stigma topics other than Schizophrenia stigma. Appeals of danger and risk are commonly observed in rhetoric relating to fat stigma, where threats to personal health and the threat of glorifying obesity are indeed utilized. There is certainly a question of how a stigma of fat body weight can exist if these threat appeals were not salient enough to translate through into the survey results. One possible explanation for these counterintuitive findings are that appeals to fear and danger are but one tool that can be useful to stigmatization, but not necessarily required for the stigma process to operate. This would implicate a number of things in stigma research: firstly, it necessitates the question that arises if appeals to danger are but one tool, then what are others? It suggests that if some tools are not completely necessary, but instead merely complimentary, then it becomes relevant to ask what elements of stigmatization are more integral to the process? Possibly most interesting of all, these results suggest that researchers look beyond perceptions of danger in understanding stigma. In some cases, this will mean looking beyond the face value of certain appeals that have become so common as to appear natural and taken for granted.

The interaction effects found while testing H3 are also worth discussing further. Results demonstrated that respondents rated only the fat and no mental illness stimulus condition with significantly higher levels of perceived quality, a positive cognitive measure. While the intent of the test was to identify measures that could capture inter-categorical stigma, it is interesting to observe this “sweet spot” effect. It was not due to the weight status

or mental illness alone that respondents rated differing levels of perceived quality, otherwise the Fat/Schizophrenia or Thin/No Mental Illness stimulus conditions would have received similar changes in ratings. The implications of this will be discussed later, when detailing the limitations of the study and the effect of possible confounders.

The other interaction effect of gender in the ratings of perceived quality was similarly noteworthy. Here, participants rated the stimulus conditions significantly different depending on their reported gender and the weight stigma stimulus. Male respondents in the thin weight stimulus reported significantly higher perceived quality than male respondents in the fat weight stimulus, meaning that their responses corresponded to the hypothesized direction of perceived quality. In contrast, female respondents reported the opposite: female respondents in the thin weight stimulus condition reported lower perceived quality than female respondents in the fat weight stimulus. This interaction effect is notable because it is the only test to have any kind of interaction effect, let alone two different forms of interaction effects.

The second tract involved reconceptualizing the way marks are used to substantiate a stigma through symbolic, and not just bodily, means. Here, the application of evaluative adjectives to not only individuals but also variably stigmatized individuals was a novel use of the tool. The overall goal is in identifying possible measurement tools that can reliably measure inter-categorical stigma topics along a single dimension. This goal was not realized in the analyses involving adapted measures for perceived danger and benefit, however, the analyses utilizing the Evaluative Lexicon (EL) and using symbolic marks in the form of evaluative adjectives did provide promising insight towards inter-categorical stigma measurement.

Perhaps most intriguing is the finding that the EL indeed was found to measure distinct elements of stigmatized identity stimuli. When simply positive and negative adjective count was examined, results about the relationships between stigmatized identity conditions were similar to the findings of the perceived risk and benefit analyses. There was no relationship between any of the conditions with negative adjective count, and only the fat weight stigma condition was significantly associated with more positive adjectives than the thin weight condition. When more specific elements of those adjectives were examined, however, different and distinct pictures began to emerge regarding the ratings of the different stimuli.

Hypothesis 8 examined the levels of adjective valence, defined as the extent to which an adjective implies positivity or negativity, within the negative adjectives used to rate the stimulus. Here, the findings did not mirror prior results involving participants rating the fat weight stigma condition as more positive. Rather, when negative adjectives were used, they were significantly more negatively valenced than those negative adjectives used for the thin weight condition. The result was the same when positive adjective valence was examined. Of the positive adjectives used to describe the stimulus, those used to describe the thin weight condition were significantly more positively valenced than those positive adjectives used to describe the fat weight condition. What this means in context of the word count analysis is that even though the fat weight condition was rated with a larger number of positive adjectives than the thin weight condition, the quality of the adjectives used was markedly different. Positive adjectives were more positive for the thin weight condition than the fat

weight condition, and negative adjectives were more negative for the fat weight condition than they were for the thin weight condition.

While the findings of the relationship between stigma condition and body weight stigma are intriguing, they were not fully replicated with the mental illness conditions. There was a similar association between mental illness and body weight stigma in terms of positive adjective valence. When positive adjectives were used, they were more positively valenced for the no-mental-illness condition than those positive adjectives used for the Schizophrenia condition. Regarding negative adjective valence, however, there was no significant relationship found regarding mental illness conditions and difference in negative adjective valence. These findings are intriguing, especially considering the significant associations observed between the Schizophrenia condition and the negative cognitive measures for perceived risk and dangerousness. One would expect the negative adjective valence for the Schizophrenia condition to mirror the increased ratings of perceived dangerousness, however, the results demonstrated that this was not the case.

Hypotheses 10 and 11 addressed associations between stigma conditions and adjective extremity, which is defined as the degree to which an adjective diverges from the midpoint of positive and negative adjectives included in the EL. In this way, extremity is related to valence because the extremity is calculated using the valence scores of an adjective, but extremity differs from valence in that it describes the extent to which an adjective represents an average positive evaluation or diverges from that average. When participants chose positive adjectives, those in the thin weight condition chose more extreme positive adjectives compared to those in the fat weight condition. Similarly, participants in

the no-mental-illness condition chose more extreme positive adjectives than those in the Schizophrenia condition.

Similar to the results for adjective valence, the relationship between stigma conditions and negative adjective extremity was not replicated for both body weight and Schizophrenia stigma. When negative adjectives were used, they were more extreme for participants in the fat weight condition than for those in the thin weight condition. For the mental illness stigma conditions, however, there was no significant association between negative adjective extremity. Overall, what this means is that adjective valence and extremity were consistent in measuring stigma conditions, but only when positive adjectives were examined, not negative adjectives. This finding represents a novel contribution to the stigma literature because there has not yet been examination of the way stigma topics are associated with positivity in general. It is observable here in this study that at least two types of stigma, fat body weight and schizophrenia, impact the valence and extremity of the positive adjectives participants used to evaluate the stimulus.

The analysis of the relationship between the stigma conditions and adjective emotionality resulted in some interesting findings. Adjective emotionality is defined as the degree to which an adjective implies an emotional reaction as opposed to a more logical reaction. It was a surprise to learn there was no significant association between any conditions with negative adjective emotionality, especially with the Schizophrenia stimulus, which was significantly associated with negative affective scale measures. Conceptually, the negative affect scale and negative adjective emotionality were intended to measure similar

constructs. The incongruency in their analysis suggests that they are not measuring similar constructs.

Concerning positive adjective emotionality, the fat weight condition was significantly associated with higher levels of positive emotionality than the thin weight condition. In order to assess whether this finding corresponded to the positive affective scale utilized, a correlation analysis found that the two variables were significantly associated, suggesting that both tools were measuring a similar construct. This adds further validity to the Evaluative Lexicon as a multidimensional tool that accurately measures emotionality.

The final hypothesis asked if any of the terms including in the Evaluative Lexicon would be significantly associated with stigmatized conditions in comparison to non-stigmatized conditions. The findings of this correlation analysis both verified previous tests, such as the number of positive and negative adjectives used, as well as revealed additional details about the adjectives used. In line with the positive adjective count analysis, the fat weight condition was significantly associated with the largest number of positive adjectives. These included ten adjectives such as awesome, joyful, exciting, positive, delightful, wholesome, commendable, nice, cheerful, and enjoyable. The only negative adjective that was significantly associated with the fat weight condition was 'unhealthy.' Surprisingly, the thin weight condition was significantly associated with four positive adjectives, one of which being 'healthy,' and the other four including 'attractive,' 'appealing,' and 'desirable.' The thin weight condition was associated with three negative adjectives: 'inappropriate,' 'foolish,' and 'boring.'

The statistical as well as conceptual significance of the use of health in both positive and negative evaluations of thin weight and fat weight should be noted. While there was an observed push from participants to elevate the fat weight condition by using a larger number of positive evaluative adjectives, it is noteworthy that this effort appeared to have limits. The increased number of positive adjectives tended to be based more on emotionality and less on evaluations dealing with appearance and desirability, and less still on those dealing with positive health. The picture created by these adjectives demonstrates that there appears to be fields of values surrounding evaluations of both stigmatized and non-stigmatized identities. In the case of weight stigma, the use of health is likely an important value to investigate further.

The adjectives that were significantly associated with Schizophrenia stigma revealed a similar, yet distinct, pattern to that of body weight stigma. Here, the Schizophrenia condition was not significantly related to any positive adjectives, and likewise the no-mental-illness condition was not significantly related to any negative adjectives. This means that the only adjectives found to have a significant association with one of the conditions was Schizophrenia and negative adjectives, as well as no-mental-illness and positive adjectives. The four negative adjectives significantly associated with the Schizophrenia condition included 'questionable,' 'repulsive,' 'unsafe,' and 'inappropriate'. The three positive adjectives significantly associated with the no-mental-illness condition included 'attractive,' 'healthy,' 'awesome.' These results suggest that the value landscape involved in Schizophrenia discourse is less contested than the values of body weight stigma, especially where good and bad values are concerned. Here there was no observable push to evaluate

the Schizophrenia condition positively, nor was there an effort to evaluate the no-mental-illness condition negatively.

Lastly, the collection of adjectives was compiled into a 2x2 table to examine the way multiple stigma conditions were evaluated. When an adjective was significant for more than one condition, additional correlation tests were conducted to test for possible interaction effects. No interaction effects were found, which was most clearly visualized in the number of adjectives that were significantly associated with both stigma conditions of Schizophrenia and fat weight: zero. While further research is certainly necessary, this result suggests that another limit of the identity value field may be that evaluation limits do not automatically multiply or combine, unless the discursive landscape has established a new identity ‘peg’ with which evaluations can thus be placed. By this, meaning, in the current cultural landscape there is no image, or ‘peg,’ readily available that represents a person who is both fat and has Schizophrenia. Certainly, such people exist, but culturally this combination of stigmas has no identity peg with which to collectively evaluate it. Compare this to a fat woman identity, which involves at least two stigmas of being a woman and being fat, where cultural images are more readily available and accessible to evaluate both stigmas individually, as well as both together. Future research should continue this line of inquiry into the limits of identity value discourse, and the ways in which evaluations adapt (or don’t adapt) to intersecting stigma identities.

Although the results for this study were on the whole surprising, the implications for stigma research were valuable. It is clear, firstly, that individual stigma topics have many unique qualities that don’t transfer over easily to nearby stigma topics. Second, despite these

distinctive qualities, the possibility of inter-categorical study of stigma remains within view, just with its appearance different than initially imagined. Symbolic, instead of bodily, marks, here operationalized using the evaluative elements in the Evaluative Lexicon, appear to be the most promising avenue towards the goal of inter-categorical stigma research. With that being said, perceived dangerousness will likely continue to be useful in stigma related to certain mental illnesses, however in terms of inter-categorical stigma research, the role of dangerousness may occupy the role of differences between stigma topics.

5.2 Theoretical Implications

The results of the present study have implications both in terms of the direct hypotheses being tested and in terms of the theoretical ideas the tests were directed to inform. As such, the impact of the tests on the theoretical ideas will be discussed. The two main research questions of the project including the proposal of a shared cultural risk of stigma and the proposal of shared verbal marks of stigma will be addressed first and second. Following the research questions will include an assessment of the main assumptions of the framework used in the study: the cultural identity theory perspective on stigma. Many of the implications drawn will connect with the future recommendations for research that follows.

The first research question imagined the possibility of stigma evoking a shared sense of cultural risk, of an imperative to manage the social status quo in terms of the dominant ideologies, the results suggest a couple implications. While it is, of course, possible that the design of the current study may not have attended properly to the nuances necessary to measure such a perception of risk, the more likely conclusion is that perceptions of risk may

not constitute an intercategorical shared quality of stigma. Given the significant association between Schizophrenia and perceived danger within the survey, and the use of peril appeals within the Twitter responses to the Gillette tweet, a possible implication is that perceived danger is a conditional element within stigma communication, not a universal one. Such a proposition has the potential to be problematic for facets of stigma research that derive their theoretical tenets from socio-functional perspectives that argue stigma has originated evolutionarily as a tool for group survival. While it is outside the scope of the current project to contest such a theoretical basis, it is within the scope to suggest that such a basis alone is likely not enough for the current study of stigma as it occurs presently.

The implications that can be drawn in terms of the second research question are in line with those drawn from the theoretical assumptions, and tie-in to future theoretical possibilities related to stigma research. The second research question was concerned with the possibility of evaluative adjectives functioning as ‘verbal marks’ within the stigmatization process. The results suggest that the answer to this question is: no, verbal marks do not appear to be an intercategorical feature of stigmatization. Although negative elements of evaluative adjectives sometimes were associated with the stigmatized conditions in the study, this was never consistently the case, nor were such observations similar between the two stigma conditions. An unexpected implication that can be drawn, however, has to do with the use of positive evaluative adjective elements. Even despite the two confounding factors of differences in facial expressions of the models, the division of adjectives, and possible previous exposure to the Gillette tweet, the only variable that was consistently significantly associated with stigmatization status across two stimulus types were the evaluative adjective

elements of positive valence and positive extremity. And again, this was observed even when the fat stimulus condition received larger amounts of positive adjectives compared to the thin stimulus condition. Meaning that, even though the fat stimulus condition received more positive adjectives overall, the quality of those positive adjectives were significantly less positively valenced and less extreme than those used in the thin stimulus condition.

The implications of this finding are two-fold. First, the results add some validity to Goffman's description of 'prestige-symbols' and that the role of positive tools in addition to negative may be a worthwhile avenue for future research. The second implication, however, is that it may be appropriate for such future research to obtain some conceptual distance from the stigma frameworks, at least initially. Instead, a starting framework of identity values based in the racial, economical, political, and cultural history of a specific time and place may be a better positioned vantage point of inquiry. This proposal will be described in greater detail in the suggestions for future research, however the theoretical conclusion that can be drawn generally is, the implicit restrictions observed on the adjective qualities used were unexpected given that they were related to evaluative positivity, instead of negativity when applied to two differing stigmatized stimuli. While some documentations of stigma certainly mention a limitation of positive attributions, the focus remains mainly on the relationship between stigma and negative attributions. The results of the present study suggest that implicit positivity may constitute a more intercategorical role that first previously thought.

In addition to evaluating the implications of both research questions, attention to the main assumptions of a cultural identity framework of stigma draws implications as well.

These assumptions included three main ideas: first, that stigmatization is not limited to the stigmatization topics used for cataloging difference. Second, that stigma is understood as two-role perspectives that are knowable to all persons instead of as categories of people that can be sorted into stigmatized and non-stigmatized. Third, stigma can be understood as a tool that is used for engaging with the identity values of a society. The results of the current project have emphasized the level of consideration necessary to fully appreciate Yang et al., (2007), Kleinman & Hall-Clifford (2009), and Goffman's (1963) methodological recommendations.

For instance, both Goffman (1963) and Yang (2007) stress that stigma is not limited to the experiences of individuals and that studying stigma requires an acknowledgment of the multidimensional social properties of stigma that include elements such as history, politics, religion, morality, and identity (Goffman, 1963, p. 127; Lawrence H. Yang, 2007, p. 981). Furthermore, Yang et al., (2007) state that in measuring stigma, multiple perspectives and measures are required in order to accommodate the multiplicity of vantage points, values, and perspectives involved in various forms of stigmatization (2007, p. 1533). What this means in terms of the current project is that adapting existing individualistic survey measures are likely not sufficient to adequately, and in good confidence, study stigma, particularly in terms of its social elements. Yang et al., (2007) and Kleinman & Hall-Clifford (2009) explicitly recommend the use of ethnographic methods, such as participant observation and in-depth interviews, to best study the multidimensionality of stigma. Use of these methodological strategies are further supported by the results of the present study where the

assumptions and questions could be queried directly from multiple sources and perspectives instead of relying on implicit assumptions between the propositions and the study design.

Along the same lines, the use of multiple measures and perspectives in the study of stigma are further based within a necessity to supplement existing stigma research with the accompanying historical, political, and cultural information pertaining to stigmatization. This means that stigma and marginalization must be understood within their own contexts. For example, regarding medical stigmatization, the inconsistency in priorities regarding funding anti-stigma initiatives when the intention is to increase certain behaviors, such as mental health help seeking behaviors, and other priorities regarding the use of stigmatizing practices when the intention is to decrease other behaviors, such as tobacco smoking and fatness, needs to be addressed in historical, political, cultural, and financial terms.

This is especially relevant to the results of the present study regarding the use of “unhealthy” to describe the fat stimulus, and “healthy,” to describe the thin stimulus. Because that observation is not derived solely from the attributions made by individuals within a vacuum. Rather, it is both a reflection and participation in the cultural “play,” as Stuart Hall would refer to it, of the dominant ideology of fatness as unhealthy, and therefore, as bad. Such an understanding cannot be reached through individualistic survey response and is only identifiable through a macro-lens that includes a variety of representations of fatness. Although the present study did not include an analysis of the engagements with the Gillette tweet on Twitter, nor did it analyze the journalistic reporting of the tweet, the tension

between the perspectives of fat as bad and fat as good were evident from a cursory scan. The intricacies of that tension likely remain to be gleaned from within those sources.

Overall, the two main research questions proposed by the present study were not met with particularly promising results. Various forms of perceived risk and danger were not evident across both stigma stimulus conditions, and the consistent use of negative marks in the form of evaluative adjective elements were not observed either. Theoretically, this means that attempts to form meaningful intercategorical observations among stigma conditions using a cultural identity framework was not more effective than previously employed frameworks toward this aim. Despite this, it remains possible to return to the assumptions developed for a cultural identity theory application towards the study of identity values and ask if there are other ways to use and test such a framework. What significance could such a course of study hold, if not toward the intercategorical experimentation of stigma? Possible answers to this question will be described in the future recommendations section.

5.3 Limitations

The current study suffered from several methodological and theoretical limitations that should be considered while interpreting the results. Methodologically, several possible confounding variables were identified that likely biased the responses. Appropriateness of the survey design for multi-cultural and multilingual populations was not integrated into the design phase of the project. Analysis of similar data in a naturalistic setting is also missing, thereby limiting the extent to which these findings can be said to reflect the intended target population of Twitter users. Theoretically, the study suffers from additional missteps in the

form of the epistemological decisions made during theory building, along with likely improper application of the theories used. The hope is that in naming these limitations they can not only be avoided but may also be more proactively addressed in future research and possibly even provided with tangible solutions.

Two confounding factors may have biased the response data. These include an unaccounted difference in stimulus facial expressions and a lack of multi-lingual input regarding study design. Regarding the stimuli bias, an unaccounted-for difference in facial expressions of the models in the stimulus images may have obscured response data. Between the two stimulus photos used of two individuals, one fat and one thin, the images were chosen in order for both to be as similar to one another as possible, with the exception of the experimental variable of interest: differing body weight. Both individuals are feminine, are on a beach, and have their hands up in the air. There is one aspect between the two, however, that was different and as a result possibly confounded the data that was collected. The fat stimulus shows a woman who is smiling in an extreme way, while the thin stimulus is not showing much of an emotional expression at all. This unintended difference between the two conditions appears to be reflected in the data: participants rated the fat condition more positively than the thin condition on a number of variables. Because of this, it is possible that the data collected for this study does not have the level of internal validity necessary to assert that the findings are likely due to difference in body weight stigmatization, and not difference in facial expression.

The lack of consultation with multi-lingual individuals became apparent in the later stages of the project as well. Of the 273 survey participants, only 68% (n= 184) selected that

English was their first language. The remaining participants that selected English was not their first language were then prompted to share what their first language was.

Approximately 10% of participants first language was Chinese Mandarin (n= 28), Spanish was the first language for 4.4% of participants (n= 12), Arabic was the first language for 3.3% of participants (n= 9), and the remaining 14% of responses included languages such as Haitian Creole (n= 5), Vietnamese (n= 5), Cantonese (n= 3), Korean (n= 3), French (n= 3), Portuguese (n= 2), and Bangla (n= 2). The following languages were each answered by one participant including Japanese, Polish, Somali, Nepalese, Italian, Gujarati, Greek, Dutch, Bulgarian, Albanian, Cape Verdean Creole, Punjabi, and Funzhounese. This multilingual aspect of the survey population was not adequately accounted for during survey design and development, where aspects such as question wording, number of response scales, and visual instruments could have been subjected to consultation and focus groups to determine if the intentions of the survey were reflected in the design choices as they pertain to multilingual speakers. This applies both in terms of language and culture where non-American non-white cultural understandings were not adequately considered during the survey design stage. Future research can address this limitation by incorporating cross-cultural and multilingual consultants into the survey design process.

A second limitation of the project is that comparison data with a naturalistic setting is missing from the analysis. The text associated with the Gillette Twitter thread would have provided an opportunity to compare outcome measures with the survey sample. Ideally, the evaluations used in both the comments, and comment re-tweets would be analyzed using the Evaluative Lexicon in the same way the EL was used to analyze the evaluative adjectives

chosen by the study participants. This would have not only allowed comparison between the sample population and the target population, but it would have also provided necessary data to demonstrate the strength of the ability of the EL to reliably measure the same construct across different platforms. Due to time and technical restraints, this additional analysis was not possible and those necessary actions were not taken. Although this is certainly a limitation for the present study, it is also an accessible jumping off point for future research.

The third limitation is located at the conceptual level of the project in that the lessons of intersectionality proposed by Crenshaw (1989) were not properly considered and translated into the experimental process of the project. To review, Crenshaw (1989) argues that the normative framework of antidiscrimination is insufficient and exclusionary because it operates on a single-axis and unidirectional logic that regards the ‘normal,’ or ‘unoppressed’ in accordance with those that are the least disadvantaged. This top-down approach to oppression thereby designates the least disadvantaged as the neutral state and considers single issues of departure from that neutral state to qualify as oppression. Therefore, the framework can recognize racism in Black men, and sexism in white women, but it is unequipped to address the complexity of multiple intersecting identities, as Crenshaw (1989) demonstrates in the problematic posed to the system with Black women. Of specific relevance to this project’s limitations is the ways in which that same framework informs the experimental model and how the present study did not sufficiently consider the adaptations necessary for doing intersectional quantitative work. This was evident in the assumptions made within the 2x2 design, that designated white women as the ‘pure’ and ‘default’

nonstigmatized state to then measure stigma such as mental illness and fatness. Crenshaw (1989) discusses this in terms of the ‘hybridity’ that Black women represent when she states,

“Discrimination against a white female is thus the standard sex discrimination claim; claims that diverge from this standard appear to present some sort of hybrid claim. More significantly, because Black females’ claims are seen as hybrid, they sometimes cannot represent those who may have ‘pure’ claims of sex discrimination”

(Crenshaw, 1989, p. 145).

This represents a very serious epistemological limitation of the project because in further marginalizing Black women, the goal of discussing some type of intersectional stigma only becomes more difficult to reach. Possible recommendations for future research regarding the proper implementation of intersectionality will follow in the Future Research section.

Lastly, Link and Phelan (2001) note that in the previous decades have suffered from a lack of people impacted by stigma performing the stigma research. This was partially accomplished in the present study, where the principle researcher has Obsessive Compulsive Disorder (OCD) and those personal life experiences of having mental illness were integrated into the process of this study. However, at the same time, the work pulled from neighboring fields such as fat studies and anti-racism work where membership was not applicable, and therefore those experiences could not be applied other than through second-hand reference, thereby replicating that same power imbalance. In terms of fat stigma, this is particularly problematic because social scientists will often adopt and replicate fat stigma assumptions simply because this knowledge is assumed to be common sense (Carlson et al., 2020; Manokaran et al., 2020; Rothblum, 2018). Likewise, particularly in the context of racial

America, it is not lost that the theoretical work of Stuart Hall and Kimberle Crenshaw was pulled and used in a study that did not directly examine race beyond studying the white identity as normal. It is a limitation that his work was applied in this way where race has been pushed aside. Recommendations for avoiding this in future research will follow in more detail in the following section, however for now a general recommendation is to engage in research that practice challenging the validity of ‘pure’ experimental variables. Instead of leaning inward toward what is easiest, future research should engage with the challenge of reconciling variables that do not fit neatly into existing epistemological frameworks.

Taken together, the limitations of this study include the existence of confounding factors within the study design and development, a lack of multi-cultural and multilingual input during the survey design stage, a lack of comparison data from a naturalistic setting, a lack of critical application of intersectional considerations to the experimental processes itself, and risk of misrepresentation of marginalized identities due to the situational biases of the researcher. It is recommended that these limitations be kept in mind bearing any conclusions drawn from this study. Although there are several limitations that likely impacted the quality of the data collected, they can also serve as examples and points of inquiry for future research to engage with and address. In identifying these issues, it becomes possible for future research to plan and accommodate the causes in order to avoid repeating them.

5.4 Contributions

While this study did suffer from limitations, there were also contributions offered to the field of stigma research. Existing criticisms levied against the body of stigma research are serious, and if they are to be dealt with, they will require novel theoretical approaches as well as innovative applications of existing tools. The current study represents such an exercise in approaching stigma from different perspectives. Specifically, this study proposed possible methodological alternatives to address issues that arise in operationalizing theoretical constructs into measurable variables such as self-stigma and public stigma. It also validated methodological tools that have the adaptability to be used in settings beyond survey participation and can be applied to new discursive landscapes applicable anywhere that written adjectives are included. Theoretically, the project proposed possible complimentary frameworks to be used in addition to studying stigma through individual attitudes and beliefs to encapsulate the discursive struggle that goes into establishing, maintaining, and possibly changing a stigma status quo. It also contributed a novel finding in suggesting that positive evaluations may play a role in the stigmatization process in addition to negative evaluations. Finally, the project demonstrated the versatility of a verified attitude measurement tool, the Evaluative Lexicon, by showing that it can be used to measure discursive management strategies in addition to attitudinal elements in evaluative adjectives.

The commonly referred to concepts such as self-stigma and public stigma, while undeniably valuable and indispensable, when used exclusively have severe limitations to theory building. They can be limiting first because they require study participants to be sorted cleanly into ‘stigmatized’ and ‘non-stigmatized’ groups. This becomes problematic in

instances where a single participant may occupy multiple points of identity that are both stigmatized and non-stigmatized, such as an individual who is white (non-stigmatized), a woman (stigmatized), and have several comorbid mental illnesses (stigmatized). Secondly, these concepts of self- and public stigma ask the participants to take a stance. By take a stance, meaning, it asks the participant to first disclose their occupation of the stigma as well as their politics within it. Rebecca Meisenbach's Model of Stigma Management Communication (SMC) made this implicit assumption explicit by establishing a typology for an individual to locate themselves along two planes: the first asks them whether they agree or challenge the current public status quo of a stigma, the second asks them whether they agree or challenge that status quo as it applies to themselves (Meisenbach, 2010). While the SMC is valuable in that it allows researchers to better understand the ways individuals confront and manage stigma in their own lives, it still asks that respondents take a stance and disclose their status. It would be worthwhile to also have access to tools that still measure stigma, but do not require the participant to out themselves to the researchers as stigmatized or non-stigmatized.

The present study represents an attempt to measure stigma without imposing this request onto the study participants. Here, the issue of pre-sorting study participants into groups based on their membership or agreement with certain stigmas was sidestepped by making the blanket assumption that all individuals are simultaneously potentially stigmatized and non-stigmatized in an array of identity pegs, at continual, repetitious moments in time. In other words, participants were assumed to be familiar with both stigmatized and non-stigmatized values and roles. Methodologically, this allowed for a wider range of responses

that accommodates the complexity accompanying the engagement in cultural discourse regarding which identities are valuable, and why and in what ways, and which identities are not.

Certainly, further insight and debate is necessary to assess the overall impact of this intention and execution. This approach is not meant to replace existing frameworks and measurement tools because it too has limitations and drawbacks. For instance, there is the possibility that moving too far away from the individual level may flatten those experiences that affect the ways in which people engage with the identity values in a culture. Taken to its extreme form, this direction could be mistaken for a ‘colorblind’ approach wherein the standpoints of individual participants are lumped together and overlooked. That was a risk the current project engaged with and may have fallen into. Even in failure, however, it is still worth asking how to accommodate for complexity within stigmatized groups through possible methodological techniques.

Along the same line, the current project presents a viable way to study stigma in circumstances when it is not possible to ascertain the identities of participants, such as in public online forums like Twitter. While it is undeniably useful to gather individual information about the individuals in a study, the reality is that this is not always feasible or possible. Increasingly and especially following the COVID-19 pandemic, much of public discourse about cultural identity values occurs online using platforms that vary in the amount of user information made available. Current popular social media platforms such as Twitter, Facebook, Instagram, WeChat, Tumblr, TikTok, Reddit, Youtube, Pinterest, and LinkedIn, all vary in the amount of accurate personal information that they require and make publicly

available about their users. As a result, the messages that continue to shape and manage cultural identity values often do so on the basis of anonymity or uncertainty of identity. In the cases of content becoming viral based on sheer volume of shares, retweets, likes, or views, these elements that make messages more legitimate, pervasive, or convincing have less in common with any given individual and almost seem to take on a life of their own. Current stigma research does not have adequate tools for addressing these issues. The strategies employed within the current study represent an attempt to bridge these gaps within the research.

Next, stigma research has also struggled with accounting for the complexity of the identity values of a given culture in a specific time, opting instead to use a top-to-bottom approach of naming a stigma, and pulling out common stereotypes, attitudes, and beliefs regarding it. When used exclusively, this approach limits stigma research to one attitudinal dimension of a stigma and does not address other contributing elements, such as the discursive struggle over a stigma, or resistance and transformative efforts within that same space. The current project represents an attempt to measure and study those elements of stigma not often examined with quantitative methods: the occupying discourse that arises in addition to those stereotypes and attitudes. Identifying techniques to account for the complexity surrounding cultural identity values is important because doing so accommodates for the assumption that stigma is sustained by popular demand. In the current study, many of the participants frequently made comments in the open text response items stating that they did not want to judge a person solely on appearance. If this trend persists into future research, it may have implications on understanding how stigmatization can continue if a large

percentage of people state that stigmatizing is wrong, and don't wish to stigmatize others in their daily lives. Can the two, disagreeing with stigmatizing and supporting stigmatization, coexist? The findings in the current study suggest that they might, and future research is warranted to better understand such a relationship.

Also, regarding the complexity surrounding cultural identity values, the current study demonstrated that the stigmatized topics operate not only in negative evaluations, but have restrictions placed on positive evaluations as well. Previous work on stigma has thus far mostly focused on the negative. In fact, the positive adjective valence and extremity were the only two variables to demonstrate consistent findings between two stigmatized topics, indicating that stigma may place similar restrictions on identity topics that vary less qualitatively than the assignment of negative evaluations. This has implications for both how stigma is understood, as well as for the ways anti-stigma initiatives can implement and evaluate stigma reduction. It may be worthwhile to identify the positive evaluations that are 'out of bounds' when evaluating a stigma topic and ask questions regarding why that might be, what it might look like to apply such adjectives, and what would happen if those restrictions were breached. In the case of fat stigma and Schizophrenia stigma, what would it look like to seriously evaluate a fat person as desirable, as healthy? What would it look like to evaluate someone with Schizophrenia as safe? These are but a couple examples, the point of which being: negative evaluations appear to only constitute a portion of stigmatization, not the entire process.

Lastly, this project utilized the Evaluative Lexicon, a marketing tool designed for item and product evaluation, in a new way that demonstrated its utility in evaluating

identities and people in addition to objects. Although the EL was developed for the intention of studying underlying attitudes, it can be argued that the tool works in the reverse as well, that individuals use evaluative adjectives to shape and understand not just their attitudes and feelings but also how they make sense of the world around them. Evaluative adjectives can be considered two-fold, both reflective of inner attitudes and constructive of outer realities simultaneously. This not only expands the methodological capabilities of the EL, it also puts into practice what cultural theorists such as Stuart Hall and Paul Du Gay have stated: that advertising and marketing practices are directly involved in the identity values of a culture. This is because, in addition to demonstrating the utility value of a product, advertisers must also call upon the identity values of a culture in order to encourage their audiences to identify with their brand or product.

Overall, what can be taken from this project is the capacity and inspiration to interrogate a subject's theoretical relationship to neighboring disciplines and concepts. While the work of social psychologists in individual stigma related attitudes and beliefs are indispensable, these findings only become more useful when they can be contextualized by cultural and structural influences of stigma. The current project took risks in using unconventional tools in pursuit of this goal. And while certain aspects of the study certainly faltered, a main takeaway is that there appears to be more to stigma than just attitudes, and that these elements appear to be quantifiable, and thus, knowable through research.

5.5 Future Research

The future research recommendations presented here will cover a variety of directions including measurement, methodology, and stigma. Future directions for the Evaluative Lexicon include potential uses of the tool for identity related adjectives, and possibly for stigma specific labels as well. Stigma research has many possible threads to follow, including the examination of Goffman's prestige symbols, the use of marketing and branding concepts to further illustrate those prestige symbols, as well as exploring the relationship between logic-based attributions and the stigma topics they belong to. Within a larger picture, however, there are also recommended steps that should be taken foremost: first to integrate the circuit of culture into study designs of stigma, and most importantly to begin a historical account of stigma policy and research. In this manner the recommendations will begin more focused and will then expand outward in scope as they move along.

Beginning with some recommended directions for the Evaluative Lexicon, the current project selected a response-based survey format for the collection of data to draw comparisons between the present study and previous stigma research, the majority of which has been survey-based. Much more work can be done if the field of analysis were to expand to include a wider range of evaluative tools that people use to shape and understand their own culture. Mediums such as social media platforms, public policy, academic journals, grant writing, and mass media channels represent only a few of the locations the management of identity values take place. One benefit of the Evaluative Lexicon is that it allows researchers to transition between communicative levels because it is measuring practices are common to all, in the form of evaluative adjective elements. Especially now in 2020 and 2021, due to the

COVID-19 pandemic, when more communication is done remotely or through the assistance of communicative channels, the analysis of written, recorded, electronic, public communication becomes that much more fruitful. Identity values are extremely valuable to a culture, one might even say they are intrinsic to the functioning of a culture. Therefore, the management of those values can take place almost anywhere, far beyond the scope of individual response surveys. Research on stigma and the like can adapt to this. A new division focused on identity value management in marketing and advertising alone may turn up surprising and meaningful findings.

Through the current project, the Evaluative Lexicon has been demonstrated to effectively measure aspects of people and identity-based evaluations. This was done despite the original word-bank used only including terms that applied to objects. The adjectives included in the EL bank were required to meet a number of specifications in order to be included (Rocklage & Fazio, 2015). These specifications contained requirements such as, they needed to be naturally evaluative, be obviously positive or negative, and to be broadly applicable across a wide variety of stimuli (Rocklage & Fazio, 2015). Adjectives that applied only to the evaluation of people, such as ‘honest,’ were not included because they were not broad enough (Rocklage & Fazio, 2015, p. 216). Future research could explore the possibility of additional versions of the EL, perhaps a generalized bank and a person-based list.

Continuing off the previous recommendation, stigmatized topics occupy interesting points in a cultural value system in that their potential to hold multiple or hidden meanings may be more complex than typical adjectives. It is also worth raising the question of whether similar adjectives carry the same elemental loads when they are applied to various

stigmatized objects and identities. Furthermore, it may be worthwhile to study the evaluative baggage of stigma labels to gain a better understanding of what role evaluative adjectives play when they are being applied to a historically stigmatized identity. Addressing questions such as these are a call to investigate the representative breadth of the Evaluative Lexicon as a tool. While the current study demonstrated that the EL has the capacity to evaluate stigmatized identities in addition to commercial objects, the possible nuance, strengths, and limitations of the tool remain to be known.

An aspect of Goffman's work that was intended to be incorporated into the current project, but was ultimately dropped, was his mention of status and prestige symbols, which he noted contrast from stigma symbols (Goffman, 1963, pp. 43–44). Due to lacking adequate insight into how stigma and status symbols are evoked and managed in relation to one another, this study was not successful in operationalizing them into the experimental design. As was the realization here, it appears that there is a meaningful difference between an identity simply being non-stigmatized and an identity being idolized/apart of prestige and status symbolization. The line of inquiry that was not attended to here is therefore presented as directions for future research. First, explore whether idolized points are subject to similar evaluative processes as stigmatized points. Specifically, are there limits to the valence, extremity, and emotionality in the evaluative adjectives used to position idolized identities similar to the way limits appeared for stigmatized identities in this study? Second, ask if the presence of 'mixed' identities, as Goffman phrased it, affect the evaluative identity value process. The present study utilized a between-subjects design and therefore participants only evaluated each stimulus independent of the other stimulus conditions. Although the present

study did not find consistent associations between perceived danger and stigma conditions, it is possible that this may not remain the case in mixed situations. Third, the qualitative categorization of idolized identities may likely differ from stigmatized categorization. Despite this, there remains the possibility that such cataloguing may compliment stigma research, or also lead to alternative insights. For example, national and international media celebrities and heroes (both fictional and non-fictional) may represent one form of prestige identity on a cultural scale. On a more local level, however, prestige symbolization may manifest situationally. This is one area of research that needs to begin with existing work on anti-racism, anti-capitalism, and related anti-oppression frameworks because these explicitly account for the power dynamics that include the privileged and worshiped in addition to the exploited. It is an area that stigma research is not able to address independently.

Cultural identity research may have more to learn from the field of marketing research, particularly in work pertaining to brand creation and management. While it would be overly simplistic to say that a given brand is equivalent to any given cultural identity or vice versa, at the same time the similarities between the two concerning cultural value management suggest there may be insight to be gained regarding stigmatization, stigma, and prestige marks. This body of work may be particularly insightful into questions about the symbolization of idolization and the identity values that are held up, rather than stigmatized (Bhat & Reddy, 1998). Furthermore, the existing work pertaining to the relationship consumers form between themselves (their self-concept) with products and brands may guide future questions regarding how individuals utilize a field of cultural identity values within their own lives (Sirgy, 1982; Solomon, 1983).

One noteworthy but incomplete observation has implications for the logic-based connections between evaluative attributions and appeals used to justify their categorization. For example, in the current study, measures of perceived danger were not significantly associated for both stigma topics. Despite this, individual appeals for danger of obesity were still evoked in both the study open-ended responses as well as the Gillette Twitter thread. This in combination with fat studies background information forms a puzzling suggestion that, despite attribution theory drawing connections between emotions and specific attributions such as dangerousness and responsibility, that logical and evidenced connections between the stigma topic and the attribution, although they may develop, are not required for the process to occur. Meaning, providing evidence to the contrary of established identity values (such as stereotypes), may be missing the point because the process never required a logical connection in the first place. Similarly, the connection may only be necessary at specific levels of discourse such as in policy making and funding initiatives. Further research is needed to better explore this possibility and follow-up questions posed by the present study ask if the common factor between stigma topics is not the reasoned justifications propping up the difference, and instead is the elements utilized to shape the evaluation of the difference, such as adjective valence and adjective extremity.

Future research will also need to not focus solely on communicative expressions of stigma and will need to expand to evaluate the connected material variables as well. For example, a well-known media production company may produce material that positively evaluates relevant historically marginalized identities, but it will be valuable to ask questions pertaining to the ways such messages compare to hiring practices, wage inequality, instances

of discrimination, and the like. Communication scholars Justin Lewis and Sut Jhally (1998) refer to this distinction as representing culturally contextual, versus simply textual, approaches to studying media literacy. Media literacy, defined as “the ability to access, analyze, evaluate, and communicate messages in a wide variety of forms,” has become a popular educational tool for childhood education, but it’s applicability to media research is relevant here as well (Aufderheide, 1993; Hobbs, 1999, p. 16). Lewis and Jhally (1998) argue that media messages should not be analyzed independently from the conditions that created them, and instead “should be analyzed as sets of institutions with particular social and economic structures that are neither inevitable nor irreversible” (Lewis & Jhally, 1998, p. 109). An important tool towards this end, according to them, is the circuit of cultural production developed by Du Gay and colleagues (Du Gay et al., 1997). The circuit of culture is a theoretical model that details five major cultural processes and emphasizes the articulations, or “the process of connecting disparate elements together to form a temporary unity,” that take place between them (Du Gay et al., 1997, p. 3). These five elements include (1) representation, (2) identity, (3) production, (4) consumption, and (5) regulation (Du Gay et al., 1997, p. 3). Future research on stigma and cultural identity values will need to address the articulations between these elements and research beyond textual representations of identity values to incorporate contextual approaches as well.

A historical examination of the field of stigma research and initiatives is necessary to contextualize current research findings. This includes accounts of the legacy of stigma research and policy in America and abroad, including accounts of the anti- as well as pro-stigma initiatives. Anti-stigma research will need to specifically pertain to topics such as the

designation of government projects, research, and funding, the popularization of the concept related to Goffman's 1963 book, and the collaboration (or lack thereof) with relevant movements including mental health advocacy, feminism, anti-racism, LGBTQA rights, and fat studies. Such an account will need to also address the contradictions within the subject which include stigmatization being utilized as a public health policy for at least two health topics of obesity and tobacco cigarette smoking. Stigma research is frequently presented ahistorically and apolitically, despite both history and political factors playing important roles in the funding, prioritizing, and legitimizing which forms of stigma are rendered valid and in what ways. Developing a historical examination of the stigma industry may be an effective method towards addressing this discrepancy within the literature. Such a project may also prove to be illuminative of the uses and roles of the stigma concept in research, public policy, and popular culture.

Overall, the field of stigma research has much work left to do in terms of multidisciplinary goals toward understanding stigma. Luckily, there are many resources available to aid in this goal. Methodologically, further exploration of the use of evaluative adjectives and their constitutive elements of valence, extremity, and emotionality through the Evaluative Lexicon may help researchers understand mass communication strategies of stigma communication. Theoretically, it will be important to elucidate the relationship between attributions of dangerousness and responsibility, as well as further explore what Goffman may have meant in mentioning prestige symbols. Lastly, a historical examination of the stigma industry is needed in order to further connect and contextualize the research that

has been produced over the past 60 years. These tasks will not be easy, but they are nevertheless worth striving towards.

CHAPTER 6
CONCLUSION

Erving Goffman, in illustrating the effect of identity-values of a society, likens them to shadows. He states,

“The general identity-values of a society may be fully entrenched nowhere, and yet they can cast some kind of shadow on the encounters encountered everywhere in daily living.” (Goffman, 1963, pp. 128–130).

The imagery almost gives the impression of culture as a sort of ghost that is may be always present but never quite perceptible. Likewise, culture as always felt, but difficult to pin down, especially within quantitative research. Perhaps, this may still be the case. This project, however, interrogated the possibility of ‘grasping the shadow’ and asked if it might be viable to conceive of stigma in terms of cultural identity theory. This was done through two main research questions: first, by testing a modified measure of perceived risk and second, by using the Evaluative Lexicon to test for significant associations between verbal marks and stigmatized subjects. While the results were not as fruitful as anticipated, there is still value in describing what doesn’t work, or as Hall would call, difference, within these theoretical propositions. There are now many recommended future research directions that may be promising for stigma and cultural identity research.

Table 1: Perceived Risk and Benefit Measure Taxonomy

	Perceived Risk	Perceived Benefit
Cognitive	Perceived Danger (Smith et al., 2019) <ol style="list-style-type: none"> 1. Dangerous Decision 2. Unpredictable Decision 3. No More dangerous than any others 4. Natural to perceive as dangerous 5. Wouldn't be able to tell what the final product will be 	Perceived Quality (Dodds et al., 1991) <ol style="list-style-type: none"> 1. Reliable 2. Workmanship 3. Very Good Quality 4. Dependable 5. Durable/Consistent
	Perceived Risk (Peters et al., 2004) <ol style="list-style-type: none"> 1. Risky 2. Acceptable 3. Disgraceful 4. Stigmatized 5. Predictable 	Perceived Value (Dodds et al., 1991) <ol style="list-style-type: none"> 1. Very good value for the money 2. Very economical / Uneconomical 3. Considered a good buy 4. Price very Acceptable/Unacceptable 5. Appears to be a bargain
Affective	(Peters & Slovic, 2007) <ol style="list-style-type: none"> 1. Upset 2. Angry 3. Annoyed 4. Disgust 5. Afraid 	(Peters & Slovic, 2007) <ol style="list-style-type: none"> 1. Happy 2. Friendly 3. Enthusiastic 4. Love 5. Excited
	(Smith et al., 2019) <ol style="list-style-type: none"> 1. Threatened 2. Uneasiness 3. Ill at ease 	(Smith et al., 2019) <ol style="list-style-type: none"> 1. Safe 2. Secure 3. Sure of myself

Table 2: Participant Demographics

	<i>n</i>	<i>M</i>	<i>SE</i>	Percent
Survey Part	273			
1	140			51.3%
2	133			48.7%
Setting	273			
Advertising	141			51.6%
Doctor Office	132			48.4%
Weight Condition	273			
Thin	137			50.2%
Fat	136			49.8%
Mental Illness Condition	273			
No Schizophrenia	133			48.7%
Schizophrenia	140			51.3%
Manipulation	273			
Fat – No MI	62			22.7%
Thin – No MI	71			26%
Fat – Schizophrenia	74			27.1%
Thin – Schizophrenia	66			24.2%
Gender	273			
Female	171			62.6%
Male	99			36.3%
Nonbinary	3			1.1%
Race				
White	108			39.6%
Asian	81			29.7%
Black	49			17.9%

	Other	31		11.4%
	Mixed Race	6		2.2%
	Missing	12		4.4%
<hr/>				
Ethnicity		273		
	Hispanic or Latino	35		12.8%
	Not Hispanic or Latino	203		74.4%
	Missing	35		12.8%
<hr/>				
First Language		273		
	English	184		67.8%
	Chinese Mandarin	28		10.3%
	Spanish	12		4.4%
	Arabic	9		3.3%
	Haitian Creole	5		1.8%
	Vietnamese	5		1.8%
	Cantonese	3		1.1%
	Korean	3		1.1%
	French	3		1.1%
	Portuguese	2		0.7%
	Other	16		5.9%
	Missing	2		0.7%
<hr/>				
Age			20.64	.187
	18-23	248		90.8%
	24-29	11		4%
	30-45	8		2.9%
	Missing	6		2.2%

Table 3: Correlations Among Positive Adjective Valence

Measures	1	2	3
1. Weight Condition	--	.	
2. Mental Illness Condition	.067	--	
3. Positive Adjective Valence	-.137*	-.151*	--

*. Correlation is significant at the 0.05 level (2-tailed).
Listwise N=251

Table 4: ANOVA Among Positive Adjective Valence

Condition	Value	F	Hypothesis df	Error df	<i>p</i>	Partial η^2
Weight Condition	.221	4.760	1	249	.030	.019
Mental Illness Condition	.270	5.841	1	249	.016	.023

Table 5: Correlation Matrix Among Positive Adjective Extremity

Measures	1	2	3
1. Weight Condition	--		
2. Mental Illness Condition	.067	--	
3. Positive Adjective Extremity	-.137*	-.151*	--

*. Correlation is significant at the 0.05 level (2-tailed).
Listwise N=251

Table 6: ANOVA Among Positive Adjective Extremity

Condition	Value	F	Hypothesis df	Error df	<i>p</i>	Partial η^2
Weight Condition	.221	4.756	1	249	.030	.017
Mental Illness Condition	.270	5.836	1	249	.016	.022

Table 7: Correlation Matrix among Affective Scales and Adjective Emotionality

Measures	1	2	3	4
1. Positive Adjective Emotionality	--			
2. Negative Adjective Emotionality	-.041	--		
3. Positive Affective Scale	.224**	-.047	--	
4. Negative Affective Scale	-.069	.336**	-.003	--

** . Correlation is significant at the 0.01 level (2-tailed).
Listwise N=165

Table 8: Correlation Matrix Among Negative Adjective Associations

Measures	1	2	3	4	5	6	7	8	9
1. Weight Condition	--								
2. Mental Illness Condition	.057	--							
3. Imperfect	-.029	-.161*	--						
4. Unhealthy	.556**	.015	-.133	--					
5. Inappropriate	-.202*	.171*	-.085	-.209**	--				
6. Foolish	-.219**	.073	-.024	-.073	.283**	--			
7. Boring	-.160*	.011	-.099	-.160*	-.104	.002	--		
8. Repulsive	.066	.205**	-.123	.103	.196*	.149	.062	--	
9. Unsafe	.067	.204*	-.007	.109	-.061	.048	-.050	.159*	--

** . Pearson Correlation is significant at the 0.01 level (2-tailed).
 * . Pearson Correlation is significant at the 0.05 level (2-tailed).
 Listwise N=158

Table 9: Correlation Matrix: Positive Adjective Associations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1. Weight Condition	--																	
2. Mental Illness Condition	.072	--																
3. Cheerful	.429**	-.064	--															
4. Enjoyable	.182**	.016	.314**	--														
5. Desirable	-.188**	-.065	.068	.250**	--													
6. Lovable	.258**	.053	.334**	.346**	.236**	--												
7. Awesome	.181**	-.125*	.140*	.293**	.211**	.329**	--											
8. Joyful	.381**	.005	.299**	.318**	.025	.280**	.270**	--										
9. Exciting	.287**	.069	.294**	.340**	.165**	.354**	.303**	.318**	--									
10. Positive	.203**	-.095	.246**	.212**	.101	.267**	.180**	.333**	.213**	--								
11. Delightful	.121*	.038	.211**	.347**	.308**	.239**	.244**	.179**	.312**	.147*	--							
12. Attractive	-.461**	-.157*	-.179**	.062	.374**	.056	.089	-.081	-.027	.086	.120	--						
13. Healthy	-.488**	-.155*	.004	.063	.199**	-.059	.012	-.123*	-.026	.107	.104	.412**	--					
14. Appealing	-.350**	-.045	-.013	.152*	.470**	.102	.069	.012	.119	.050	.182**	.471**	.299**	--				
15. Wholesome	.191**	.062	.089	.125*	.087	.210**	.132*	.111	.240**	.187**	.252**	.056	-.003	.110	--			
16. Commendable	.122*	.012	.074	.121*	.132*	.226**	.214**	.134*	.115	.099	.071	.081	.013	.123*	.170**	--		
17. Nice	.140*	-.002	.169**	.219**	.114	.316**	.225**	.248**	.165**	.216**	.278**	.088	.068	.124*	.187**	.095	--	

** Pearson Correlation is significant at the 0.01 level (2-tailed).

* Pearson Correlation is significant at the 0.05 level (2-tailed).

Listwise N=265

APPENDIX

APPENDIX A

SURVEY EVALUATION INSTRUMENT

[Screen 1]

Thank you for agreeing to participate in this survey. Please be reminded that this survey is anonymous, so please do not include any names or information that could be used to identify yourself or others in your responses.

Vignette A: Modeling Scenario

For this survey, imagine that you are the Director of Advertising for a well-known brand.

It is part of your job to review applications and oversee the decision process for deciding which professional models will be featured in the company's print advertisements. Today your assistant has delivered a folder containing an application that was recently submitted.

On the following pages, please carefully look over this application then answer the following questions.

Vignette B: Patient Scenario

For this survey, imagine that you are the Head Physician for a well-known medical practice.

It is part of your job to review applications and oversee the decision process for accepting new patients. Today your assistant has delivered a folder containing a patient application that was recently submitted.

On the following pages, please carefully look over this application then answer the following questions.

[Screen 2]

Applicant Name: Rachel Johnson
Age: 31
Height: 5' 7"
Preexisting Conditions:
\${e://Field/Health_Conditions}
Weight: 250 lbs

Applicant Name: Rachel Johnson
Age: 31
Height: 5' 7"
Preexisting Conditions:
\${e://Field/Health_Conditions}
Weight: 115 lbs



What is your initial reaction to Rachel's photo?

[Screen 3]

[Image Displayed]

Would you HIRE Rachel for the modeling position?

Yes

No

Please explain why you answered Yes or No to the question above:

[Text Box]

[Screen 4]

[Image Displayed]

The following choices show a selection of NEUTRAL adjectives.

Please select any of the adjectives that you feel accurately describe Rachel.

If more than one adjective applies, multiple selections can be made.

If none of the adjectives apply, leave them blank and click "Next."

Neutral	Mediocre
Average	Satisfactory
Okay	Acceptable
Adequate	Reasonable
Tolerable	Questionable

[Screen 5]

[Image Displayed]

The following choices show a selection of NEGATIVE adjectives.

Please select any of the adjectives that you feel accurately describe Rachel.

If more than one adjective applies, multiple selections can be made.

If none of the adjectives apply, leave them blank and click "Next."

Hateful	Bad
Worthless	Stupid
Repulsive	Irritating
Terrible	Angering
Dreadful	Offensive
Gruesome	Annoying
Awful	Unsafe
Horrible	Inferior
Sickening	Saddening
Terrifying	Upsetting
Disgusting	Unhealthy
Useless	Dislikable
Depressing	Troublesome
Appalling	Inappropriate
Disturbing	Sorrowful
Undesirable	Ridiculous
Negative	Foolish
Dangerous	Boring
Harmful	Objectionable
Frightening	Imperfect

[Screen 6]

[Image Displayed]

The following choices show a selection of POSITIVE adjectives.

Please select any of the adjectives that you feel accurately describe Rachel.

If more than one adjective applies, multiple selections can be made.

If none of the adjectives apply, leave them blank and click "Next"

Magnificent	Healthy
Excellent	Cheerful
Awesome	Beneficial
Fantastic	Enjoyable
Perfect	Desirable
Amazing	Helpful
Outstanding	Favorable
Wonderful	Superior
Fabulous	Pleasant
Lovable	Relaxing
Great	Worthwhile
Very Good	Likable
Wise	Appealing
Terrific	Useful
Joyful	Good
Exciting	Wholesome
Smart	Calming
Positive	Commendable
Delightful	Nice
Valuable	Safe
Attractive	Agreeable

[Screen 7]

[Image Displayed]

Rachel makes me feel: [Not At All (1) – Very Much (7)]

Upset	Happy
Angry	Friendly
Annoyed	Enthusiastic
Disgusted	Loving
Afraid	Excited
Threatened	Safe
Uneasy	Secure

[Screen 8]

[Image Displayed]

The decision to hire Rachel for the modeling job would be: [Not At All (1) – Very Much (7)]

Dangerous	A very good value
Unpredictable	Very economical
A Risk	A bargain
Safe	A good business decision

[Screen 9]

[Image Displayed]

Rachel Seems: [Not At All (1) – Very Much (7)]

Risky	Predictable
Acceptable	Reliable
Disgraceful	Good
Stigmatized	Dependable
Bad	Consistent
Moral	Good Work Ethic

[Screen 10]

[Image Displayed]

Would you REJECT Rachel for the modeling position?

Yes	No
-----	----

Please explain why you answered Yes or No to the question above:

[Text Box]

[Screen 11]

[Control Measure]

Great, thank you for evaluating Rachel!

In order to get a better understanding of your evaluation report, please fill out the following items as if you were assessing yourself:

I make people feel: [Not At All (1) – Very Much (7)]

Upset	Happy
Angry	Friendly
Annoyed	Enthusiastic
Disgusted	Loving
Afraid	Excited
Threatened	Safe
Uneasy	Secure

If I were the applicant, the decision to accept me would be: [Not At All (1) – Very Much (7)]

Dangerous	Good Value
Unpredictable	Economical
A risk	A Bargain
Safe	A Good Business Decision

To other people, I think I seem: [Not At All (1) – Very Much (7)]

Risky	Predictable
Acceptable	Reliable
Disgraceful	Good
Stigmatized	Dependable
Bad	Consistent
Moral	Good Worker

[Screen 12]

[Demographics]

Lastly, for the following items, please provide some information about yourself.

Gender:

Male	Nonbinary
Female	Other

Race

American Indian	White
Alaska Native	Black
Asian	Other
Native Hawaiian or Other Pacific Islander	

Ethnicity

Hispanic or Latino	Not Hispanic or Latino
--------------------	------------------------

Age:

[Text Box]

Is English your first language?

Yes	No
-----	----

If “No,” what is your first language?

[Text Box]

[Screen 13]

[Survey Conclusion]

Thank you for participating thus far in this study! You still have the ability to change your mind and decide not to participate at this point. Your responses will not be saved and recorded until you select the "Next" button at the bottom of this page. Please remember that if you choose to submit your responses, due to the anonymous nature of the survey, it will not be possible to locate your responses in the future if you change your mind and ask to withdraw them.

Before submitting, please share your opinion about what you thought of this survey. This can include any thoughts you had while taking it, if you thought something didn't make sense, or if there was something you particularly liked. This feedback may be helpful if the survey needs to be revised for future studies.

[Text Box]

Are you participating in this survey to receive course credit?

If yes is selected, you will be redirected to a separate page where you can fill out your class information to be submitted to this professor. This information will not be linked to your survey responses.

If you are not participating to receive course credit, you can leave this item blank

- Yes, I'm participating for course credit

[Submit]

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