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STIGMAS, WORK AND ORGANIZATIONS

Palgrave Explorations in Workplace Stigma

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This series is a call to action for organizations to not only recognize but include, support, and value employees of all walks of life, regardless of the social stigmas that might create material, affective, or psychological divisions between them and their ostensibly "normal" counterparts. It fills the gap in scholarship surrounding the difficult issues employees or job seekers might face based on their demographics, life events, or other factors. The series explores issues such as mental illness and wellness; and alcohol and drug addiction and recovery. It explores the complex and often times nuanced issues that face sexual minorities, or those who are formerly incarcerated, or military veterans in the context of employment or career decision making.

Through rigorous research and contributions from the foremost scholars in human resources, books in the series will provide an in-depth exploration of each population and challenge HR scholars and practitioners to effectively consider and embrace these explorations. and consider expanding their own awareness. The series speaks on behalf of anyone who has ever been affected–directly or indirectly–by discrimination or exclusion in the context of work, and promotes a positive, productive, and purposeful working environment for employees at all levels.

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Stigmas, Work and Organizations

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Dedicated to the memory of Doreen and Stanley Thomson

Acknowledgments

We first must express our sincere appreciation to the contributors to this book. Simply put, without you there would be no book. We would also like to thank the editorial team at Palgrave who took delays in stride with utmost professionalism and kindness. Thank you to our friends and family for their undying support and encouragement. Thank you all for your patience; it took us longer than we expected but the final result is a wonderfully rich, interesting and diverse collection of perspectives that offers practitioners, researchers and students alike valuable insights into stigma and work.

The coming together of this book is an example of how one should never underestimate the possibilities that emerge from chance encounters. We crossed paths ever so briefly about ten years ago. At that time we immediately connected because of our mutual research interests in the area of stigma at work. This collaboration unfolded many years later because Bruce felt that more needed to be said about stigma and work at various levels. We both believe that in enhancing our understanding of stigma and work, we offer an opportunity to unsettle underlying assumptions that serve to disadvantage particular individuals and groups. This book is a reminder that we must always strive to be better and challenge ourselves to be reflexive, asking why and how, in our everyday working lives, we categorize by markers of difference and how such 'marking' has far reaching negative implications for individuals, groups and organizations. For us this is book is an interesting read, but more importantly we hope it stirs something within the reader, a desire to make change in some way that moves us all to greater empathy, equity and respect in and out of the workplace.

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Introduction

S. Bruce Thomson and Gina Grandy

Introduction

Sociologist Irving Goffman introduced stigma theory in 1963 describing stigma as an individual trait that elicits negative responses from social interactions. Ragins ([2008](#)) defined individual based stigmas as "individual attributes that are viewed as personal flaws within a social context" (p. 196). The use of stigma theory has expanded beyond sociology to application in business and organizational studies. Research has documented that stigmatization in the working environment has wide-ranging implications beyond the individual. Stigma and stigmatization occurs and has implications at the individual level (micro), occupational or group level (meso), and at the organizational level (macro). This book offers a comprehensive perspective by bringing together papers written by academics in various areas and levels related to stigma, stigma management, and stigma theory. The book includes chapters covering topics at the individual level

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(e.g., disability, illness, obesity, and sexual preference), occupational level (e.g., healthcare workers, garbage collectors, butchers, medical doctors), and organizational level (e.g., multinational organizations). The content is internationally relevant, covering research from Canada, United States, United Kingdom, Australia, and China.

Stigmas are physical marks, attributes, or characteristics that through social interaction are regarded as flawed, deviant, or inferior (Cusack, Jack, & Kavanagh, 2003; Grandy, 2008; Ragins, 2008). Stigma is a threat to one's identity; in relations to and with others, stigma 'marks' and can discredit and devalue the self. We are identified by our group membership, status, or categorizations, and stigma serves to construct difference (Clair, Beatty, & MacLean, 2005; Lips-Wiersma & Mills, 2002). Perceptions of stigma are context dependent and can change over time (Dick, 2005; Ragins, 2008). In other words, stigmas are defined within the culture; hence, they are "collectively defined and recognized" (Clair et al., 2005: 81). This concept of 'context dependency' underlines the importance of studying stigmas in and of the workplace. The world of business has changed. No longer do we or can we survive by doing business in one isolated environment. Organizations, regardless of their location, operate within a context. To further enhance the need for understanding of different contexts/environments is the ever-increasing diversity of the workforce in developed and developing nations, thus increasing the likelihood of being exposed to stigmatization.

Revealing a stigmatizing identity opens the stigmatized party (individual, group, or organization) up to scrutiny and the stigma becomes the perceived primary characteristic leading to questions of self-worth, stereotyping, discrimination, and bias. The end result of stereotyping, discrimination, and bias is that many stigmatized groups suffer loss of status, economic problems, and limited opportunities (Beatty & Joffe, 2006; Clair et al., 2005; Ragins, 2004, 2008). In this way, the stigmatized party who is stigmatized become viewed, as Goffman (1963) refers to them, as *spoiled identities*. Further, the pervasiveness of stigma is such that the taint deriving from a physical mark, characteristic, event, or occupational category may 'stick' or remain even after the 'mark' is removed (Bergman & Chalkley, 2007; Grandy & Mavin, 2014).

The decision to disclose or reveal a stigmatizing identity is a complicated process which is based on several factors (Clair et al., 2005; Ragins, 2004, 2008). Findings of several studies confirm that disclosure is based

on a person to person basis, where trust and expected reaction are the basis of decision making (Ragins, Cornwell, & Miller, 2003; Weiner, Perry, & Magnusson, 1988).

At the occupational level, the stigma associated with a job is transferred to the individual so that over time the individual is seen to personify the work (Ashforth & Kreiner, 1999). This stream of research refers to such work as 'dirty work', originally coined by Hughes (1958) and popularized in management research by Ashforth and Kreiner (1999). The range of jobs considered stigmatized or dirty work is diverse (e.g., bill collectors, dentists, funeral directors, managerial work, taxi drivers, sex workers) and work can be considered physically, morally, socially, and/or emotionally tainted (Ashforth & Kreiner, 1999; McMurray & Ward, 2014; Rivera, 2015). Further, Kreiner, Ashforth, and Sluss (2006) note that all occupations can be considered stigmatized to some extent, based upon the breadth and depth of stigmas associated with occupational tasks. The decision to reveal or conceal if one is a 'dirty worker' is therefore restricted to relationships outside of work (e.g., we can choose to tell people outside of work what we do for paid work or not). This can cause considerable anxiety regarding decisions about whether or not to disclose what one does for paid work. Moreover, those who decide to conceal such a stigma may still experience ongoing concern about the risks of encountering someone at work known to them, thereby removing the choice to disclose or not. Indeed, some research has revealed that some dirty workers take pride in their work (e.g., Chiappetta-Swanson, 2005) and research in management has begun to explore various other implications for those performing stigmatized work including gender, identity, culture, group dynamics, and emotions.

Stigmas, Work, and Organizations brings together the current research on stigmas in the organizational environment at three different levels. Since the late 1980s academics in the field of business studies have begun to apply stigma theory at the individual, occupational (e.g., groups), and organizational levels. To date the research has been scattered across various fields of organizational behavior, human resource management, or management studies. The book brings these studies together to form a holistic view of the body of literature investigating stigmas in the organizational environment. We believe doing so may open other possibilities of collaborative research to apply stigma theory to the organizational environment and advance our understanding.

Overview of the Book

Part I Stigma at the Micro Level

The first part of the book focuses on the micro or individual level of stigmas at work. Chapters 2, 3, and 4 delve into 'physical' considerations that lead to stigmatization and Chap. 5 deals with 'non-physical' traits. Chapter 2, by Watson, Levit, and Lavack, discusses obesity as a stigmatizing characteristic. The authors argue that the rate of obesity is increasing on a global scale. Drawing upon an extensive source of research, they conclude that obesity is viewed as a controllable personal flaw, which in turn drives weight discrimination in the workplace. This leads to bias in decisions around hiring, assignments, and career advancement. Their chapter takes an in-depth view of obesity stigma and covers such topics as, pervasiveness, false assumptions, and reducing the obesity stigma in the workplace.

Joy Beatty also focuses upon physical considerations that create stigma, specifically chronic illnesses. In Chap. 3 she points out that many people suffer from chronic illnesses and continue to work. Not only must they cope with the symptoms of the illness but also coworker's reactions to the illness. Her treatise illustrates that the effects of displaying a chronic illness in the workplace leads to stereotyping and stigmatization. Chapter 4, which discusses disability in the workplace, by Rebecca Dalgin is the last of the three chapters that looks at physical traits as a stigmatizing characteristic (but not only disability as a physical trait). Rebecca Dalgin starts the chapter sharing alarming statistics that show while people with disabilities represent close to 20% of the US population, those with disabilities have an unemployment rate twice that of those without disabilities. Dalgin explores the complexity of this stigmatizing characteristic from three levels—micro (individual), mesa (employers), and meta (society).

The final chapter in the part, Chap. 5, deals with a 'non-physical' trait. Raymond Trau, You-Ta Chuang, Shaun Pichler, Angeline Lim, Ying Wang, and Beni Halvorsen shift focus in Chap. 5 to consider stigma and sexual preference. As is pointed out by the authors the literature on the LGBT (lesbians, gay men, bisexual, or transgender) as a stigma label has received the greatest amount of research of all stigma workplace labels. The last decade has seen an increased awareness of this invisible stigma and the fight by the LGBT community to protect their rights in the workplace. Trau and colleagues provide an enlightening analysis of the issues and the stigma surrounding it.

Part II Stigma at the Occupational/Meso Level

Chapter 6 leads off Part II with an examination of 'morally stigmatized work' written by Gina Grandy and Sharon Mavin. They explain morally dirty work as that which refers to an organization, occupation, or employment tasks regarded as sinful, dubious, deceptive, intrusive, or confrontational. They argue that for those who perform such work (dirty workers), moral taint serves as a stain on the individual's integrity. In their review of more than 15 different occupations perceived to be morally dirty, they conclude that such work can be simultaneously viewed in positive and negative terms, thus performed by individuals who, they suggest, can paradoxically be considered both saints and sinners. The authors discuss the implications of morally stigmatized work for the individual, group, and organization.

Natasha Slutskaya, Rachel Morgan, Ruth Simpson, and Alex Simpson direct attention to physically stigmatized work, work that is tainted because of its proximity to physical dirt and the contagious nature of such taint. In Chap. 7 they note that jobs which are physically tainted and where manual labor is involved are often associated with working class men. In their empirical research with butchers and waste management workers, they reveal how changing labor market conditions (e.g., increased market competition, government regulations, and contracting out) affect the available discursive resources workers have available to tackle the occupational stigma they confront. In turn, resources that foster constructions of respectability are threatened and diminish over time, further complicating stigma management for these workers. The authors conclude the chapter with suggestions for managers aimed to facilitate effective stigma management strategies for workers performing physically tainted work.

Adopting an innovative approach, in Chap. 8 Kendra Rivera uses empirical vignettes to explore the complexities of negotiating emotions at work when that emotion is stigmatized. Rivera argues that in research and practice, emotion at work is often marginalized, silenced, or neglected and that the performance of emotion as a part of work or at work is always at risk of stigmatization. When emotional performances violate normative expectations stigmatization results. This chapter presents the notion emotional taint to explain emotion displays at work perceived to be objectionable. By investigating the challenging work environment of hospice workers, domestic violence shelter workers, midwives, pastors, and border patrol officers, she illustrates the effects of emotional stigma. She weaves

in and out of short stories to bring forth the complex nature of power dynamics that are interwoven in emotionally tainted work and which that leads to emotional stigma.

The final chapter in this part, Chap. 9, looks to better understand social mobility and stigma. Erica Southgate describes social mobility as the process through which people from low socioeconomic and marginalized backgrounds navigate toward elite professions. Her focus is upon the occupational category of medicine, specifically the tensions experienced by medical students from non-traditional backgrounds studying elite degrees and their journey of extreme social mobility. Her empirical research indicates that stigma primarily plays out in subtle ways and that identity construction for these student-workers is marked by complex educational, professional, and social interactions.

Part III Stigma at the Organization/Macro Level

In Chap. 6 Grandy and Mavin discuss briefly macro level stigma and how stigma can transfer between the organization, occupation, and individual levels in any direction. Part III takes the notion of macro level stigma further. This is the shortest part of the book with two chapters because the work on organizational level stigmas has not been explored as deeply as the individual or group levels have. S. Bruce Thomson starts the part off in Chap. 10 with an overview of the past and current thoughts and research on organizational stigmas. He walks us through an analysis of how it has been defined, the attachment process, the types of organizational stigmas, the strategies organizations use to combat it, and the research methods that have been applied in the endeavor to gain a deeper understanding of the concept. In Chap. 11 S. Bruce Thomson, Chris Nyland, and Helen Forbes-Mewett apply the organizational stigma concept to a Chinese multinational corporation looking to expand into Australia. Their empirical research uncovers that both tribal and conduct stigma labels are attached to the organization. The analysis provides insights into the complexity of the labeling process and the factors that reduce or mitigate the perceived negative characteristics that lead to labeling.

We conclude the book in Chap. 12 with some final insights and commentary of stigma for research and practice in business and organization studies. We thank all of the contributors for enabling us to create a book that offers an important and fascinating account of stigma and work. We encourage you to read on and we are certain that you will find the chapters as enlightening and interesting as we did.

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Stigma at the Individual/Micro Level

Obesity and Stigmatization at Work

Lisa Watson, Tatiana Levit, and Anne Lavack

INTRODUCTION

The rate of obesity in the adult population has been growing around the world. In the USA, nearly 70% of the population is categorized as being overweight or obese (Flegal, Carroll, Ogden, & Curtin, 2010). The Global Burden of Disease 2013 Study funded by Bill & Melinda Gates Foundation (Ng et al., 2014) analysed 1769 published works from 183 countries to conclude that worldwide, between 1980 and 2013, combined prevalence of overweight and obesity has risen by 27.5% for adults and 47.1% for children and that the number of overweight and obese individuals has increased from 921 million in 1980 to 2.1 billion in 2013. Among the high-income countries with large gains over the 33-year period of the study are the USA, Australia, and the UK. Moreover, the study has identified no countries with documented downward trends in obesity in the last three decades (Ng et al., 2014).

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Despite increasing rates of obesity and greater numbers and percentages of obese persons within the general population, the social stigma associated with obesity seems to be growing (Brewis, 2014; Puhl, Andreyeva, & Brownell, 2008). The weight bias is not limited to western countries, but appears to be a worldwide phenomenon (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011).

While the obesity stigma has many negative implications for obese people in all facets of their lives, it is the harmful consequences in the workplace that bear special attention (Kulik, Bainbridge, & Cregan, 2008). Workplace discrimination that occurs as a result of the obesity stigma has profound effects on the self-esteem and personal health of obese persons. Furthermore, such discrimination has an impact on hiring decisions, work assignments, performance appraisals, career advancement, and earnings of obese persons. While an obvious impact of such discrimination is the human suffering caused among obese persons, it is equally clear that the discrimination creates damaging impacts for organizations, such as under-utilization of human capital, productivity losses through reduced workforce participation, as well as liability for legal action that could result from discriminatory actions (Flint & Snook, 2014, 2015; LaVan & Katz, 2011; Paul & Townsend, 1995; Pomeranz & Puhl, 2013; Tunceli, Li, & Williams, 2006). King et al. (2014) note that obesity could be a barrier to the effective identification of high-potential employees. Dhurandhar (2013) also highlights societal costs of weight bias that influences public policy and prevents spending on researching effective solutions. This chapter will examine the role of the obesity stigma in the workplace, its pervasiveness, false assumptions that drive it, and the possible ways of reducing it.

The Obesity Stigma

The obesity stigma is a result of devaluing the physical attributes which are related to being overweight (Barlösius & Philipps, 2015; Puhl & Brownell, 2003b). Research suggests that people in western societies find it socially acceptable to express negativity towards overweight targets and prefer to keep greater social distances with obese persons (Brochu & Morrison, 2007). Persons of all sizes and weight levels hold negative and stigmatizing attitudes towards obesity, including obese persons themselves, as self-stigma is perpetuated through internalization of observed norms (Ambwani, Thomas, Hopwood, Moss, & Grilo, 2014; Vartanian, Pinkus, & Smyth, 2014). Research has found that 46% of people would rather give

up one year of life than be obese, 30% would rather be divorced than be obese, 25% would rather be unable to have children, 15% would rather be severely depressed, and 14% would rather be an alcoholic (Schwartz, Vartanian, Nosek, & Brownell, 2006). While weight discrimination is increasing in America, no legal or social sanctions for this type of discrimination exist (Andreyeva, Puhl, & Brownell, 2008).

Obesity stigma can be operationalized in three distinct ways (Lewis et al., 2011b). Direct stigma includes direct comments from others, such as while making menu selections or during physical exertion. Environmental stigma includes physical barriers related to one's size, such as difficulties fitting into seats on airplanes, buses, and other public venues. Indirect stigma includes more subtle actions on the part of others, such as people staring in public or checking the contents of one's grocery cart. Indirect stigma, while more subtle, can have the most negative impact on the well-being of obese persons (Lewis et al., 2011b).

Obesity Stigma and Perceptions of Responsibility

There is some evidence that weight stigma is different from other types of stigma. Discrimination against obesity seems to be higher than for other personal traits which are deemed to be beyond one's control. While some physical features (like ethnicity) are seen as being outside of one's control, others (like obesity) are most often seen as being under a person's own control and therefore associated with character flaws (DeJong, 1980). The idea of obesity being a character flaw for which one is personally responsible results in a "blame frame" (Saguy, 2013, p. 6), which is an implicit driver of the stigmatization of obesity. In one study, people who were labelled as being both obese and physically disabled were seen to be more responsible for their conditions than those who were simply labelled as physically disabled (DePierre, Puhl, & Luedicke, 2013). In the same study, people who were labelled as both obese and physically disabled were seen to be less responsible for their conditions than those who were labelled either as obese or as food addicts. This finding supports other evidence that people tend to think more favourably of obese persons when they believe that the causes of their obesity are largely beyond their control (Allison, Basile, & Yuker, 1991). People labelled as being obese or as food addicts were seen as being equally responsible for their conditions (DePierre et al., 2013), demonstrating that even framing a binge eating disorder as a food addiction would be perceived as a character flaw that

is fixable. Lack of a supportive in-group not only exists in the form of perpetuated self-bias among obese in-group members, but also because group members may be actively trying to leave the in-group (Finkelstein, Frautschy Demuth, & Sweeney, 2007). This makes anti-fat bias systematically different from racial or ethnic biases in that one's own in-group is not necessarily perceived in a positive light (Schwartz et al., 2006, p. 441). As a result, the obese tend to have weaker supports than other stigmatized groups. This is one more reason why understanding and addressing the obesity stigma in the workplace are of keen importance.

FALSE ASSUMPTIONS DRIVING OBESITY STIGMA IN THE WORKPLACE

Numerous negative stereotypes negatively impact obese persons in workplace settings. Most research conducted around the obesity stigma uses an experimental manipulation consisting of pictures of either normal weight or obese targets, along with a written description, and asks respondents to assess the individuals portrayed in the pictures on a wide range of criteria. In most cases, based only on a photo or a silhouette, respondents use negative character-related terms like "lazy" and "stupid" to describe the characters of obese persons in the photos, even though there is no way to objectively assess those characteristics visually (DeJong, 1980; Staffieri, 1967). The same respondents would not choose these negative character-related words to describe normal-weight persons. As such, it is important to explore whether there is empirical evidence to validate these negative impressions or whether they are based on false stereotypical assumptions, as they have negative impacts on the day-to-day working lives of obese persons.

Upon examination of existing research, the majority of common negative character beliefs about obese individuals appear to be unsupported (Paul & Townsend, 1995). One study tested the validity of four common workplace-related stereotypes: that obese persons are less conscientious, less emotionally stable, less agreeable, and less extraverted (Roehling, Roehling, & Odland, 2008). All of the stereotypes were refuted. Those who are obese are also often assumed to be lazy (Schwartz et al., 2006; Tiggemann & Rothblum, 1997; Wang, Brownell, & Wadden, 2004) and lacking in self-control (Brewis, Hruschka, & Wutich, 2011). While research has linked obesity with laziness and a lack of motivation in the context of exercise (Ball, Crawford, & Owen, 2000), there is no evidence that supports the stereotype of laziness in the workplace.

Another stereotype considers obese persons to be less intelligent than normal-weight people (Puhl & Brownell, 2006; Schwartz et al., 2006; Seacat & Mickelson, 2009; Tiggemann & Rothblum, 1997). While there is evidence that low socio-economic status is associated with both obesity and lower educational attainment, intelligence has been shown to have no relationship with obesity when educational attainment is taken into account (Yu, Han, Cao, & Guo, 2010). Overweight persons also perform just as well as normal-weight persons in terms of reaction time under task complexity (Klassen, 1987, as cited in Paul & Townsend, 1995). In other words, the stereotype that obese persons are unintelligent is abjectly false. Many other such assumptions about negative work-related traits of obese persons appear to have been entirely untested. Such stereotypes include assumptions about unreliability, untrustworthiness, incompetence, and lack of dedication (Lerner, 1969; Puhl & Brownell, 2006; Schwartz et al., 2006; Seacat & Mickelson, 2009; Staffieri, 1967). Thus, many implicit stereotypes that stigmatize obese persons and remain entirely unjustified are being used unfairly to discriminate against obese persons in the workplace.

Some would argue that obesity-related stigma in the workplace is a result of obese persons being less healthy, missing more work, and thus being less productive in their jobs than their non-obese counterparts. While there is a linear relationship between BMI and sick days taken (Finkelstein, DiBonaventura, Burgess, & Hale, 2010; Harvey et al., 2010; Paul & Townsend, 1995), statistics show that the differences are far smaller than one might assume, and four extra sick-leave days every year is a typical amount for obese individuals, while long-term sickness is mediated by co-morbid conditions (Harvey et al., 2010). Overweight and mildly obese workers are not significantly less productive than their normal-weight counterparts (Finkelstein et al., 2010; Gates, Succop, Brehm, Gillespie, & Sommers, 2008), and moderately to extremely obese workers see health-related productivity loss that is only 1.18% higher than other employees (Gates et al., 2008). Despite there being little evidence to support the notion that mild levels of obesity are associated with lower job productivity, all obese persons continue to be discriminated against in the workplace.

Pervasiveness of Obesity Stigma in the Workplace

There is substantial evidence in the literature that obesity discrimination is a common occurrence in the workplace (Giel, Thiel, Teufel, Mayer, & Zipfel, 2010; Roehling, 1999; Rudolph, Wells, Weller, & Baltes, 2009;

Vanhove & Gordon, 2014). Compared to those of average weight, overweight employees are 12 times more likely to experience employment discrimination, while obese employees are 37 times more likely, and severely obese employees are over 100 times more likely to report discrimination (Roehling, Roehling, & Pichler, 2007). Obesity stigma seems to exist at every level in the workplace, from CEOs (King et al., 2014), including among human resource professionals (Giel et al., 2012) and coworkers (Puhl & Heuer, 2009). While findings suggest that coworkers may be a greater source of weight discrimination than employers (Roehling, Pichler, & Bruce, 2013), even CEOs are prone to let negative perceptions associated with obesity override such status cues as power, prestige, and competence (King et al., 2014). This discrimination occurs through all stages of the employment relationship. Those who are obese are also subject to a greater degree of incivility in the workplace (Sliter, Sliter, Withrow, & Jex, 2012).

The pervasiveness of the obesity stigma at work can be further broken down by gender and age. Obese women are more likely to be evaluated negatively than obese men (Harris, Harris, & Bochner, 1982; Vanhove & Gordon, 2014), and they are also more likely to experience discrimination than obese men (Carlson & Seacat, 2014; Puhl & Brownell, 2001; Puhl & Heuer, 2009; Roehling, 1999). For example, obese women are less likely to find employment, despite better training and applying to more jobs (Caliendo & Lee, 2013). Younger obese adults are also more likely to experience the obesity stigma than older obese adults. The weight bias effect appears to be greatest when participants assess the attractiveness of an obese coworker (Roehling et al., 2013). Rarely are these negative assessments necessary or appropriate to the job at hand.

Obesity stigmatization is also carried out by workers in a variety of helping professions, including health care (Dhurandhar, 2013; Puhl & Heuer, 2009), retail (Ruggs, Hebl, & Williams, 2015), and education (Puhl & Brownell, 2001). It has been amply demonstrated that health care professionals, including those specializing in treating obesity, stigmatize obese patients (Foster et al., 2003; Malterud & Ulriksen, 2011; Maroney & Golub, 1992; Puhl, Latner, King, & Luedicke, 2014; Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Teachman & Brownell, 2001). Health care professionals are more likely to see obesity as a largely behavioural problem brought about by lack of physical activity and overeating, view treating obese patients as useless, and believe that obese patients are less likely to abide by medical advice (Puhl & Heuer, 2009).

A similar reverse prejudice is also seen through patients being more likely to disregard advice given by overweight physicians (Dhurandhar, 2013). While not overt, retail personnel are more likely to display indirect signs of discrimination against obese customers through body language and other negative interactive behaviours (Ruggs et al., 2015). A reverse prejudice effect has also been found, with customers being less favourable towards retail brands with obese representatives. Educators have also been found to stigmatize obese students (Puhl & Heuer, 2009). Students who are the target of weight-related teasing and bullying are more likely to avoid participating in physical education classes (Bauer, Yang, & Austin, 2004). All of these various stigmatizing behaviours have deleterious effects on the targets, the service professionals, and the organizations they represent.

OBESITY STIGMA AND THE EMPLOYMENT RELATIONSHIP

Obesity discrimination occurs through all stages of the employment relationship, beginning at the hiring stage and continuing through work assignments, performance appraisal, salary, and rewards (Roehling, 1999). Meta-analyses have indicated that the impact of the obesity stigma, while present at all stages in the employment cycle, may be somewhat less for obese individuals once they have a track record with an organization (Roehling et al., 2013; Rudolph et al., 2009). While it is said that the obesity stigma has less impact at the salary level and still less at the promotion level, it is greatest at the hiring stage (Vanhove & Gordon, 2014).

Research shows a clear link between obesity and unemployment. Modelling studies have confirmed that obesity is the cause of unemployment as opposed to vice versa (Morris, 2007), and that the obesity stigma is a barrier to obtaining employment (Giel et al., 2010). Obesity-related employment barriers remain, even when health-related factors are controlled for (Klarenbach, Padwal, Chuck, & Jacobs, 2006; Tunceli et al., 2006). There is often discrimination against job applicants who are obese or overweight (Klesges et al., 1990; Roehling, 2002). Just as the obesity stigma exists among all types of people, so too do such hiring biases occur among all types of interviewers and assessors, whether they are students (Grant & Mizzi, 2014; O'Brien, Latner, Ebneter, & Hunter, 2013), white collar workers (Klesges et al., 1990), or human resource professionals (Giel et al., 2012).

In an experiment that involved assessing a job applicant on the basis of a resume and photograph, university students were less likely to choose

to employ an overweight applicant over an average weight applicant (Grant & Mizzi, 2014). Another experimental study using pictures of the same person pre- and post-bariatric surgery, showed that student participants gave the obese candidate lower rankings and were less likely to hire the obese person (O'Brien et al., 2013). They also provided lower predictions for starting salary, leadership potential, and career success. The profound nature of the obesity stigma during job search was illustrated in a study in which the obesity stigma spread to non-obese individuals (Hebl & Mannix, 2003). A normal-weight male applicant was rated more negatively on hireability, professional qualities, and interpersonal skills when seen sitting next to an overweight female, even when there was no relationship between the two individuals.

Even seasoned HR professionals are prone to obesity stigmatization (Giel et al., 2012). A volunteer sample of 127 human resources professionals was asked to view a set of standardized photographs of individuals and evaluate those depicted in the photographs in terms of hiring decisions, work-related achievements, and prestige. The HR professionals were more likely to disqualify obese individuals from being hired, less likely to choose obese persons for supervisory positions, and to underestimate the occupational prestige of those who were obese (Giel et al., 2012). The effects were most pronounced when the HR professionals were assessing the photos of obese women.

The research literature demonstrates that job candidates who possess a visible stigmatized attribute like obesity may face substantial bias during job interviews (Derous, Buijsrogge, Roulin, & Duyck, 2015; Giel et al., 2010). In an experimental study in which candidates were never actually seen and all variables were held constant except for weight, white collar professionals were asked to evaluate the qualifications and demeanour of job applicants during interviews (Klesges et al., 1990). While obese applicants were rated similarly to normal-weight applicants on attitude towards the interview and communication skills, they were rated as being more likely to have emotional and interpersonal problems, being less qualified, having poorer work habits, being more likely to have non-medical work absences, and they were ultimately less likely to be hired. For many in the workplace, false assumptions about obesity are difficult to overcome, even during the interview process.

Sometimes admitting to have a stigmatizing condition (such as a physical disability) breaks the tension of discomfort and awkwardness and opens the door for discussion of an otherwise forbidden topic during the hiring

process. Researchers tested the proposition that acknowledging a stigma in the interview setting might lead to better hiring outcomes (Hebl & Kleck, 2002). However, consistent with the notion that obesity is perceived to be a character flaw, participants took a more negative view of candidates that overtly mentioned their obesity during the interview, were more likely to assign negative character traits, were seen as having lower job skills, and were less likely to select them for the position than those that did not mention their obesity (Hebl & Kleck, 2002). When acknowledged obesity was perceived to be uncontrollable, negative results were reduced, but candidates were still perceived less favourably than those who did not acknowledge their obesity overtly. Thus, in the case of obesity, acknowledgement does not seem to be an effective strategy for overcoming stigma during the interview process.

Once hired, many of the obesity biases that make it difficult to secure a position remain. In employment training situations, trainers may be influenced by the weight of a trainee, resulting in more negative expectations and evaluations of obese trainees (Shapiro, King, & Quiñones, 2007). Performance appraisal is another area where the obesity stigma may lead to more adverse outcomes (Bento, White, & Zacur, 2012). This discrimination may be intended or unintended, and it may be subtle or blatant. For example, in one study, when the salesperson who had committed an ethical breach was described as being obese, he was evaluated much more harshly than when he was not described as being obese (Bellizzi & Norvell, 1991). There is a danger with unfounded character biases unconsciously entering the appraisal process, because performance appraisals become the supposedly factual bases for other future career progress decisions, including compensation and promotion (Bento et al., 2012).

Compensation levels are also impacted by the obesity stigma. In a study where participants were assigned the task of hiring and determining salary levels for candidates, the hypothetical obese candidates were assigned lower salary levels (O'Brien et al., 2013). Those who are obese then continue to earn lower wages than those of normal weight (Han, Norton, & Powell, 2011). In particular, obese women receive significantly lower starting wages than women of normal weight (Caliendo & Lee, 2013; Register & Williams, 1990). Research shows that the lower starting salaries assigned to obese hires have long lasting effects, and that these effects are exacerbated for women and young people. Those who were overweight as adolescents and young adults were more likely to have lower household incomes when measured seven years later (Gortmaker, Must, Perrin,

Sobol, & Dietz, 1993), and higher weight is associated with lower personal income for women (Haskins & Ransford, 1999; Pagán & Dávila, 1997).

Higher weight has also been linked to more limited opportunities for promotion (Roehling, 1999), less advancement in occupational position (Bordieri, Drehmer, & Taylor, 1997; Haskins & Ransford, 1999), lower occupational attainment (Pagán & Dávila, 1997), and less career success (Randle, Mathis, & Cates, 2012). Lower occupational attainment is particularly pronounced for obese women (Pagán & Dávila, 1997). At least one study has also documented a greater willingness to fire an obese employee (Kennedy & Homant, 1984).

Furthermore, overweight and obese employees are more likely to be placed in positions where they do not work alongside others (Roehling, 1999), or placed in more private positions rather than public positions (Finkelstein et al., 2007). In another experimental study, participants role-playing as sales managers were less likely to assign overweight salespersons to important sales territories (Bellizzi, Klassen, & Belonax, 1989). This effect was stronger than for heavy smokers and was strongest among obese women. Another large-scale population study also found that obese women were more likely to hold positions of lower authority (Marchand, Beauregard, & Blanc, 2015).

Obesity Stigmatization as Discrimination

Andreyeva et al. (2008) note that the rates of weight discrimination are disturbingly high and close to the rates of race and age discrimination, and yet there are no legal sanctions in existence. Employers are legally free to discriminate against potential or current employees, as there is lack of legislation expressly prohibiting employment discrimination on the basis of weight in the USA (Puhl & Heuer, 2009) and the UK (Flint & Snook, 2014). Obese individuals must meet the definition of disability to qualify under the Americans with Disabilities Act statute (Puhl & Heuer, 2009). In fact, only a very small percentage of the American population would be so obese as to meet this requirement (Paul & Townsend, 1995). While allowing such broad interpretation of the statute to cover obesity might be contributing to the obesity stigma by implying that obesity is a disabling condition, it is currently the only legal avenue for obese persons who have faced discrimination in the workplace.

It has been argued that most legal issues that relate to being overweight should already be covered in laws that cover other forms of discrimination,

but that legal outcomes are a matter of interpretation (Paul & Townsend, 1995). Research has demonstrated that there is substantial support for legislation to reduce weight-based discrimination in the workplace, with over two-thirds of the US adult population in favour of such legislation (Puhl, Heuer, & Sarda, 2011; Suh, Puhl, Liu, & Milici, 2014). Some legislation might potentially exacerbate the weight bias, and laws that compare obesity to disability receive the least support in a national survey about prohibiting weight discrimination in the USA (Puhl & Heuer, 2011). Some have recommended modelling legislation for a Weight Discrimination in Employment Act after the Age Discrimination in Employment Act, an idea that also garnered strong support in a public poll (Pomeranz & Puhl, 2013). While legislative support is beneficial to ensure the rights of obese persons in the workplace, further work on reducing the obesity stigma in the workplace is still necessary.

OBESITY DENORMALIZATION EFFORTS AND THE EFFECT ON OBESITY

Some public health campaigns have attempted to denormalize obesity, guided by the assumption that stigmatizing the obese will motivate them to change their behaviour and that obesity can largely be controlled by individuals (Vartanian & Smyth, 2013). However, evidence suggests that such campaigns may only serve to reinforce the obesity stigma (Courtwright, 2013; Major, Hunger, Bunyan, & Miller, 2014; Vartanian & Smyth, 2013). Dhurandhar (2013) points out that some public health guidelines are ineffective, given that they downplay the effort required to control obesity and promote overly simplistic strategies, which adds to the prejudice against obesity and a misconception that obesity is a choice. Equally stigmatizing is the idea that obese people should exercise more self-control in order to combat their obesity (Wolfe, 2012).

While some public health campaigns are based on the belief that some degree of stigmatization might increase desire to perform behaviours that lead to weight loss, the reality is that obesity stigmatization can lead to increased body dissatisfaction and lower motivation to make positive life changes such as increased physical activity (Puhl & Heuer, 2010; Schwartz et al., 2006). This de-motivation leads to more negative physical health consequences, such as general physiological stress, eating disorders, less successful weight loss outcomes, and lower engagement in physical activity (Puhl & Heuer, 2009). As a result, the obesity stigma

can reinforce higher body weight or even promote weight gain, thereby reinforcing obesity in the population (Brewis, 2014; Sutin & Terracciano, 2013). In the extreme, the negative associations of weight discrimination can lead to a nearly 60% increase in the risk of mortality and shorten life expectancy through increased psychological and physiological costs, such as unfair treatment, feelings of shame, social isolation, economic losses, and reduced quality of health care (Sutin, Stephan, & Terracciano, 2015). Thus, many obesity denormalization campaigns make matters worse by increasing the obesity stigma and de-motivating their target audience.

Obese adults use a variety of methods to cope with the obesity stigma (Puhl & Brownell, 2003a). Coping may be thought of as a defence mechanism used to reduce internal conflict (Cramer, 1998), or a means of handling stress within social interactions (Goffman, 1963). Several of these coping strategies are actually counterproductive, leading to many of the negative health outcomes mentioned previously. One such commonly used strategy is to simply accept the negative stereotypes of others. However, obese persons who internalize negative stereotypes about obesity may be vulnerable to low self-esteem (Quinn & Crocker, 1998) and binge eating (Puhl, Moss-Racusin, & Schwartz, 2007). Other similarly ineffective coping strategies include avoidance, negative self-talk, and ignoring the situation (Puhl & Heuer, 2009). Another more active strategy is to attempt to lose weight in order to remove oneself from the stigmatized group (Miller & Major, 2000). However, as seen above, evidence indicates that being externally pressured to lose weight through such mechanisms as public denormalization campaigns may not prove effective, and may actually make the situation worse (Courtwright, 2013; Vartanian & Smyth, 2013).

Mann, Tomiyama, and Ward (2015) discuss different misconceptions about obesity that have dominated policy efforts to promote health and which should be addressed: (1) restrictive diets do not work, so such diets should not be promoted; (2) weight stigma will not reduce obesity, so weight should be a protected class and anti-obesity campaigns should be pre-tested; (3) weight does not equal health, so weight and BMI should not be used as measures of health, and validated measures such as blood pressure and heart rate should be emphasized instead (Mann et al., 2015).

A large-scale study of public campaigns designed to reduce obesity found that more positive campaigns which focused on healthy behavioural changes, and which did not refer to weight, were perceived to be the most positive and motivating campaigns (Puhl, Peterson, & Luedicke, 2013). Campaigns which stigmatized obesity were deemed to be the least

effective and also received the lowest stated intentions to comply with the messages. In order to counter the obesity stigma, obese adults can benefit from creating a proactive response, such as reframing the idea of 'fat' and engaging in greater self-acceptance (Dickins, Thomas, King, Lewis, & Holland, 2011). There is evidence that obese adults can better cope with the obesity stigma through positive self-talk and self-acceptance (Puhl & Heuer, 2009) or gaining the support of others (Dickins et al., 2011). Therefore, creating a supportive and non-stigmatizing environment in the workplace can be beneficial.

The sedentary nature of some jobs may unwittingly contribute to being overweight. A demanding career is often cited as a reason for lack of time for physical activity or difficulty adhering to a diet (Lewis, Thomas, Hyde, Castle, & Komesaroff, 2011a). As well, high-demand low-control work environments are also believed to increase the risk of obesity (Schulte et al., 2007). To help all workers, including those who are overweight or obese, workplaces can engage in upstream strategies and practices that enhance healthy living (Brownell et al., 2010; Dorfman & Wallack, 2007). Environmental and policy changes in the workplace can be effective in creating an environment more conducive to healthy living (Greener, Douglas, & van Teijlingen, 2010; Puhl, Neumark-Sztainer, Austin, Luedicke, & King, 2014; Sikorski et al., 2011). Employers would be wise to spend money on wellness programmes that create behavioural and cultural change, such as by supplying healthy meals in the cafeteria and offering time and space for physical activity. These are more effective and less stigmatizing than spending money on workplace programmes that reward physical outcomes such as weight loss (Lesser & Puhl, 2014). It is important that wellness efforts are implemented in such a way that they do not reinforce the obesity stigma.

Reducing Obesity Stigma in the Workplace

Experimental studies that attempted to induce a reduction in the obesity bias have yielded mixed findings, and thus more work is required to find the most effective methods of reducing weight bias (Puhl & Heuer, 2009). However, there are several ways that organizations can start to take action to reduce obesity stigma in their workplaces while further investigation into the most effective methods continues. These can include refuting negative stereotypes and stigma, creating infrastructure to reduce weight discrimination, and encouraging healthy behaviour among all employees

through positive messaging. While it is naive to think that one individual workplace could solve this problem on its own, a public policy programme and media movement against the obesity stigma would help to reduce stigma on a much wider range of social fronts.

The first logical step is to actively debunk the false stereotypes that are associated with the obesity stigma. Organizations can provide information about the complex causes of obesity, thereby countering the simple notion that obese people need only exercise more self-control in order to combat their obesity (Wolfe, 2012). There is some evidence that presenting information on external, non-controllable causes of obesity, such as biology and genetics, can improve attitudes towards obesity (Puhl & Heuer, 2009). However, research seems to indicate that changing knowledge and beliefs about the causes of obesity is not necessarily accompanied by reductions in anti-fat prejudice (Daníelsdóttir, O'Brien, & Ciao, 2010). Instead, the most promising approaches for reducing obesity prejudice are those involving social norm approaches or social consensus-based approaches (Daníelsdóttir et al., 2010). This means that not only is it important to counter the many common negative stereotypes (e.g., that obese individuals are lazy, unintelligent, unreliable, etc.) that lead to the obesity stigma, but it is also important to do this in such a way that it will be internalized. Instead of simply providing informative evidence regarding the falsehood of obesity stereotypes, it would be more effective to use normative methods. For example, rather than publishing productivity and absenteeism statistics in a company newsletter, firms could instead acknowledge the high performance of obese employees through public praise and awards. One study demonstrated that unambiguous environmental signals or quality cues (e.g., such as drawing customers' attention to the "customer service employee of the month" plaque) can help to elevate negative perceptions of overweight frontline employees (Cowart & Brady, 2014). Having management and influential colleagues set an example by consistently countering biased attitudes and behaviours when they occur would also serve to develop a social norm around the unacceptability of the obesity stigma in the workplace. Letting employees know that their personal stigmatizing views and behaviours are counter to their own core values may also see some success in creating more positive attitudes towards obese colleagues (Ciao & Latner, 2011). For example, when expressing disapproval with a colleague's stigmatizing behaviour, one might comment on how surprised they are because the colleague's behaviour is usually so kind. Empathy-inducing programmes can also help

coworkers better understand the negative emotional and discriminatory impacts of stigmatization (Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003). Changing employee attitudes towards obesity in the workplace can allow for a more accepting work environment, more positive employee relationships, and stronger overall workplace morale.

Another way that workplaces can reduce the obesity stigma is to use policy enforcement. In theory, most business practices that are designed to protect against other forms of discrimination should also cover obesity, so long as the employer is vigilant in applying it in that context (Paul & Townsend, 1995). Arguably, employers have an ethical obligation to prevent weight-based discrimination (Roehling, 2002). Organizations can use enforcement to disallow weight discrimination, just as they disallow discrimination based on such attributes as race, gender, and ability. While these examples have legislation to reinforce them, employers are not restricted to insisting on fair and ethical treatment only when backed by law. However, even introducing obesity-related legislation may not be enough to stem bias, as we can see through evidence that obese women still face harsher treatment than obese males (Bellizzi et al., 1989; Caliendo & Lee, 2013; Carlson & Seacat, 2014; Harris et al., 1982; Marchand et al., 2015; Pagán & Dávila, 1997; Register & Williams, 1990; Roehling, 2002; Tunceli et al., 2006). Possible interventions can include mandatory training programmes for those involved in making employment and career progress decisions (Roehling, 2002), and performance appraisal processes that allow for formal evaluation of stigmatizing behaviour among supervisors and colleagues (Roehling, 2002).

In order to be fully impactful, reduction of the obesity stigma in the workplace will only be truly successful if it is also reduced elsewhere. Some of the most prolific obesity stigmatization occurs in the media (Ata & Thompson, 2010; McClure, Puhl, & Heuer, 2011; Puhl, Peterson, DePierre, & Luedicke, 2013). Some research has suggested that more positive media portrayals of obese persons could help to reduce the obesity stigma. Pearl, Puhl, and Brownell (2012) conducted online experiments where adult subjects across the USA were shown either stigmatizing images of obese persons (e.g., sitting on a sofa eating unhealthy food) or positive portrayals of obese persons (e.g., in a supermarket choosing vegetables). Subjects who viewed the positive portrayals of obese persons were more likely to subsequently report more positive attitudes towards obese persons. This suggests that positive media portrayals of obese persons can have an impact on public attitudes towards obesity. If government and

corporate America could leverage their respective power to encourage the media to counter obesity stereotypes and reduce weight discrimination, this would translate into reduced obesity stigma at work.

Conclusion

In general, there has been a relative paucity of research aimed at reducing prejudice against obesity (Daníelsdóttir et al., 2010). There has also been insufficient research examining issues relating to obesity in the workplace (Levay, 2014). These are important areas for future research, since reducing the obesity stigma both in the workplace and more generally within society could help to reduce the negative effects of the obesity stigma. However, what we do know is that: (1) the obesity stigma is grounded in false stereotypes, (2) it has a significant ongoing impact at every stage of one's career, particularly for women, (3) wellness programmes founded on the premise that will power is the solution to the problem make the situation worse, and (4) reducing stigma by rejecting myths and creating a positive, accepting work environment is the best current solution to curb weight discrimination in the workplace.

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Chronic Illness Stigma and Its Relevance in the Workplace

Joy Beatty

INTRODUCTION

Chronic illnesses, health conditions of long duration that are typically not curable, are the leading cause of disability in the United States (CDC, 2015). In the United States, chronic illnesses affect nearly 72 million working age adults, which is 39% of the working population (Tu & Cohen, 2009), and a UK study estimates that 15–20% of employees have a chronic illness (Munir, Yarker, & Haslam, 2007). The population of people with chronic illness is large, and demographic trends and medical advances suggest that it will increase in the coming years (Bodenheimer, Chen, & Bennett, 2009).

Since many people with chronic illness will continue to participate in the workforce, they must cope with their illness symptoms and other peoples' reactions to their illness in the workplace. In recent years, research on the effects of chronic illness in the workplace has highlighted effects such as stress and burnout (McGonagle, Beatty, & Joffe, 2014; Munir, Yarker, Haslam, Long, et al., 2007), and its effects on daily work interactions (Vickers, 2003) and career progression (Beatty, 2012). Findings underscore that having a

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chronic illness influences not only workplace performance but also social interactions through stereotyping and stigmatization. The current edited volume expands our understanding of specific stigmas across the individual, group, and organizational level. This chapter will focus on the processes and outcomes of a specific category of stigma—chronic illness stigma—with the aim of discussing the unique issues experienced by this population.

Chronic illnesses can have several characteristics that may interfere with job performance and workplace expectations. For example, many conditions have variable symptoms which require heightened attention to flexible job design and management strategies. Employees may need to regularly adjust their tasks to accommodate their physical capabilities. Further, the uncertainty of when symptoms will come and go complicates workload scheduling and planning and may make the employee appear unreliable. Other conditions may have ambiguous symptoms which can interfere with cognitive and physical skills in significant ways. Employees with chronic illness will need to manage information about their illness to request the accommodations they need, while also maintaining their desired work image as a competent employee.

Features of the work environment can also influence the contours of chronic illness stigma. At work, people have role-based interactions as employees and coworkers, with a corresponding set of role expectations and self-concepts. The normative assumption is that people are physically and mentally able to perform their work roles, and functioning bodies and are taken for granted (Pinder, 1995). However, for employees with chronic illnesses the assumption of a normal functioning body is problematic, and they may have difficulties meeting their work-role expectations. Further, research in the sociology of illness shows that chronic illness conditions can lead to changes in peoples' self-concepts (Charmaz, 1983; Corbin & Strauss, 1987), which can lead to a re-prioritization of work in one's life (Beatty, 2012).

Heeding Ragins' (2008) advice to consider how specific types of stigma interact with the social context, the current chapter contributes to the conceptual discussion of chronic illness stigma in the workplace context by investigating the underlying dimensions and processes of stigma. I will discuss the conceptual foundations of chronic illness stigma and its relevance to the workplace context, and review how the outcomes of stigma, in conjunction with other effects of chronic illness, can influence people at work. I conclude with some practical recommendations regarding the mitigation of chronic illness stigma.

Defining Stigma—The "Markable" and the "Marked"

The stigma process occurs when an individual has an attribute or "mark" that defines him or her as deviant in some way, which leads others to make attributions based on the category or label. Stigmas are viewed as personal flaws that are seen as undesirable or repulsive. Stigmatization means that the mark has been used to discredit the bearer in some way, to "spoil" their identity (Goffman, 1963). The mark need not be physical—it can include any real or inferred attributes. Further, the mere presence of a mark does not automatically result in stigma.

The dichotomous terms of the "markable" and the "marked", or the "discreditable" and "discredited" (Goffman, 1963) highlight the distinction between having the potentially stigmatizing identity and actually being stigmatized. In the cases of "markable" or "discreditable" identities, the stigmatizing condition may be ambiguous or concealed, such that others may not immediately recognize it. Thus, the social interaction processes for people who are "markable" emphasizes information management—specifically whether and what to disclose. In contrast, social interactions for people who are "marked" or "discredited" may emphasize how to cope directly with the known, stigmatized identity. Stigma research focuses our attention on the problematic social interactions between markable or marked individuals, and their social partners.

Jones et al. (1984) note that for observers, the perception of stigma may generate complex and mixed emotions, such as discomfort, hostility, pity, sympathy, and nurturance. Stigma interactions can become problematic or socially awkward because they are characterized by some degree of doubt, conflict, and unresolved ambivalence for the observer. Similarly, the markable person must cope with self-presentation questions, knowing that others may be uncomfortable with their mark. This raises the levels of ambiguity and uncertainty in social interactions, and, as I will discuss further below, can influence the identity and self-esteem of people with chronic illness.

Theoretical Dimensions of Stigma

In their seminal work, Jones et al. (1984) have offered a model of six dimensions that lead to stigma and influence the effects that individuals' marks play in interpersonal interaction. The dimensions are believed to shape the emergence of a potentially stigmatizing mark, the effects of

the mark on one's self-concept, and one's self-presentation strategies. According to their model, stigma may vary on the six dimensions of concealability, course, origin, disruptiveness, aesthetic qualities, and peril. The higher a mark rates on these dimensions, the higher the potential for stigmatization. Below I will discuss the specific stigma dimensions and how they are salient for people with chronic illnesses.

Concealability

The first dimension is concealability, which refers to whether the stigma is immediately obvious to onlookers, or if it can be hidden. The concealability dimension has received much attention from stigma researchers (Goffman, 1959; Smart & Wegner, 2000) and in management research (Clair, Beatty, & MacLean, 2005; Jones & King, 2013; Ragins, 2008). Visibility is a central factor in the management of and reaction to a stigmatized social identity (Crocker, Major, & Steele, 1998). Concealability preempts or moderates other dimensions of stigma, such as aesthetic qualities and disruptiveness. If someone has an invisible condition, the aesthetic distinctions of attractive and unattractive are irrelevant. Similarly, disruption of social interaction relies partially on the stigma being visible. Goffman identified the challenges involved with managing an invisible stigmatized identity when he wrote: "The issue is not of managing tension generated during social contacts, but rather that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where" (Goffman, 1974; p. 42).

The dynamics of invisible differences are more complex because the visible cue which would normally serve as a triggering mechanism for social categorization is not present (Clair et al., 2005). People with invisible stigmatizing differences may choose not to reveal their difference, instead aiming to "pass" as normal, or they may select the conditions under which they disclose (Ragins, 2008). Passing may entail some psychological costs because individuals need to remember what they have revealed, and to whom (Ragins, 2008; Smart & Wegner, 2000); they may also experience tension from feeling inauthentic.

Many chronic illness symptoms are invisible or ambiguous, meaning that sometimes they are detectable and other times they are not. For example, the symptoms of conditions like Crohn's disease and lupus may only be visible during illness flares or after some period of disease progression.

Considering ambiguous conditions, an example is that some symptoms of multiple sclerosis such as poor balance or slurred speech could be misattributed to other conditions or behaviors (e.g., substance abuse). In these invisible or ambiguous situations, people with chronic illness will need to attend to disclosure issues. Some research suggests that levels of disclosure are associated with acceptance of chronic illness, specifically that people who have accepted their illness as part of their identity are less likely to disclose it (Beatty, 2004).

Course

The second dimension, course, addresses the dynamic patterns that marks may follow over time. Some conditions such as acne or obesity may disappear over time; some remain unchanged over time, such as deafness; and yet others may become more debilitating over time, such as dementia. For people which chronic illness, the specific course of their stigma will depend on the conditions they have. However, the course of chronic illness also includes a pattern not identified in the original Jones et al. (1984) model. A common characteristic of chronic illness is the variability of symptoms, which can result in variable performance of physical and cognitive skills (Charmaz, 1991; Register, 1987; Royer, 1998). The title of Charmaz's (1991) book captures this characteristic with the phrase "Good days, bad days". In the workplace, employees may be able to perform a task one day, but may not be able to do it the next day, depending on the status of their condition or symptoms. The variability may require people to use different kinds of coping and adaptation strategies. Further, impression management can be critical for people to maintain a consistent public identity—to help explain and justify why tasks that could be done one day cannot be physically performed on another day.

It can be difficult for both the marked person and their social others to really predict what course their stigma will follow. Jones et al. (1984) distinguish between the actual course of the mark and the beliefs people have about the likely future course, because observers are likely to treat an individual differently if they believe the mark is permanent and irreparable. In the workplace, people with chronic illness may experience some negative effects from other people's beliefs about the expected course and symptoms of an illness. Some participants in Beatty's (2012) study reported that others' misconceptions about the symptoms and trajectories of their chronic illness were experienced as career barriers. Specifically, they noted

the irony that even though everyone (regardless of health) is subject to future uncertainty, their chronic illness was a seen as a more pronounced limitation on their long-term career potential.

Origin

The third stigma dimension is origin, which refers to how the mark was acquired, and who or what is responsible for its occurrence. For chronic illness, this concept is captured in the idea of onset controllability. When an individual is seen as responsible for the actions leading to the chronic illness or disability, they are held morally culpable and are therefore more stigmatized. Examples are smokers who develop lung cancer, obese people who develop Type II diabetes, and recreational intravenous drug users who contract HIV. Weiner, Perry, and Magnusson (1988) found that onset-controllable diseases evoked more blame, anger, and a reduced pro-social response than did onset-uncontrollable diseases. Stigma is lower when the individual has not brought about the situation by his or her own actions. Indeed, people are more likely to have sympathy and pity for such individuals, as in the example of the "brave" cancer patient who "courageously fights" her illness. Some research has found that receiving sympathy and pity can be annoying for people with chronic illness, since it suggests that they are inferior or that they need help (Beatty, 2012).

The origin dimension underscores the ways that illness and disability are often seen in moral terms. Galvin (2002) notes that many people are inclined to assign personal responsibility for health and illness, because health and fitness are seen as a matter of individual choice. She notes that being physically incapacitated clashes with the image of the good citizen, and links it to traditional notions of illness and sin. Parsons' (1951) concept of sick role further captures the moral aspects of illness. The sick role allows its holder to be in a condition of "sanctioned deviance", with some rights and obligations: the person is temporarily excused from the duties of their normal social role, but they must not malinger and should also seek medical help to both legitimize their symptoms and to speed their recovery. The legitimacy of symptoms cannot be assumed based on the individual's own claims of illness; people who manifest symptoms which fail to reach established diagnostic criteria, as assessed by a medical professional, may not receive the benefits of the sick role (Finerman & Bennett, 1994). For people with long-term chronic illnesses which do not follow the normal cycles of illness and

recovery, it may be impossible to fulfill the requirements of the sick role. Accordingly, researchers such as Pinder (1995), Finerman and Bennett (1994), and Galvin (2002) note that victim blaming" (blaming people for acquiring their illness) may occur.

Disruptiveness

Disruptiveness refers to how much the mark hinders, strains, and interferes with normal social interaction. While stigmatization can be inherently disruptive of social interactions, the definition given by Jones et al. (1984) focuses on the kinds of conditions that directly impact communication and the mechanics of social interaction—for example, stuttering which hinders verbal communication, and eye disturbances which impact the ability to make eye contact.

Jones et al. (1984) further explain that visible conditions are more likely to cause disruptiveness because of the novelty of their condition. Due to the novelty, their interaction partner may experience some tension between wanting to stare and adhering to the social norm of not staring; as a result they may simply try to avoid people with visible marks.

The symptoms of some chronic illness conditions may be mostly borne in private—for example, the pain of arthritic joints—and therefore their impact on communication and social interaction may be relatively small. Other conditions may be more public and can interfere with regular interaction and communication. For example, early symptoms of Parkinson's disease can include tremors or shaking, a change in the loudness of one's voice, and a masked face (having a serious, depressed, or mad look on one's face even when one is not feeling mad). In these cases, disruptiveness will be higher.

At work, disruptiveness also applies to the ways that chronic illness can interfere with physical and cognitive work performance. Some research on disability has shown that the main effects of disability stigma come from its performance impact, in other words how much the disability inhibits "normal" task performance. If an individual cannot adequately perform his or her job tasks, it disrupts the workplace and influences coworkers' judgments of the employee. For example, an empirical study of disability stigma by McLaughlin, Bell, and Stringer (2004) found that the "performance impact" of the disability condition was negatively related to attitudes about the disabled person and positively related to discriminatory employment judgments.

Aesthetic Qualities and Peril

In the Jones et al. (1984) model, aesthetic qualities refer to what is beautiful or pleasing to the senses (and correspondingly, what is ugly or repulsive). It places focus on physical attractiveness, and how it influences stigma processes. It is closely related to ideas discussed earlier regarding concealability, and the visual cues that can launch the stigmatization process. Disability research incorporates this dimension for people with various kinds of physical disfigurement (e.g., burn victims, amputees). For invisible chronic illnesses, the dimension of aesthetic quality will not apply. However, some chronic illnesses may cause physical disfigurement, such as those related to hair loss (e.g., alopecia areata) or skin (e.g., psoriasis or shingles), and the dimension of aesthetic qualities will function here as Jones et al. (1984) have hypothesized.

Peril addresses whether the stigma presents any perceived danger to others. This concept gets to a core affective element of stigma, which is fear and threat. In a broad sense, when an individual has a deviant mark, they are threatening the normal social order. Jones et al. (1984, p. 68) also note that "the capacity to be unpredictable, erratic, or irrational can be highly threatening". Chronic illnesses can symbolize pollution, immorality, or instability, all of which lead to peril. Peril may be relevant for conditions like mental illness because mental patients are stereotyped as potentially volatile, unpredictable, and dangerous; for people with epilepsy, who may have a seizure that potentially causes social harm; or for infectious conditions (or conditions that are perceived as infectious) such as hepatitis, tuberculosis, genital herpes, cancer, or HIV/aids.

In sum, chronic illnesses have the potential to be stigmatizing on all of the dimensions offered in the Jones et al. (1984) model. Based on the frequency of studies in the sociology of illness, some chronic illnesses seem to be especially high in stigma, with strong representation of the origin or peril dimensions. Examples are HIV/AIDS (Alonzo & Reynolds, 1995; Crandall, 1991; Fife & Wright, 2000); mental illness (Krupa, Kirsh, Cockburn, & Gewurtz, 2009; Scheid, 2005); cancer (Fife & Wright, 2000; MacDonald, 1988); and epilepsy (Jacoby, 1994; Schneider & Conrad, 1980). In the following section, I outline the processes and effects of chronic illness stigma.

Stigma Processes

Stigma researchers offer a distinction between enacted stigma and felt or perceived stigma. Enacted stigma comes from the actual experience of a discriminatory behavior. Felt or perceived stigma happens when people become aware that conditions exist for potential stigma, or when they become aware of others' negative reactions to their condition (Scambler & Hopkins, 1986). Linked to the perception of being devalued by others, Scambler (2004) explains that felt stigma can come from the shame associated with having the stigma, and from the fear of encountering enacted stigma. The distinction between felt and enacted stigma is important because people may perceive stigmatization, or the potential for stigmatization, independent of experiencing actual discriminatory behaviors. Somewhat counterintuitively, felt stigma is potentially more damaging than enacted stigma because it can lead people to avoid social interactions for fear of experiencing discrimination (Corrigan, 2004), and can hinder people reaching out for important social resources and support (Scambler, 2004).

Jacoby (1994, p. 269) writes that "stigma is not solely the outcome of societal devaluations of difference: in order for stigma to exist, individuals possessing such differentness must also accept this devaluation." If the individual internalizes the negative views, it then becomes self- or internalized stigma, with negative consequences for the self-esteem (Rao et al., 2009), including depression and anxiety (Mak, Poon, Pun, & Cheung, 2007).

Outcomes of Chronic Illness Stigma

Stigma research has found a number of negative outcomes resulting from stigmatization, including stereotyping, separation, status loss, and discrimination (Link & Phelan, 2001). The general stigma processes outlined above lead us to consider how the specific nature of chronic illness stigma can influence people at work. I focus on the identity issues that influence self-esteem, the complexity of the ensuing identity management behaviors, and career barriers due to others' potentially stigmatizing perceptions.

Identity and Self-Esteem

Identity research has long emphasized the relationship between one's internal notions of self and the reflected self (Swann, 1987). People make sense of who they are in the world in part by interpreting the signals reflected back at them, and the development of the self-concept is a social process (Jones et al., 1984). It is here that stigma can play a significant role, because a discrediting (or potentially discrediting) mark changes the social processes and can make it difficult for the person to maintain a stable self-concept. Psychological adjustment to illness is shaped in part by the perception of negative reactions of others (Fife & Wright, 2000).

The process of identity disruption in chronic illness has been termed biographical disruption (Bury, 1982) and loss of self (Charmaz, 1983), and it encompasses the process of making sense of who one is in the world. Chronic illness is experienced as an assault on the self that can result in confusion, doubt, and anger as people find that their taken-for-granted notions of self are no longer true. Gerhardt (1989) notes that there are two models sociologists have used to explain how illness affects identity, the crisis model and the negotiation model. In the crisis model, the focus is on irreversible status passage and the changes in a person's placement in the social structure that occur because of their illness. This model treats the diagnosis of illness as a major life-changing event which requires a staged process of adaptation, as they move from denial to acceptance (Tewksbury & McGaughey, 1998). The negotiation model focuses on the longer and ongoing process of gradual adjustment to illness, going through a loss of self (Charmaz, 1983) followed by a reconstruction of a new self (Bury, 1982; Corbin & Strauss, 1987). This model captures the inherent ambiguity of chronic illness as people struggle to live as normal a life as possible, coping with the permanence, uncertainty, and variability of their physical situation. Together the models underscore the mechanisms of both the radical and subtle aspects of identity change caused by illness.

In the context of the workplace, the potential identity threat of chronic illness is multifaceted. Workers will need to cope with their own perceptions of their physical changes, and they may also experience some identity threat due to the productivity norms of the workplace which are misaligned with their physical limitations (McGonagle & Barnes-Farrell, 2014). As Charmaz (2010, p. 12) explains, workers with chronic illness "occupy a liminal space where earlier rules, routines, and meanings do not apply". Not being able to keep up at work can lead people with chronic illness to experience moral

failure and felt stigma, a sense of guilt, or shame about their condition. For people who are employed, the adjustment process of the crisis and negotiation models may feel very public, as they attempt to come to terms with their changing bodies and physical capabilities while managing their work tasks. As they reframe their self-perceptions, and perhaps experience some sense of loss or grief around their loss of aspirational goals, they are also managing their public appearances.

The outcome of this biographical disruption is stress and strain. As stress literature posits, when individuals cope unsuccessfully with perceived stress, the result is strains which are long-term physical and psychological changes in response to a stressor. In their study of workers with multiple sclerosis, McGonagle and Barnes-Farrell (2014) found that workers' perceptions of identity threat were associated with feelings of strain and decreased workability. They also noted that for many chronic illnesses, stress has additional negative effects because it can trigger more significant illness symptoms—essentially creating a self-reinforcing cycle of stress and illness symptoms.

Impression Management and Disclosure

Workplace identity and individual identity are intertwined, so the biographical disruption that occurs in illness can also manifest in the workplace. It is important for workers to be seen as competent actors in the workplace, and as I have outlined above, some chronic illness conditions can interfere with physical and cognitive skills affecting workplace performance. Further, if an individual has a stigmatizing condition, they may need to manage others' perceptions of their illness and how it influences their capabilities.

The scope of impression management behaviors will vary based on stigma dimensions such as disruptiveness and concealability; legitimacy may also influence their strategies. Workers with chronic illness are more likely to share details about their conditions if their situation will have a bearing on their supervisor or coworkers—if it disrupts the normal work processes in some way. For example, in order to receive accommodations in the United States, people with invisible conditions will need to disclose. Disclosure may also be required if a condition requires a special regimen such as frequent doctor's visits, medication, or alternative working hours. Unpredictable conditions may demand disclosure so that immediate medical attention can be summoned if necessary. In such situations, people with chronic illness may disclose following a "need to know" rationale.

Empirical studies have shown that workers with chronic illness may use behavioral and verbal strategies to manage others' impressions. Participants in McGonagle and Hamblin's (2014) study engaged in concealing behaviors (actively managing their appearance to hide their symptoms) and compensatory behaviors such as working harder and longer, which paradoxically may lead to higher levels of strain and illness. Beatty's (2004) study showed workers using micro-task behavioral strategies to privately manage their work, such as keeping detailed notes to serve as heuristics and switching to easier tasks when they were having memory and cognitive processing problems. These behavioral strategies were intended to help disguise and conceal potential performance issues.

Beatty's (2004) study also illustrates examples of verbal impression management strategies that some workers with chronic illness use. For instance, some participants offered fake excuses of more "normal" illnesses and conditions to explain their symptoms (e.g., generic illnesses like a flu or headache, or a sports-related injury). Sometimes claims of exaggerated illness symptoms (e.g., "I've been vomiting all day") were offered to help legitimize absences, when they felt that the real claims (e.g., "I have severe back pain today") might be unacceptable to others.

Disclosing illness entails risks to self-esteem and career success, so if workers have a condition that is ambiguous or concealable it may be in their best interests to hide it. As Jones and King (2013) discuss, people with concealable conditions are able to choose when, how, and to whom to disclose. Concealing, or "passing", can allow the person to avoid some possible stigma, but it also entails cognitive costs due to the ambiguity of social situations and the threat of potential discovery (Pachankis, 2007). Some researchers suggest that concealing one's stigmatized identity leads to a bifurcated self and associated decreased self-esteem, stress, and feelings of being disconnected (Moorhead, 1999; Pachankis, 2007; Ragins, Singh, & Cornwall, 2007; Smart & Wegner, 2000).

If people cannot conceal their condition, or choose not to, disclosure also requires some active management. Disclosures are often partial and selective, and should be seen as a process, not a one-time event (Clair et al., 2005). People with invisible conditions may need to disclose regularly lest coworkers and supervisors forget their conditions and necessary accommodations (Charmaz, 2010).

There is a normative stance that disclosure is a good, because it allows people to present their authentic selves (Jones & King, 2013). For example, researchers in the lesbian, gay, bisexual, and transgender (LGBT)

domain have found that higher levels of disclosure are associated with positive work attitudes such as affective commitment, job satisfaction, and belief in the support of top management (Croteau, 1996; Day & Schoenrade, 1997; Driscoll, Kelley, & Fassinger, 1996). Disclosure decision-making processes present a dilemma between honesty and privacy, and can lead to psychological strain, emotional stresses, and stress-related illnesses. Noting that levels of disclosure can vary across life domains, Ragins (2008) has hypothesized that people experience disclosure disconnects—a kind of psychological incongruence—when they present different identities across different life domains. She links this phenomenon with increased anxiety and stress.

Highly stigmatized chronic illnesses are especially risky to disclose in the workplace, and the perceived legitimacy of the symptoms influences others' reactions (Charmaz, 2010). The workplace environment makes illness disclosure a high stakes decision because it can influence outcomes like compensation, promotions, and performance appraisals.

Career Barriers

The final chronic stigma outcome I would like to discuss is more distal, but it has longer term implications for people with chronic illness. When workers with chronic illness experience enacted and felt stigma, it can prompt changed (often diminished) career goals. The onset of many chronic illnesses happens later in life, after initial career goals have been established and training has been completed, so career change entails some costs that may deter people with chronic illness.

Career barriers are external conditions or internal states that make career progress difficult (Swanson, Daniels, & Tokar, 1996). The concept of career barriers has been studied as an element of social cognitive career theory (SCCT) (Lent, Brown, & Hackett, 2000). According to this model, occupational interests are shaped by: self-efficacy beliefs, which are people's beliefs that they can execute a course of action; outcome expectations, which are the imagined consequences of a course of action; and personal goals which allow people to regulate their efforts in the absence of external reinforcement.

The features of the chronic illness experience outlined above are likely to influence people's self-efficacy beliefs and outcome expectations. The physical and psychological implications of chronic illness, including the changes in personal identity as captured in the notion of biographical disruption, may decrease workers' beliefs in their ability to maintain their

current jobs. The negative social reactions (including both enacted and felt stigma) can also lower workers' self-efficacy beliefs and lead them to expect more negative consequences for workplace social interactions. Beatty's (2012) study found that some workers with chronic illness remained underemployed in jobs they did not like because they were concerned about the difficulties of interviewing and the uncertainty of moving to a new job environment. Further, they expected similar negative reactions if they moved to a new employer, so they did not see the potential benefit of job changes. Other participants in Beatty's (2012) study redirected their career goals to a different kind of work (e.g., work that is less physically demanding) or retreated to a decreased work level (such as part-time work, or moving from professional to service or clerical work). Career barriers are a concern because they can have long-term effects when people with chronic illness censor their career goals and forego potential career opportunities. Individuals may miss out on more engaging work, and organizations may miss out on talent.

Discussion and Implications

Chronic illnesses vary significantly in their symptoms and intrusiveness, but they can lead to a set of common troubles related to physical performance, expectations, and moral standing. The sections above have outlined how the dimensions of the Jones et al. (1984) stigma model can be applied to illness conditions, and how unique features of chronic illness such as their variability can complicate stigma management. The item of highest concern for the workplace context are whether and how the illness condition influences performance, but one needs to consider performance broadly. It is not just about physical and psychological performance of the worker with chronic illness; the effects of chronic illness stigma can spill over into social interactions between coworkers, leading to broader group effects on performance.

The population of people with chronic illness is understudied, and the needs of employees with chronic illness are often hidden and unspoken. Many organizations have policies designed for acute illnesses (short illnesses followed by full recovery), or for long-term disability (leading to a long-term or permanent exit from work). However, the variability of chronic illnesses may not fit the expected time frames and trajectories implicit in these policies. Koch, Rumrill, Conyers, and Wohlford (2013) note that the chronic illness population tends to be underrepresented in

vocational rehabilitation programs, and that developing organizationally sponsored structured supports would be useful. However, even when supportive organizational policies exist, the perceived risks of chronic illness stigma may preclude their usage. Workers with chronic illness who wish to remain in the workforce often develop individual coping mechanisms and practice them privately.

The purpose of this chapter has been to describe and characterize chronic illness stigma, and how it can influence people in the workplace. My description has outlined the challenges and negative consequences for the individuals and for social interaction, which prompts the question of how to mitigate chronic illness stigma. Efforts to mitigate chronic illness stigma must involve both the people with chronic illness and their social partners.

Education and self-advocacy for the employees with chronic illness can help them present their strengths and needs more effectively. This can subsequently improve the understanding and empathy among their social partners, and open communication channels about help and support. In one study, Allaire and colleagues (2005) implemented a vocational rehabilitation intervention that helped workers learn about their rights, and workers were trained in self-advocacy to improve their ability to ask for accommodations. Based on their study of LGBT ministers, Creed and Scully (2011) offer three broad approaches for self-advocacy and what they call "identity deployment". The first is a claiming encounter, in which the person acknowledges the unseen aspect of his or her social identity. The second is an educative encounter, in which the individual aims to inform others about the stigma to remove misconceptions or increase empathy. Participants with epilepsy and multiple sclerosis in Beatty's (2012) study reported instances of educative encounters with their coworkers, regarding their symptoms and work limitations. The third identity deployment strategy is the advocacy encounter, which is more proactive and organized to promote larger social and policy changes.

To support people with chronic illness, supervisor and coworker support is essential (Beatty, 2004; Koch et al., 2013; Munir, Yarker, Haslam, Long, et al., 2007). This includes practical support (such as giving information about human resource policies) and emotional support (such as demonstrating sympathy and understanding). Koch et al. (2013) suggest that workplace training for supervisors that focuses on the logistical issues of developing policies and providing accommodations can help overcome chronic illness stigma.

Stigma also hinges upon the individuals' internalized notions of themselves. Thus, supporting people with chronic illness in their identity reconstruction can help address the issues of felt or internalized stigma. For people with invisible or ambiguous conditions, a sense of isolation is common. Thus, recognizing that there are other invisible identity groups with similar experiences is helpful (Beatty & Kirby, 2006). Frable, Platt, and Hoey (1998) found that people with concealable stigma showed immediate benefits in improved self-esteem from interaction with similar others. A recent study by McGonagle et al. (2014) found that chronic illness workplace coaching was an effective intervention for improving workers' core self-evaluation, resilience, and perceived work ability. While their study did not directly measure stigma, the improvements in self-evaluation scores suggest that their participants were developing more positive self-concepts, which in turn supported other positive outcomes.

In sum, the population of people with chronic illness is fragmented because it encompasses a wide range of conditions, and people will experience stigma according to the dimensions of their own illness conditions. Understanding how the dimensions of stigma can apply to specific conditions and the processes by which they operate allows us to consider whether chronic illness stigma is intractable, and how we as researchers and practitioners can improve workplace outcomes for people with chronic illness and their employers.

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The Complex Nature of Disability Stigma in Employment: Impact on Access and Opportunity

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The World Health Organization estimates that about 15% of the world population, or roughly 1 billion people, can be classed as having a disability (Disability & Health fact sheet, WHO, 2015). Although there has been an increase in disability awareness in many countries and legislation and polices have been put in place to reduce barriers, there is significant evidence that people with physical, mental, and emotional impairments continue to face segregation and discrimination. Individuals with disabilities are "frequently found to be disproportionately denied access to education and employment, living in poverty, or subjected to violence and abuse" (Disability & Health fact sheet, WHO, 2015). In the United States, individuals with disabilities make up almost one-fifth of the American population, but they are unemployed at a rate that is twice that of people without disabilities (Erickson, Lee, & von Schrader, 2016). This gap in engagement in the workforce continues despite there being anti-discrimination laws that specifically cover employment, policies to assist employers and job seekers, and many

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research studies showing the benefits of hiring individuals with disabilities (Kessler/NOD, 2010). Unfortunately, it is not difficult to understand this employment gap, as throughout society individuals with disabilities continue to experience stigma and are often treated with minority group status. There are multiple interacting factors that result in significant barriers to employment and many of them are related to disability stigma and resulting discriminatory behavior. This chapter will examine the complexity of disability stigma in employment by exploring the micro (the individual), mesa (the employers), and meta (society) interactions leading to organizational access and opportunity. The stigma around disability itself will be briefly discussed, followed by a more detailed look at the specific concerns related to access and opportunity as they pertain to employment for individuals with disabilities.

DISABILITY STIGMA

As with many other personal characteristics, having a disability can carry significant stigma. The concept of stigma was articulated by Goffman (1963) over 50 years ago and still accurately describes the phenomenon as we know it today. According to Goffman (1963), stigmas are personal attributes that are viewed as personal flaws within a social construct. Stigmatized people are seen to have undesirable, deviant, or repulsive characteristics which often result in devaluation, prejudice, and discrimination against the stigmatized group (Crocker & Major, 1989; Dovidio, Major, & Crocker, 2000; Goffman, 1963).

The first aspect of disability stigma that increases the complexity of the discussion involves the micro focus of the individual and the difficulty in comprehensively defining the term 'disability'. Although people with a physical or mental impairment are universally identified as 'different' in some way, the term 'disability' itself is very difficult to define. The medical community generally defines disability in terms of physical or mental differences (outside of statistical norms) that result in physical or mental impairments and is primarily concerned with the detection, avoidance, elimination, and categorization of impairment, and how people with disabilities can be assisted through medical and psychological interventions (Thanem, 2008). Disability can also be viewed as a social construct, where the 'impairment' caused by differentness is largely due to environmental barriers (physical, social, and economic). Under this model, individuals with disabilities are subjected to differences of power in social, institutional, and material environments. Conversely, it assumes

that disability can be resolved by removing barriers in the social and material environment and focusing on perceptions, attitudes, and biases relating to individuals with disabilities (Thanem, 2008). Additionally, different from most other stigmatizing characteristics, the definition of disability can change based upon the purpose of the definition (i.e. medical intervention, the Americans with Disabilities Act (ADA) protection, Social Security Benefits, Human Rights Advocacy, etc.).

This perception of the pervasive differentness of 'disability' is often viewed as an unfortunate and inherently negative characteristic and carries significant stigma and stereotypes. Disability stigma often comes with discriminatory behavior and impacts all aspects of life roles and environments (i.e. school, work, community living). "The everyday experience of many people with impairments remains one of exclusion and of having their identities 'defined' by their impairment rather than by any other ontologically significant trait" (Scully, 2003, para 3). This inevitably leads to stigmatization, segregation, and marginalization of people with disabilities and in turn results in a perception of them as a minority group and all that it inherently carries (Buljevac, Majdak, & Leutar, 2012). This meta focus on larger society shows the minority status which plays a complex role in the ability of individuals with disabilities to have access and opportunity to participate in the workforce. This inevitably has a direct effect on their quality of life.

Another critical difficulty in understanding the phenomenon of disability stigma is that it is nearly impossible to discuss disability stigma in an inclusive way. Society reveals different levels of stigma to different disabilities. Regardless of whether the disability is physical, cognitive, sensory, or psychological, it can carry a stigma resulting in devaluation of the person, with some disabilities carrying more stigma than others. For example, depending on the context of the work, physical disabilities (e.g. a person with an amputation of a lower arm) may be seen as less concerning to an employer than an intellectual impairment (e.g. a person with Down syndrome). Additionally, there are significant differences between visible disabilities (i.e. paraplegia) and invisible disabilities (i.e. epilepsy or bipolar disorder). There have been a number of studies examining the different experiences of individuals with invisible disabilities and the impact of disclosure often resulting in stigma and discrimination in employment (Bell & Klein, 2001; Bishop, 2004; Brohan et al., 2012; Dalgin & Bellini, 2008). This hierarchy of disability acceptance has been documented to be a significant factor in access and opportunities in employment (Bricout & Bentley, 2000; Unger, 2002).

Interestingly, as with other historically oppressed minority groups (i.e. women and racial/ethnic minorities), when the entire disability community has joined together as a whole, significant legislative and policy changes have been made (i.e. ADA). This has led to increases in civil rights, increased visibility and community participation, as well as a surge in disability culture and pride. However, many disability specific groups continue to struggle with being compared to or lumped into a group of other types of disabilities, primarily because other groups may carry more intensely negative stigma. Different types of disabilities garner different societal reactions and media representations which result in various implications. For example, psychiatric disabilities often carry a significantly negative stigma which is too often reinforced by the media representation attached to violent crimes. In actuality, individuals with psychiatric illnesses are no more violent than individuals without a psychiatric condition and are more likely to be victims of violence than the perpetrators (Stuart, 2003). However, the negative stigma from linking violent crimes to people with mental illness gets perpetuated by the media. Research shows that psychiatric disabilities have been found to carry the same stigma as convicted criminal status or drug abuser (Holmes & Rivers, 1998).

In addition to the type of disabilities, attitudes and reactions to disability can depend upon the medical complexity and functional limitations (perceived and actual), as well as attribution of responsibility or moral causality of the disability. For example, Mitchell and Kovera (2006) found employer participants granted more accommodations for a hypothetical employee whose disability was caused by an external factor than when the disability was a result of the employee's own behavior. External attribution of disability stigma is also a factor for employers when hiring a returning veteran with a disability (Kravetz, Katz, & Albez, 1994).

These complexities of defining disability lead to difficulty in understanding and researching the experience of individuals with disabilities in employment settings. There are bodies of literature focused on the medical model approach, looking at the micro view of physical phenomenon and associated employment barriers related to impairments. This has made a significant impact on employment discrimination legislation in the United States like the ADA. There is also significant literature focused on a more macro view of the social model's approach to the oppressive phenomenon and associated employment barriers of exclusion and segregation. Thanem (2008) argues for an embodied approach to disability in organizational contexts noting that not all of the bodily problems and experiences that

affect individuals with disabilities are socially constructed. He suggests looking at people's lived and embodied experiences of living with a disability and the resulting impairments, thereby drawing attention to the bodily differences of individuals with disabilities and their unique experiences, problems, and needs. However, regardless of the theoretical approach, the overall concern about the lack of organizational access and opportunity for individuals with disabilities remains a concern.

Disability Stigma—Impact on Employment—Access

The realm of employment is one context where the complexities of disability stigma have been clearly observed and documented. The lack of equitable access to attaining and maintaining gainful employment continues to be a significant challenge for individuals with disabilities. As was previously noted, the employment rates of individuals with disabilities remain consistently poor despite policy and legislation aimed directly at this issue as well as the increasing diversity of the US workforce with regard to other groups protected under anti-discrimination laws such as women, minority groups, and older workers (Erickson et al., 2016; Toossi, 2012). This significant unemployment gap clearly leads to high levels of poverty and tremendous differences in quality of life. This section will look at some of the issues blocking access to employment for individuals with disabilities from a micro, mesa, and macro level.

Since the 1970s the United States has passed major federal legislation and created other initiatives to focus on the critical need to increase employment opportunities and outcomes for individuals with disabilities. The landmark Vocational Rehabilitation Act of 1973 pioneered disability discrimination legislation and was followed by the ADA of 1990, the Workforce Investment Act (WIA) of 1998, the Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999, and most recently the Workforce Innovations and Opportunities Act (WIOA) of 2014. All of this legislation attempts to reinforce the federal emphasis on enhancing competitive employment for individuals with disabilities. Although many of these efforts have increased community integration and accessibility, they have not made the anticipated increases in employment for this population. For example, the landmark passing of the ADA, in 1990, has had a tremendous impact on the overall lives of Americans with disabilities; however, one key area addressed in the legislation has not lived up to its intent. Title I of the ADA specifically addressed discrimination in employment

and yet, the rates of unemployment and underemployment for individuals with disabilities have not improved. Employment levels of people with disabilities continue to be very low, and those who are employed tend to be in low-paying occupations. In the year 2014, an estimated 34.6% of survey responders of people with disabilities (noninstitutionalized, male and female, aged 21–64, all races, regardless of ethnicity, with all education levels) were employed; this compares to 77.6% (plus or minus 0.09 percentage points) of the population without disabilities with similar demographics (Erickson et al., 2016). In a study by Harris Interactive, the Kessler Foundation and National Organization of Disability (Kessler/ NOD, 2010), a significant minority of Americans with disabilities (43%) claim that they have encountered some form of job discrimination throughout their life. The percentage remains the same when considering only those who are 18–64 and employed full or part-time (43%) but drops to 26% when limiting it to employees' experiences of the past five years. This suggests that job discrimination based on disability status has been declining in recent years. Researchers continue to try to understand this complex phenomenon; however, there continues to be concern about employer attitudes based on disability stigma and stereotypes, which result in disparate employment practices (Kessler/NOD, 2010). According to the US Equal Employment Opportunities Commission (EEOC):

> Disability discrimination occurs when an employer or other entity covered by the Americans with Disabilities Act, as amended, or the Rehabilitation Act, as amended, treats a qualified individual with a disability who is an employee or applicant unfavorably because she has a disability.
>
> The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer ("undue hardship"). The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment. (Disability Discrimination, n.d.)

Despite the changes in legislation, employers have been slow to change their attitudes and hiring practices regarding individuals with disabilities. There have been many studies done to look at employer's attitudes and perspectives on hiring individuals with disabilities in attempts to understand their concerns in efforts to increase employment opportunities (Burke et al., 2013; Hernandez, Keys, & Balcazar, 2000; Ju, Roberts, & Zhang, 2013;

Unger, 2002). One early study, (Dixon, Krouse, & Van Horn, 2003) found that some employers are apprehensive about hiring people with any kind of disability. They listed employer concerns, which included unfamiliarity with people with disabilities and fear of accommodations (Dixon et al., 2003). Other studies have compared employer attitudes or employment decision-making with regards to one type of disability over another. For example, McMahon et al. (2008) examined EEOC data of charging parties who had filed allegations of hiring discrimination. They found that hiring discrimination was more often directed at persons with physical or sensory impairments than for those with behavioral manifestations of disability.

However, Ju, Roberts, and Zhang (2013) conducted a more recent analysis of 15 studies over the past 10 years. They found positive general attitudes from employers toward workers with disabilities, although concerns toward hiring workers with certain types of disabilities were noted. Positive contact with or positive past experiences with individuals with disabilities were associated with more willingness to hire and retain employees with disabilities. Although there continues to be barriers to hiring, fewer concerns were identified in this review than previous reviews (Ju et al., 2013). Similarly, Erickson, von Schrader, Malzer, Bruyere, and VanLooy (2013) found that fewer employers reported organizational barriers to hiring individuals with disabilities. Although the cost of providing accommodations is still a concern, fewer employers said that attitudes/stereotypes, supervisor knowledge of accommodations, cost of training, or increased need for supervision were barriers when compared to a survey 12 years before. Erickson et al. (2013) noted that these findings may indicate that informational efforts to raise awareness among employers are slowly reducing barriers.

Similarly, Burke et al. (2013) found employers hold relatively positive attitudes regarding individuals with disabilities. However, behavioral intentions of employers toward disability in the work setting were less positive and hiring practices may still be discriminatory. Burke et al. (2013) focused on demand-side concerns of employers (organizational behaviors, employer needs, and the changing labor economy) noting that employers are less risk averse in occupations where the demand is high and the supply of qualified workers is low.

The US Department of Labor—Office of Disability Employment Policy (DOL-ODEP) conducted a focus group study with employers in 13 major metropolitan areas representing a variety of industries, company

sizes as well as for-profit and not-for-profit organizations examining issues affecting the poor hiring of people with disabilities. The most common answer given was that employers did not have accurate and practical information about the employability of individuals with disabilities, thus preconceptions and concerns about hiring and retaining this population are driving organizational behavior (Grizzard, 2005). This work was then followed by a large-scale survey. Domzal, Houtenville, and Sharma (2008) reported that nearly three-fourths (72.6%) of the companies participating in the survey noted concerns that employees with disabilities may not have the ability to effectively perform the work required. Small- and medium-sized companies noted health care costs, worker compensation as well as fear of litigation as challenges to hiring people with disabilities.

However, it is not just the hiring decision which impacts employment and career movement for individuals with disabilities. Title I of the ADA protects individuals from discrimination in job application procedures, hiring, firing, compensation, and advancement and training (ADA: A Guide for Individuals Seeking Employment, 2008). When an individual believes he/she has been discriminated against by an employer they contact the EEOC to determine if he/she should file a claim. The database maintained by the EEOC demonstrates a snapshot of the employment discrimination in America. In 2015, they had recorded nearly 27,000 charges of ADA claims of discrimination based on disability (ADA of 1990 Charges FY 1997–FY 2015). Unfortunately, this number represents only those who took action to file a claim, while others may have experienced discrimination but have not filed a claim with the EEOC. Many individuals with disabilities may not understand or be aware of the ADA and the filing process, have the resources to file such a claim, or believe that they have evidence of discrimination that would make a claim successful. Under the ADA, having a "record of" disability allegation may also involve stigma and unconscious stereotyping on the part of the employers. Analysis of EEOC data shows that there is a disproportionate, statistically significant higher rate of merit resolution for allegations of historical disability than there is for current disability (Draper, Hawley, McMahon, & Reid, 2012).

An, Roessler, and McMahon (2011) conducted an analysis of the EEOC database of Title I ADA claims. Once again, the hierarchy of disability stigma became evident. An, Roessler, and McMahon (2011) found that when looking at the EEOC Title I claims, psychiatric disability was the most frequently cited disability in the database. Research tells us that the specific type of

disability may also affect employers hiring decisions and that they tend to hire certain types of disabilities more than others. Employers are more likely to hire individuals with sensory or physical disabilities than individuals with intellectual or psychiatric disabilities (Bricout & Bentley, 2000; Dalgin & Bellini, 2008; Ju et al., 2013). For example, Dalgin and Bellini (2008) showed employers a short interview vignette of a potential candidate and then asked them to make a hiring decision and rate the candidate's employability. They found a significant effect for disability type, with employers rating the candidate with a physical disability significantly higher than the candidate with a psychiatric disability (Dalgin & Bellini, 2008).

Regardless of what type of disability one has, stigma has a direct impact on an individual's ability to access all aspects of society including employment. Many individuals with disabilities try to 'manage' the impact of the stigma. Disabilities can be visible as well as invisible and that visibility can be a central factor in the management of and reaction to a stigmatized identity (Crocker, Major, & Steele, 1998). One of the hallmarks of ADA coverage is the mandate that qualified individuals with disabilities be provided reasonable accommodations. To receive this support on the job, an applicant would need to disclose his/her disability to the employer. The decision to disclose a disability is a personal one that can have a significant impact on the individual's employment status. For many people with disabilities whether or not to disclose a disability presents a large conundrum. Baldridge and Veiga (2001) found that the willingness of employees with disabilities to request accommodation depends on factors such as their perception of the usefulness and fairness of accommodation, help-seeking appropriateness, social obligation, and their anticipated image cost. Individuals with disabilities often do not disclose their disability for a variety of reasons including lower employer expectations, lack of respect, isolation from coworkers, a decrease in job responsibility, being passed over for promotion, and increased likelihood of termination (Brohan et al., 2012; Dalgin & Gilbride, 2003). However, there are also benefits to disclosing including the obvious access to accommodations, the ability to explain behavior to a supervisor or coworkers, explaining gaps in employment history, and increased support from coworkers and supervisors (Brohan et al., 2012; MacDonald-Wilson, 2005).

There may be no one correct approach to this dilemma. "Complete or selective disclosure may work for some, whereas nondisclosure may be best for others, and this may change" over the course of an individual's career (Goldberg, Killeen, & O'Day, 2005, p. 496). One study by

von Schrader, Malzer, and Bruyere (2014) looked at factors contributing to an employee's decision to disclose a disability. They found that the relationship with his/her supervisor, workplace culture, and the employers' commitment to disability inclusion all rated high when deciding about disclosing.

Disability Stigma—Impact on Employment—Opportunity

The global market place, increasingly diverse demographics, and the social policy of the United States have made the practice of Diversity Management a significant part of many large companies. Human Resource professionals receiving training in accredited programs have mandated curriculum addressing diversity issues. However, many employers fail to include disability within the list of minority groups being addressed through diversity initiatives. In a study of Fortune 100 companies, Ball, Monaco, Schmeling, Schartz, and Blanck (2005) found that only 42% of companies had diversity policies that included people with disabilities. It is here that employer initiatives and strategies can widen the opportunities for employment success for individuals with disabilities.

According to Baldwin and Marcus (2006), the problem does not lie with the workers with disabilities (micro level), but in their work environment (mesa level). They call for interventions which will "combat the stigma of mental illness in competitive jobs, for example, educating employers, changing employment policies, providing sensitivity awareness training for supervisors and coworkers, and instituting employment practices that tolerate diversity" (Baldwin & Marcus, 2006, p. 391).

In a study examining employer practices with regards to individuals with disabilities, Erickson et al. (2013) found that although a large proportion of responding employers have developed disability-friendly practices, many more have not. In their study, Erickson et al. (2013) surveyed 675 members of the Society of Human Resource Management randomly sampled across small, medium, and large employers. There were a number of initiatives that many of the survey responding employers were already doing. These included including people with disabilities in the diversity plan, requiring subcontractors to adhere to disability nondiscrimination requirements, having relationships with community organizations, providing training on disability awareness, establishing a grievance procedure for reasonable accommodation, allowing extended leave as

an accommodation, designating a specific person for accommodation, offering flexible work arrangements, and having a return to work program. However, there were a number of practices that received very high ratings of effectiveness, although these were only being implemented in a few organizations. These included centralized accommodation fund, formalizing the decision-making process for case-by-case provision of accommodations, and establishing a disability-focused network (resource/affinity group) (Erickson et al., 2013).

Although the previous study shows positive gains for employers in this area, employers are not making decisions in a vacuum; they are part of the larger context of society (macro level). Comprehensive efforts to change public stigma toward individuals with disabilities are on the rise. The Office of Federal Contract Compliance Programs (OFCCP) proposed new regulations in December of 2011, addressing the implementation of the disability nondiscrimination and affirmative action requirements of Section 503 of the Rehabilitation Act of 1973, as amended (Affirmative Action and Nondiscrimination Obligations of Contractors and Subcontractors Regarding Individuals with Disabilities, 2011). The proposed regulations add a target for creating equal employment opportunities for people with disabilities, and the requirements for tracking recruitment, hiring, and retention would be similar to those now in place for gender and race/ethnicity.

Another positive change is the increasing visibility of individuals with disabilities in the media. Television and other forms of media are embracing disability concerns and increasing visibility of individuals with disabilities in marketing campaigns as well as primetime television dramas and reality shows. When these initiatives are positive and show the range of abilities and contributions of people with disabilities (especially in work settings), employers are inadvertently gaining information with the potential to dispel misperceptions and disability stigma thereby opening up opportunities in the workforce. Moreover, the Disability Rights and Independent Living movements have greatly grown a sense of disability pride and culture.

Access and Opportunity—The Convergence

It is at the convergence of micro (individual), mesa (employer), and macro (society) levels of disability stigma interventions that we will see increases in employment for individuals with disabilities (see Fig. 4.1). The micro level includes the individual's unique traits, strengths and skills, education and work history, as well as his/her disability related impairments,
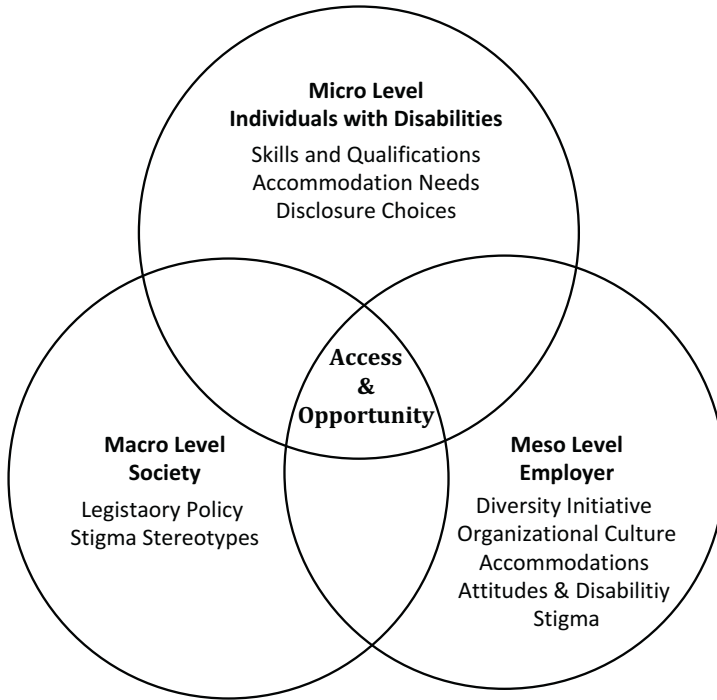
Fig. 4.1 Convergence of micro (individual), mesa (employer), and macro (society) levels of disability

needed accommodations, and decisions about disclosure, all of which can be impacted by disability stigma but can also be strengthened by the individual and supportive resources.

The mesa level includes the employer's diversity initiatives that include disability, organizational culture accepting of disability, willingness and ability to provide accommodations, and the level of knowledge and positive attitudes about disability. The macro level includes society's disability and employment related legislation and social policy as well as the pervasive cultural attitudes toward disability (media, environmental barriers, and community inclusivity). The more the strides each level makes toward reduction of disability stigma the larger the convergence area will become, and ideally this increase in access and opportunity will lead to increased employment of individuals with disabilities.

Ultimately, the influence of disability stigma on employment greatly impacts quality of life for individuals with disabilities. One's ability to work carries great meaning in the United States. It is a large part of one's identity and plays a huge role in one's ability to interact within a community. Obviously, the financial gains from work cannot be overlooked; however, many would argue that the meaning of work goes beyond the pay check. Some level of employment provides social connection, daily structure and routine, intellectual and physical stimulation, a sense of purpose and role, and is considered fundamental to the well-being of people with and without disabilities (Dutta, Gervey, Chan, Chou, & Ditchman, 2008). Therefore, in the twenty-first century US society, employment is critical and for too many people living with disabilities, stigma affects access and opportunity to the critical component of quality of life. It is imperative that we continue to strive for more overlap between micro (individual), mesa (employer), and macro (society) levels to increase access and opportunity for employment of individuals with disabilities.

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The Dynamic Recursive Process of Community Influences, LGBT-Support Policies and Practices, and Perceived Discrimination at Work

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Introduction

There is accumulated evidence indicating that many subgroups in society are stigmatized, although the degree of stigmatization changes over time and is dependent on the culture in which the subgroup resides. One of the most highly stigmatized subgroups during the last decade has been lesbian, gay, bisexual, and transgender (LGBT) individuals. While these

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groups hold their own unique characteristics, they bear a similar social stigma of deviation from the gender identity or sexual orientation, which is perceived to transgress against social, religious, and moral norms.

The term 'LGBT' includes sexual orientation and gender identity minorities as members of the same broader population, as there is more research evidence and wider recognition of these subgroups in contemporary society. Sexual orientation is defined as "the cumulative experience and interaction of erotic fantasy, romantic-emotional feelings, and sexual behavior directed toward one or both genders" (Kauth & Kalichman, 1995, p. 82), and sexual orientation minorities include gay men, lesbian women, and bisexual individuals. The term "homosexual" encompasses the terms "gay," which is generally used to refer to men who are homosexual, and "lesbian," which is generally used to refer to women who are homosexual (Pichler, 2007).

In regard to gender identity, it is important to differentiate between sex and gender. Sex is assigned based on one's biology at birth, while gender is the experience of being male, female, or neither (Bilodeau, 2005). One's gender identity is the gender with which one identifies. Gay men, lesbian women, and bisexual individuals are considered sexual minorities, while transgender individuals are considered gender identity minorities. According to a recent survey, between 2.2 and 4% of the population of the United States identify as LGBT (Gates, 2014).

The stigma surrounding LGBT individuals is considered invisible, as compared to visible groups, such as women and racial minorities (Clair, Beatty, & MacLean, 2005). However, during the last ten years, LGBT individuals have gained greater visibility, as many have stepped forward to identify themselves as LGBT and have united to lobby for their rights. This movement has attracted considerable attention from policymakers, practitioners, and researchers globally, and resulted in a shift in attitude toward minority groups in society and the workplace. This phenomenon has spilled over into the workplace as LGBT activists are now fighting to be protected under antidiscrimination laws, and an increasing number of large multinational corporations have implemented policies recognizing and protecting the rights of their LGBT employees.

Despite these changes, many governments in some parts of the world still retain discriminatory policies and practices toward LGBT individuals. For instance, according to the United Nations, 77 countries currently have discrimination laws that criminalize homosexuality, which subsequently

places LGBT individuals at risk (United Nations, 2016). Even in countries that intend to prohibit discrimination based on sexual orientation and gender identity and to foster equality and inclusion of sexual minorities in the workplace and society, there remain enormous difficulties in influencing attitudes and implementing policies and practices. For example, the debate on marriage equality is divisive in Australia, which has hindered the development of legal recognition of same-sex couples, even though the majority of Australians support marriage equality (Hinman & Sanders, 2016).

In the business environment, organizations and their leaders around the world are increasingly realizing that they can benefit from a demographically diverse workforce, and it is necessary to implement policies and practices that enable all individuals to reach their potential (Ragins, 1997; Thomas & Ely, 1996). In the context of LGBT workplace experiences, recent research clearly indicates that LGBT-supportive policies and practices are linked to positive business outcomes (Badgett, Durso, Kastanis, & Mallory, 2013). For instance, research shows positive stock market reactions to the announcement of LGBT-supportive policies (Wang & Schwarz, 2010). Research also shows firms that adopt LGBT-supportive policies outperform non-adopter firms and indicate performance declines when discontinuing these policies (Pichler, Cook, Huston, & Strawser, 2016). Unfortunately, a substantial body of evidence also indicates that LGBT employees continue to face inequality and discrimination in the workplace (see King & Cortina, 2010), including discrimination in selection decisions (Pichler, Varma, & Bruce, 2010), promotion decisions (Pichler & Holmes, 2016), and wages (Badgett, 1995), as well as harassment in the workplace (Pichler, 2012).

Further, many organizations are confronted with various constraints in developing and/or implementing LGBT-supportive policies and practices. These constraints are either related to the external environment (Ragins, 2004) or the interaction between the external environmental and organizational factors that hinders the implementation and effectiveness of these policies and practices (Chuang, Church, & Ophir, 2011). Recent research on LGBT workplace experiences has shed some light on both the internal and external constraints imposed on LGBT-supportive practices. Scholars in organizational theory (Chuang, Church, & Hu, 2016; Chuang et al., 2011; Creed, 2003; Creed & Scully, 2000; Tilscik, 2011) have focused on institutional factors—such as the legal protection of LGBT

individuals in the community—that may influence social movements, policies, and practices, such as same-sex partner health benefits and employment decisions. Thus far, this line of research has placed less focus on the relationship between institutional factors and the psychological experiences of LGBT employees.

Scholars in organizational psychology (Button, 2001; Griffith & Hebl, 2002; Pichler, 2007; Ragins, Singh, & Cornwell, 2007; Trau, 2015) have found that organizational factors (such as policies, practices, norms, and climate) influence the psychological process of LGBT employees, yet it is unclear how community characteristics beyond the organizational context affect the psychological experiences of LGBT employees. In short, while these observations make apparent the connection between the community and workplace experiences of LGBT employees, this insight has rarely been examined in the literature and, if so, was investigated separately via two distinctive approaches—organizational theory and organizational behavior. In fact, organizational psychology and diversity scholars have only recently begun to explore how the demographic characteristics of the community affect the work-related attitudes (e.g., Halvorsen, Treuren, & Kulik, 2015; Pugh, Dietz, Brief, & Wiley, 2008; Ragins, Gonzalez, Ehrhardt, & Singh, 2012) and service encounters (King et al., 2011; McKay, Avery, Liao, & Morris, 2011) of ethnic minorities. This trend clearly indicates the need to bridge micro and macro factors in order to provide a holistic perspective and insight to how organizations and individuals deal with stigma and stigmatization in the workplace.

The influence of community characteristics on the social and psychological experiences of LGBT employees is consistent with stigma theory, which suggests that stigma is socially constructed and is shaped and reshaped by context (Crocker & Major, 1989; Crocker, Major, & Steele, 1998; Pescosolido & Martin, 2015; Shapiro & Neuberg, 2007). Most stigma scholars agree that stigmatized identities are socially constructed to such an extent that they are mostly defined by society, rather than the nature of the stigmatized condition (Crocker et al., 1998). Hence, the stigmatization process—which is referred to as the social process by which the stigma affects the stigmatizer and the persons being stigmatized (Pescosolido & Martin, 2015)—occurs not only at individual and psychological levels, but also at social and structural levels (Ragins, 2008).

Given that the stigmatization processes toward LGBT individuals in the workplace and broader society occur at both individual/psychological,

social, and structural levels, bridging multiple lenses and disciplines across multiple levels of analysis may enhance understandings of these interactive effects, resolve discrepant findings, and offer rich insights to the workplace experiences of LGBT employees (Jones & King, 2014; Joshi, Liao, & Roh, 2011; Ragins, 2008). In this line of research, little attention has been paid to the influence of community characteristics on diversity policies and practices, and perceived discrimination. This is partly because it has been difficult to gather individual- and community-level data (Trau, Härtel, & Härtel, 2013) and subsequently explore cross-level effects from the community among organizational, group, and individual outcomes. However, as stated by Pescosolido and Martin (2015), stigma and stigmatization require a system approach in order to understand the complex nature and effects of stigma on stigmatized groups.

Thus, this chapter has two primary goals. First, using Scott's (2001) influential typology of institutional features, we aim to unpack the underlying community features that influence the adoption of LGBT-supportive policies and practices by organizations, and the perceived discrimination against LGBT employees. We intend to shed light on how these features may produce ignorance, intolerance, and rejection that are embedded in the human resource management policies and practices of organizations and the work experiences of LGBT individuals. Second, to better theorize the process, we also propose recursive dynamic processes in which the institutional environment is also influenced and modified by individuals and groups (including activist groups) in organizations and society. Third, this chapter provides recommendations to guide future research on this emerging topic. The theoretical perspectives are primarily drawn from institutional theory (Scott, 2001), stigma theory (Clair et al., 2005; Goffman, 1963; Pescosolido & Martin, 2015; Ragins, 2008) and social movement theory (Bernstein, 2002). Our theoretical model is presented in Fig. 5.1, and we will elaborate this model in greater detail below. Our analysis encompasses international examples, including the United States, Australia, China, Singapore, Taiwan, and Turkey, among others.

Consistent with Marquis and Battilana (2009), we define the term "community" as *individuals, organizations, authorities, and markets located in a geographical location that share common elements of culture, norms, identity, and laws.* We recognize that there are variations in views and perceptions of culture, norms, identity, and laws among individuals, groups, and organizations in a local community. Our analysis of community is based
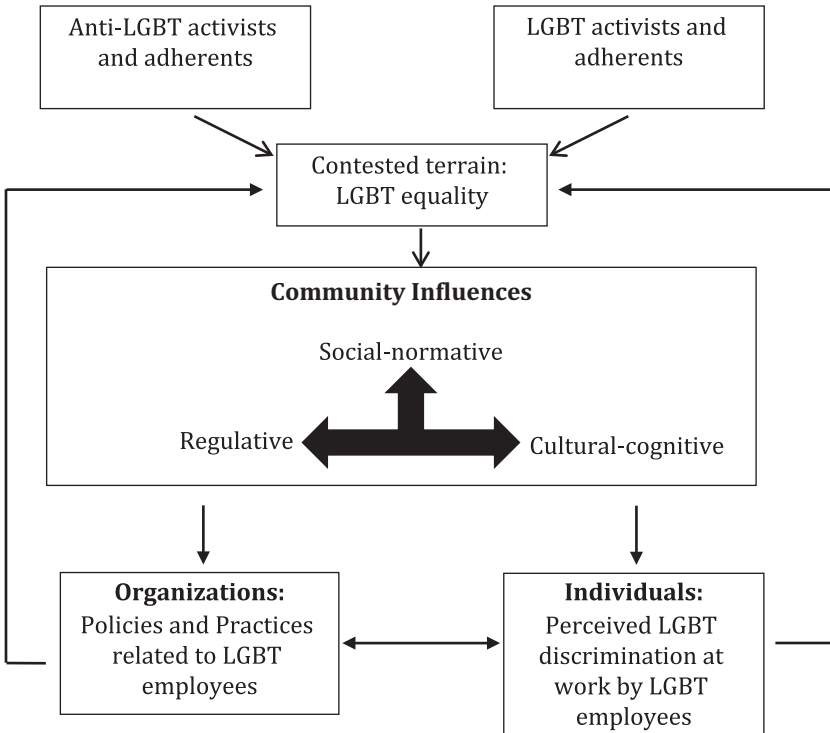
Fig. 5.1 The dynamic recursive process of community influences, LGBT-support policies and practices, and perceived discrimination at work

on a macro level of analysis; thus, we make an assumption that individuals, groups, and organizations in a local community share common views and perceptions of culture, norms, identity, and laws. This assumption is particularly important to the extent that it is consistent with the notion of structural (also referred to as "institutionalized") stigma, whereby prejudice, discrimination, and stigmatization occur via policies, laws, and institutional practices, which may yield intended or unintended consequences for stigmatized individuals and observers (Pescosolido & Martin, 2015; Ragins, 2008). In the context of LGBT workplace experience, we argue that, while each local community holds divergent perceptions and views toward LGBT individuals, they also hold and share their own distinctive social, legal, and cultural features that represent their views and

perceptions of the LGBT population. Based on this assumption, we argue that social, legal, and cultural features influence organizational policies and practices, as well as LGBT individuals who are locally embedded, and vice versa.

THE INTERACTION OF COMMUNITY ENVIRONMENT AND LGBT WORKPLACE EXPERIENCES

Stakeholders—including suppliers, policymakers, activist groups, and business partners—are nested within their local communities and subsequently influence how organizations behave internally and externally, as well as the attitudes and behaviors of their employees (Marquis & Battilana, 2009; Ragins et al., 2012). Each local community not only encompasses the geographic boundaries of markets and regulations, but also entails social and cultural factors that shape individual and organizational behaviors (Marquis & Battilana, 2009; Marquis, Davis, & Glynn, 2011; Stone-Romero & Stone, 2007). Organizational scholars recently demonstrated that the representativeness of the local community influences the career experiences of various demographic groups (Ragins et al., 2012), which may shape organizational performance (see King et al., 2011). At a macro level, organizational scholars have shown that the local community influences corporate social responsibility practices (Marquis, Glynn, & Davis, 2007) and corporate strategies (Lounsbury, 2007). These diverse studies suggest that, although practices and organizational behaviors may vary across communities, there are systematic patterns and effects to these variations. However, research that explores the influence of community characteristics on organizations and employees is still limited (Marquis & Battilana, 2009) and scattered across disciplines. In this chapter, we unpack these dynamics by exploring two theories that have been commonly adopted in the LGBT literature: stigma theory and institutional theory.

Stigma theory has provided a foundation to understanding the individual and psychological processes underlying the workplace experiences of LGBT employees. Stigma theory suggests that the social environment influences how stigma is incorporated into a person's self-concept (Crocker & Major, 1989; Jones et al., 1984; Ragins, 2008). This perspective is consistent with the symbolic interactionist perspective that the self is related to how one believes others perceive and evaluate one's self (Shrauger & Schohn, 1989). Similarly, stereotype scholars (e.g., Davies,

Spencer, Quinn, & Gerhardstein, 2002; Davies, Spencer, & Steele, 2005; Murphy, Steele, & Gross, 2007) have consistently found that the environment affects the level of vulnerability of those being stigmatized. In particular, the interaction between the social self and relevant situational cues causes stereotypes and stigmatization, and subsequently generates a social identity threat to members of the stigmatized group (Hogg & Terry, 2000; Petriglieri, 2011).

While scholars in social and organizational psychology have provided insightful examination of the interaction between individual and organizational factors and the stigmatizing experiences of LGBT individuals in the workplace, there has been limited research exploring institutional influences on LGBT employees and their organizations. Much recent research examining institutional influences has also primarily focused on the interaction between organizational factors and identity (e.g., Creed & Scully, 2000), and social movement and actions in organizations (e.g., Chuang et al., 2016; Creed, 2003). A recent study by Tilscik (2011) indicated that the community environment (viz., antidiscrimination laws) influences the biased employment decisions of recruiters toward gay men. These studies have opened a new pathway for further research on the effect of community features on organizations' and individuals' attitudes and behaviors toward stigmatized groups.

Institutional theory is one theoretical framework that potentially offers insight into how and why local communities influence the practices, attitudes, and behaviors of individuals and organizations. Broadly speaking, institutional theory focuses on the processes by which social structures—including norms, rules, and routines—guide social behavior, and how these processes are diffused, adopted, and adapted by organizations over space and time. Organizations often vary in size, norms, practices, opportunities, and constraints. While individuals differ in attitudes and behaviors, individuals face different challenges and react differently to their internal workplace environment in their organizations and the local community the organizations reside in. Understanding these mechanisms can be a challenging task, given the cross-level interactions of these factors. We seek to understand these dynamics using Scott's (2001) seminal work on institutional features at the community level of analysis, whereby Scott divided these features into three pillars: regulative, social-normative, and cultural-cognitive. These factors work collectively as mutually reinforcing forces that influence organizational practices.

The *regulative* pillar refers to rules, laws, monitoring, and sanctions in an attempt to influence individual and organizational behaviors. Organizations recognize that noncompliance with regulations such as antidiscrimination laws will have legal implications and potential sanctions. However, employment law is often open to different interpretations and subsequently different implementation across judicial regions (Marquis & Battilana, 2009). For LGBT employees, an awareness of legal protection may provide a sense of assurance that their rights are protected, which may reduce their perceptions of discrimination risk (Trau & Härtel, 2004). For organizations, such an awareness reinforces the need for policies and practices that protect the rights of LGBT employees.

The *social-normative* pillar refers to systems of values and norms that lead to social and moral obligations, duties, and binding expectations. While normative systems define the goals and objectives of the organization, values and norms dictate how the organization achieves its objectives. Many organizations, such as Microsoft, obtain economic and moral benefits by embracing equality, diversity, and inclusion of sexual minorities (Clark, 1997). Further, shared values and norms in the community dictate prejudiced and discriminatory behaviors toward marginalized groups, thereby influencing the experience and perceptions of discrimination by LGBT employees (Ragins, 2004).

The *cultural-cognitive* pillar refers to shared frames of reference or mental models through which meaning is made. This pillar is characterized by taken-for-granted common beliefs and shared conceptions in the community. Recent research (e.g., King et al., 2011; Ragins et al., 2012) indicated that the demographic characteristics of a community influence shared diversity or stereotypical beliefs, which subsequently affect attitudes and behaviors toward minority workers and customers, and majority and minority employees. At the macro level, scholars have also found that the geographic proximity between firms influences their discriminatory policies and practices toward LGBT employees, such as same-sex partner health benefits and employment decisions (Chuang et al., 2011; Tilscik, 2011), thereby suggesting that there is a diffusion of attitudes across a region in regard to protection and equal-rights treatment.

The above analysis of the three-pillar framework by Scott (2001) is consistent with stigma theory, which suggests that stigmatization involves a set of "interrelated, heterogeneous system structures, from the individual to the society, the processes, from the molecular to the geographic and historical, that constructs, labels, and translates difference into marks"

(Pescosolido & Martin, 2015, p. 101). Hence, by integrating these two streams of research, this chapter sheds light on how LGBT-supportive organizational policies are influenced, institutionalized, and diffused within and across communities, and how perceptions of discrimination by LGBT employees are created and shaped by the community in which they are embedded. By doing so, we hope that this chapter will unpack how and why communities interact with organizations and LGBT workers, and redirect theoretical and empirical attention to understanding LGBT-related issues in the workplace.

The Recursive Cycle: Community Characteristics, LGBT Policies and Practices, and Discrimination Perceptions of LGBT Employees

Regulative Influence

Regulative influence is one of the institutional forces that govern organizational policies and practices. Such regulative influence can derive from the legal environment of a local community in which organizations operate. Importantly, most legislation provides only the principles underlying the ideal of material practices, and seldom offers clear prescription for conduct (Edelman & Suchman, 1997; Marquis & Battilana, 2009). It is organizations' discretion to interpret and elaborate the essence of legislation (Edelman, Uggen, & Erlanger, 1999). Nevertheless, the legal environment of a local community plays an important role in governing organizational policies and practices, and reinforcing the principles of material practices (e.g., Chuang et al., 2011; Raeburn, 2004). Legal protections of LGBT individuals vary across countries and even regions within a country, and are reflective of local attitudes toward gays and lesbians (Pichler, 2007; Trau & Härtel, 2004). Considering that anti-gay attitudes and legislations are not uncommon in many countries, legal protections of LGBT workers are often limited, and the strength of such protections is questionable. While some research evidence indicates that local employment protections can reduce perceptions of work-related heterosexism among LGBT employees (Ragins & Cornwell, 2001), the effectiveness of these protections is questionable and requires further attention from researchers (Klawitter & Flatt, 1998).

The legal environment has both symbolic implications for and reinforcement power over organizational policies and practices (Stone & Colella, 1996). The legal environment's "prescription" on the rights related to LGBT individuals can have significant impact on perceived stigma and discrimination by LGBT individuals. Accordingly, the legal environment regarding LGBT equality has been characterized as a contested terrain in which LGBT groups (such as Human Rights Campaign and National Gay and Lesbian Task Force in the United States) and anti-LGBT activists (such as the Catholic Church in Australia, and the Alliance of Religious Groups for the Love of Families in Taiwan) mobilize resources to challenge and protect various legal measures regarding LGBT populations, particularly in relation to equal employment and marriage rights (Bernstein, 2002; Chuang et al., 2016). For example, in Taiwan, the Employment Non-Discrimination Act did not include the protection for LGBT employees until 2013 after a long contestation between LGBT and anti-LGBT activists and adherents. On December 26, 2016, nearly 3000 people (LGBT and anti-LGBT activists and adherents) gathered outside Taiwan's Legislative Yuan to advocate for and against the proposed marriage equality bill for lesbian and gay couples when the committee in the Legislative Yuan was reviewing the bill. In Singapore, pro-LGBT activists lobbied for the government to repeal a section of the law that made it illegal for men to have sex with men. This was met with backlash from some Christian churches and Muslim groups.

While the legal framework at the federal or national level has been the contested subject of LGBT and anti-LGBT groups, the legal framework at the local level has also been a battleground for both groups to fight for their causes. To challenge the existing legal framework, LGBT activists presented cases to the local jurisdiction authority to advocate for equality and reduce stigma attached to LGBT identity (Taylor, Kimport, Van Dyke, & Andersen, 2009). Under such pressure, local governments in some countries are increasingly conscious of the need to protect the employment rights of LGBT individuals, including implementing legal regulations and creating administrative bodies and positions associated with LGBT-related rights. For example, while there is no legal recognition of same-sex marriage in Taiwan, the number of cities and municipalities to allow for same-sex partner registries has been on the rise since 2015. A state government of Australia recently appointed a gender and sexuality commission, whose role is to protect the rights of sexual minorities and inclusive practices across the state, including in the workplace context (Victorian Equal Opportunity & Human

Rights Commission, 2015). In addition, the local government may mobilize other local actors to promote and reinforce the regulations. For example, the Australian Human Rights Commission (2015), in collaboration with various activists groups, developed a university guide for LGBT students. While this initiative directly seeks to influence practices in the higher education sector, the organizations involved may also recognize that local universities play a key role in shaping the attitudes and behaviors of individuals and organizations across the community. Hence, organizations in these communities face pressure from regulations and administrative policies to the extent that they demonstrate compliance or gain legitimacy. Recent studies have shown that the introduction of legislation aimed at protecting LGBT individuals at the state level exerts great influence on organizations' decisions to implement policies that reflect the essence of the state legislations (e.g., Chuang et al., 2011; Everly & Schwarz, 2015; Raeburn, 2004).

The passage of various legal measures to protect LGBT rights is in part driven by efforts put forward by LGBT activists and adherents. The passage of these legislations does not, however, necessarily reduce individual prejudice and discriminatory attitudes and behaviors in organizations—including heterosexism, stigma attached with LGBT identity, and discrimination based on sexual orientation and gender identity—given that prejudice and discrimination can be subtle in the contemporary workplace (Deitch et al., 2003). Nevertheless, the introduction of LGBT-supportive regulations and policies by a local community government—such as nondiscrimination based on sexual orientation and same-sex partner registry—can signal the legal environment's attitude toward and support of LGBT employees (Trau, 2015) and, in some contexts, reduce the stigma associated with LGBT identity (Griffith & Hebl, 2002). Thus, regulations and policies can help reduce heterosexism and stigmatization, and promote employment equality in the workplace.

Research has also found that legal protections for LGBT individuals can reduce bias toward LGBT individuals (Tilscik, 2011). Therefore, when the legal framework of a local community has begun to recognize the equality of LGBT employment by increasing the scope of LGBT employment protection and adopting other LGBT-supportive policies, it serves as a coercive mechanism in the policy formulation and practices of human resource management functions (Theodorakopoulos & Budhwar, 2015). In this institutional context, the employers and employees of organizations in the local community (including managers and human resource leaders) are more likely to comply with LGBT equality policies and gradually

further reduce bias discrimination toward LGBT individuals. As a result, LGBT employees' perceptions of discrimination based on sexual orientation are likely to be reduced. Recent research (see Button, 2001; Ragins & Cornwell, 2001; Trau, 2015; Trau & Härtel, 2007) has consistently indicated that nondiscrimination policies are correlated with positive work-related attitudes among LGBT workers.

Social-Normative Influence

Social-normative influence governs organizational policies and practices by defining social norms and desirable values in the normative systems, with which organizations should comply. Normative systems specify how certain actions and behaviors should be undertaken, and prescribe legitimate means to pursue valued ends (Scott, 2001). While the normative systems of each local community may share similar norms and values, each community has its idiosyncratic and unique norms and values that constrain its constituents' behavior and empower social action. Thus, social-normative influence in a local community can play a significant role in shaping the stigmatization of LGBT identity, affecting LGBT employees' perceptions of discrimination based on sexual orientation, and influencing organizational practices.

Social norms and values against LGBT identity have historically been rooted in religious beliefs and societal conceptions of family values and definitions. For example, sexual minorities in Turkey are objectified as a source of shame and threat to an ideal and "pure" family order (Ozturk, 2011), which increases the degree of stigmatization by both LGBT and non-LGBT individuals in the community. In China and many other East Asian communities, the strong social norm of engaging in marriage and bearing offspring to preserve traditional family values greatly suppresses LGBT identity development (Hu & Wang, 2013). Depending on the strength and governance of social norms and values against LGBT identity in a local community, employers tend to exclude LGBT employees in their policies and practices to avoid backlash by anti-LGBT activists and adherents, and to enhance their resource stability (see Trau & Shao, 2016). However, the strength and governance of social norms and values against LGBT identity in a local community also depend on movement mobilization efforts by LGBT and anti-LGBT activists. Specifically, both LGBT and anti-LGBT activists mobilize resources (such as political support, donations, and forming alliances) to influence social norms and values against

LGBT identity (e.g., Armstrong, 2002; Bernstein, 2002). Both LGBT and anti-LGBT activists form advocacy organizations to challenge or maintain social norms and values against LGBT identity, respectively. They engage in framing activity to theorize the importance of the social norms and values that they advocate in an attempt to gather support from bystanders and adherents, thereby ultimately influencing the social norms and values of the community.

There have been a few instances in which both LGBT and anti-LGBT activists have launched boycotts targeted at corporations in an attempt to influence their policies toward LGBT employees (Raeburn, 2004; Trau & Shao, 2016). In 1993, after Apple Computer announced its offering health benefits to same-sex partners of its lesbian and gay employees, Williamson County commissioners in Texas voted 3–2 against tax breaks for an $80 million plant that Apple Computer planned north of Austin. Opponents of the tax breaks packed commission chambers, wearing buttons that read "Just say no! An Apple today will take family values away." Disney had a reputation of traditional family values. In 1996, the annual Gay Days celebration took place in the Disney's Magic Kingdom. Nearly 16 million members of the Southern Baptist Convention voted to boycott Disney because of its lesbian- and gay-friendly employment policies. Not only were all Disney products to be boycotted, these protesters entered Disney's Magic Kingdom videotaping the gay crowd and approached men and women, attempting to convince them that homosexuality was immoral (Pinsky, 2004). In addition to the Southern Baptist Convention, Disney also received protest letters from 15 Florida legislators to express their concerns with Disney's action.

Noticeably, anti-LGBT activists intended not only to prevent organizations from including LGBT-friendly policies into policies, but also intended to repeal already installed policies. In May 2001, for example, AT&T stockholders were faced with a proposal to remove sexual orientation from the corporation's nondiscrimination policy. The board of directors urged shareholders to vote against the initiative, a recommendation strongly backed by the company's lesbian and gay employee network. The resolution failed, garnering fewer votes than any of the other proposals on the ballot that year (Human Rights Campaign, 2001). In 2002, the anti-LGBT activists targeted Boeing with a shareholder action seeking to overturn its gay-inclusive nondiscrimination policy, which ultimately failed (Raeburn, 2004).

In addition, LGBT and anti-LGBT activists can work with employees within and across organizations—such as human resource professionals

and elites—to advocate the importance of aligning organizational policies and practices with social norms and values (Chuang et al., 2016; Raeburn, 2004). To the extent that the social norms and values in a local community are subject to the contestation between LGBT and anti-LGBT activists, the adoption of LGBT-supportive policies and practices and LGBT employees' perceptions of discrimination based on sexual orientation are likely to be partly driven by such contestation (Chuang et al., 2016; Raeburn, 2004).

The community's norms and values are influenced by social connections between individuals and organizations (Marquis & Battilana, 2009). For example, Marquis et al. (2011) found that supportive social and cultural infrastructure play a crucial role in the growth of community nonprofit organizations. Organizational processes and decisions are influenced by local interpersonal connections between members of the community. Employees and corporate leaders attend community and corporate network events, which provide opportunities for them to inform, share, and exchange ideas on their organizational policies and practices (Woods, 1993). Hence, such interactions over time influence individual and organizational views on what is considered socially and morally appropriate in their community. In the context of LGBT-related issues, corporate leaders and employees also establish norms, values, and expectations regarding LGBT-related issues via their social and professional experiences outside their organization; hence, over time, they may bring those values and expectations to their organizations, and even influence relevant practices in their organizations (Bell, Özbilgin, Beauregard, & Surgevil, 2011). For LGBT employees, internal and external social and professional experiences also influence their perceptions of how their sexual identity is perceived and accepted by their coworkers, which may affect their identity management strategies at work (Ramarajan & Reid, 2013).

Cultural-Cognitive Influence

Cultural-cognitive influence governs organizational policies and practices by providing members in organizations with mental models that are comprehensible, recognizable, and culturally supported by constituents in the local community where organizations reside (Scott, 2001). The shared mental models are tied with the long-standing identity and tradition associated with the community or region (Marquis & Battilana, 2009).

Marquis and Battilana (2009) proposed a number of factors that may contribute to the shared mental models upon which individuals in the community draw to create common views of the situation. First, the histories of the community may provide an understanding of how culture influences individual and organizational perspectives and behaviors. In the context of gay rights, the Stonewall riots in New York City provided a symbol of gay liberation (Armstrong & Crage, 2006) and shaped New Yorkers' tolerance toward homosexuality. Second, the demographic differences in a community may influence individual and organizational attitudes and behaviors. For example, Ragins et al. (2012) found that white individuals who are racially dissimilar to their community are more likely to intend to move to another location and change jobs than those who are racially similar to their community, and, interestingly, for both White and Black Americans, the diversity climate of the community influences their intention to move to another community. Put together, these two factors and the associated empirical research evidence suggest that historical development and demographic differences in a community are two important factors that may influence the worldviews of individuals in that community, which subsequently shape their attitudes and interpersonal interactions with LGBT individuals in the community. In particular, these factors may contribute to the level of tolerance and acceptance of LGBT individuals due to the evolving identities and traditions of the community, which may facilitate similar practices in the organizations embedded in the community.

Institutional theorists have long contended that the taken-for-granted aspect of organizational practices stemming from cultural-cognitive influence aids the persistence of these practices. Thus, the theorization of new organizational practices is important in replacing previous practices because it helps individuals understand problems with the previous practices, and rationalizes and provides meaning to the new practices (Greenwood, Suddaby, & Hinings, 2002). The first organizations that implemented LGBT-supportive policies could be driven by the management's attitude toward LGBT employees or by LGBT activists' mobilization (Bell et al., 2011; Raeburn, 2004). However, the emergence of LGBT-supportive policies and nondiscrimination practices based on sexual orientation requires theorization of such policies and practices, and support from other actors in the local community (see Strang & Meyer, 1993). LGBT-supportive policies and ideas of nondiscrimination based on sexual orientation have been subject to intense contestation between LGBT and anti-LGBT activists and adherents. LGBT and anti-LGBT activists have

engaged in framing activity to theorize the meanings of such practices, as well as the benefits and problems associated with them (Chuang et al., 2016; Raeburn, 2004). For example, LGBT activists and adherents have contended that the equal treatment for LGBT employees reflects equal pay for equal work and the value for diversity and can increase productivity. In contrast, anti-LGBT activists and adherents argued that homosexuality and same-sex relationship are a matter of lifestyle and do not deserve a "special right" or equal treatment. Regardless of the effectiveness of these framing efforts, the contestation itself has drawn the attention of constituents and employers in the local community to the stigma attached to LGBT identity and equality in the LGBT population in the community. This has challenged the taken-for-granted aspect of existing policies and practices related to LGBT employment.

To enhance the comprehension of mental models associated with LGBT equality, LGBT advocacy organizations mobilized resources to organize workplace conferences and workshops (e.g., Out and Equal Conferences and Equality Forums in the United States) in which they brought activists and LGBT-friendly employees together to facilitate and develop strategies and exchange workplace experiences. LGBT advocacy organizations provide manuals for and work directly with LGBT employees and human resource professionals to help implement LGBT-supportive policies and practices (Chuang et al., 2016). LGBT employees also seek opportunities to form allies from management elites to support equal treatment in the workplace. In addition, LGBT advocacy organizations work with each other to provide networking opportunities for LGBT activists (Armstrong & Crage, 2006), employees, and human resource professionals by organizing workplace conferences, workshops, and networking events (Githens & Aragon, 2009). Through these events, the cognitive mental models of LGBT equality and the practical knowledge of implementing LGBT-supportive policies and practices can be gradually diffused to employers in the local community, thereby potentially alleviating the concerns of LGBT employees regarding stigmatization and discrimination from others in their organization.

Discussion and Conclusion

We have argued that a local community's legal, social-normative, and cultural-cognitive features exert great influence on an organization's stance on its LGBT policies, which in turn affect its employees' perception of

discrimination based on sexual orientation. The regulative, social-normative, and cultural-cognitive processes in a community are also influenced by individuals, groups and organizations, particularly in relation to stigma and stigmatization toward LGBT individuals residing in the community, and in relation to the degree to which LGBT-related policies and practices are adopted within and across organizations in a community.

We have also examined stigma and stigmatization in the workplace in this chapter. Goffman (1963) recognized that stigma is a social phenomenon, yet it is shaped by the culture and structure of the community. Hence, the intersection between society and individual systems cannot be separated from one another (Pescosolido & Martin, 2015). However, knowledge regarding the influence of institutional factors on LGBT employees and organizations remains limited. While previous research in the social psychology and management disciplines has clearly indicated the interplay between stigma and situational factors with the prejudiced and discriminatory experiences of stigmatized individuals, much of this research has focused on this phenomenon in organizational contexts. We know little about the complex situation that arises when considering the effect of the broader community context on individuals and organizations. Hence, this chapter aimed to provide a preliminary insight into the intersections between individuals, organizations, and community features, which we hope will generate further interest and research into these dynamics. Such an insight provides further understanding of the opportunities and constraints associated with reducing stigma in the workplace and, more broadly, the community, as well as avoiding the unintended consequences stemming from the implementation of these policies and practices (Pescosolido & Martin, 2015).

While this chapter has focused on individuals and organizations in a community, it is important to recognize that there is variation in the regulative, social-normative, and cultural-cognitive processes across communities in countries and around the world. As the world becomes more global, individuals and leaders travel across communities and are influenced by the perspectives and practices of other communities (Marquis & Battilana, 2009). This is particularly prevalent in relation to LGBT issues because tolerance and acceptance vary dramatically within countries (such as in the United States and China) and continents (such as Asia and Europe). Exposure across communities not only enhances the perspectives of individuals and leaders, but may also generate tension, conflict, and pressure regarding whether to engage in influencing and changing attitudes and

systems in the local community. This is particularly important for Western multinational corporations that aim to address equality and inclusion for LGBT employees located in subsidiaries where disclosing certain stigmatized characteristics, such as homosexuality, is considered inappropriate or may be illegal. Norms and cultural values toward certain stigmatized groups, alongside the political context, provide very different interpretations to moral obligations and expectations; hence, the challenge is whether to implement unifying ("ethnocentric") LGBT-friendly policies and practices, or "localizing" (or "polycentric") policies and practices in these contexts, and what the consequences are for the global reputation of corporations that adopt anti-LGBT policies and practices in the local market. When localizing policies and practices are adopted (adopting anti-LGBT policies and practices to align with local legislative and cultural context), multinational organizations must consider the potential negative effect on their global reputation, which may have vast implications for their performance and profitability.

Future Research Directions

Given that studies focusing on the influence of community characteristics on individuals and organizations remain limited, there is ample opportunity for future research. First, there is still very limited understanding of the effect of community features on the quality of work life of disadvantaged groups in organizations (Ragins et al., 2012). Recent research has found that the racial composition of the community shapes diversity climate perceptions (Pugh et al., 2008), perceived discrimination (Avery, McKay, & Wilson, 2008), intention to move and its indirect effects on intention to leave, and job search behaviors (Ragins et al., 2012). Further, other research has suggested that the relationship between community diversity and workplace diversity may have implications for service outcomes and organizational performance (King et al., 2011). These studies have highlighted one key point—when community demographics become more diverse, the majority group exhibits resistance to the integration of minority members (Brief et al., 2005), and this effect spills over into the workplace and the daily activities outside of work for minority members. As a result, minorities can become less attached to their communities and organizations, and subsequently become more likely to leave for an alternative job (Zhang, Fried, & Griffeth, 2012) in another community.

It is anticipated that the dynamics discussed above may be problematic for LGBT individuals who are stigmatized within and outside the workplace and communities in which they reside. Research has indicated that gay households are over-represented in some cities such as New York City in the United States, Toronto in Canada, and Chongqing in China (e.g., Black, Gates, Sanders, & Taylor, 2000). Yet little is known about the extent to which the work experience of these individuals and their organizational policies and practices vary according to their community characteristics and the underlying mechanisms that explain such variation. Importantly, LGBT individuals residing in isolated communities have limited support from similar others and LGBT organizations, which may influence their decision to leave or stay in the community. Such patterns have implications for organizations in those communities in terms of turnover costs and their ability to attract best talents. Further, one should not assume that LGBT individuals in large cities experience less prejudice. Previous research on race (e.g., Avery et al., 2008) has indicated that the composition of similarity or dissimilarity to others in a community influences the diversity climate perceptions of ethnic minorities. Hence, the composition of LGBT individuals in their neighborhood may influence their decision to stay, which may affect their decision to search for other job opportunities elsewhere.

A good theoretical approach to address the above topics may include bridging macro and micro theories in order to obtain a holistic understanding of the interplay between community features and individual perceptions. One potentially useful micro theory to explore the effect of community characteristics is job embeddedness theory. According to job embeddedness theory, an employee lives in two worlds: an on-the-job world and an off-the-job world (Holtom, Mitchell, & Lee, 2006; Lee, Mitchell, Sablynski, Burton, & Holtom, 2004). An individual becomes part of a web of attachments interconnecting the on-the-job and off-the-job worlds (Tanova & Holtom, 2008). The more complex the web, the more interconnections an employee has, and the more difficult it becomes to leave an organization or community (Tanova & Holtom, 2008). This line of research has tended to focus on on-the-job embeddedness, which focuses directly on aspects of an individual's job that connect him or her to an organization, as organizations are more easily and readily able to influence these factors. However, emerging research has shown that off-the-job embeddedness, which focuses directly on aspects of an individual's life outside the workplace, does affect organizational outcomes, such as turnover

(Lee et al., 2004; Mignonac, 2008; Ng & Feldman, 2014). This area of research is particularly important in regard to LGBT individuals who experience discrimination in the workplace and community in which they reside. Hence, job embeddedness theory may guide research into the degree to which community influences flow over into workplaces and, as such, how organizations and LGBT individuals can confront ongoing challenges that stem from regulative, social, and cultural changes in the community.

Importantly, our discussion on the relationship between a community's features and its organizations' policies toward LGBT employees shed light on the dynamic, recursive process of changes in a community's features that manifest the institution of heterosexism. Indeed, recent studies have begun to emphasize the roles of actors and collective action in shaping institutional change (e.g., Battilana, Leca, & Boxenbaum, 2009; Briscoe & Gupta, 2016). To date, there are only less than a handful of studies that explicitly examined the effects of mobilization efforts by LGBT activists on organizational policies (Chuang et al., 2016; Raeburn, 2004). However, the detailed processes by which LGBT employees and activists changed their organizational policies toward LGBT require a more holistic examination by incorporating how they mobilize resources to change community's features. Specifically, organizations need to comply with expectations derived from the features of the community where it resides in order to maintain their resource stability (Scott, 2001). To change organizational policies, it may require to first change the community's features. Future research should explore into how LGBT employees and activists and anti-LGBT employees and activists mobilize resources to alter each of the community's features, which in turn shapes organizational policies toward LGBT employees.

Another interesting factor worth considering is the reciprocal influences between community characteristics and organization characteristics. While countries with legislation protecting LGBT individuals from employment discrimination may witness legislation influencing organizational policies, the organizational policies of multinational companies may have a reverse influence on legislation, social norms, and values, as well as mental models of how LGBT individuals should fit into society. Multinational companies with headquarters in countries with protective employment legislation have enacted policies that comply with legislation. These policies may differ across countries with differing legislation; however, the headquarters' stance is reflected in countries such as China that have no protective policies of their own. LGBT workers are likely to be drawn to these companies

for a quality work life. To remain globally competitive, the governments of certain countries are under pressure to promote employment fairness and inclusion in general (not limited to LGBT), and to indirectly encourage other companies to do the same. Future research should address issues such as how regulative, social-normative, and cultural-cognitive forces shape the adoption of LGBT-supportive policies and practices; how expatriate employees and leaders from institutional environments where homosexuality is more widely accepted shape LGBT-supportive policies and practices in their host country where homosexuality is illegal or highly stigmatized socially; and how these policies and practices are diffused and institutionalized in the host country.

In conclusion, this chapter has sought to direct attention to understanding the intersection of community characteristics and the adoption of LGBT-supportive policies and practices, as well as perceived discrimination by LGBT employees. In addressing these issues, we recognize that stigma is multifaceted and requires multiple levels of analysis to holistically examine the complexity of stigma and stigmatization (Anteby & Anderson, 2014; Jones & King, 2014; Pescosolido & Martin, 2015; Ragins, 2008). At a broader level, we also recognize that LGBT individuals and organizations are embedded within their community; thus, examining cross-level effects will enable a holistic understanding of the interactions between communities, organizations, stigmatized individuals, and groups in society. At a practical level, our analysis is timely and relevant because governments and organizations around the world are tackling or confronting the decision to develop policies and practices that prohibit discrimination against LGBT individuals in order to attract and retain talent around the world.

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Stigma at the Occupational/Meso Level

Sinners and Saints: Morally Stigmatized Work

Gina Grandy and Sharon Mavin

> *Moral taint should be viewed not only as one form of taint, but rather may be more usefully understood as a discursive umbrella, implicating all other forms of taint through a moral lens.*
> (Rivera, 2010, p. 145)

INTRODUCTION

The processes through which organizations, occupations and individuals become stigmatized, and the experiences of those perceived as tainted, are marked by complexity. To better understand these complexities, Rivera (2010) suggests a framing of taint through a "discursive moral umbrella" (p. 146), whereby the moralistic underpinnings of different types of taint (e.g., physical, social and emotional) are acknowledged and teased out. Ashforth, Kreiner, Clark, and Fugate's (2007) research also highlights the gravity of moral taint and morally stigmatized work. Their research reveals

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that participants perceive morally stigmatized work as dirtier than physically and socially tainted occupations. Our intent is not to privilege moral taint in a hierarchy of taint, rather to suggest that a closer look into the complexities of morally dirty work is warranted. In this chapter we provide a conceptual and empirical overview of that which constitutes work perceived to be morally stigmatized, and thus a type of dirty work (Ashforth & Kreiner, 1999; Hughes, 1958). We also aim to surface the diverse implications that perceptions and lived experiences of moral taint, in and about work, have for individuals, groups and organizations. In identifying that which can be considered morally stigmatized work, what might come to mind for those familiar with dirty work are jobs such as prostitution, exotic dancing and other sex-work-related occupations. Such work surfaces connotations of sinful and morally questionable organizations, activities and people. For example, Ashforth and Kreiner (1999, 2014b) categorize the various types of sex work as having high-depth moral taint and low occupational prestige. Empirical research supports this positioning of sex work(ers) as morally tainted (see e.g., Grandy & Mavin, 2012, 2014; Mavin & Grandy, 2013; Sanders, 2005; Tyler, 2011). At the same time, there is great breadth in the types of occupations that can be considered morally stigmatized (e.g., casino workers, bill collectors, police interrogators, telemarketers). Some of the work perceived in this way is simultaneously viewed in positive and negative terms (Ashforth et al., 2007; Rivera, 2014; Tracy & Scott, 2006), thus performed by individuals who, we suggest, can paradoxically be viewed as both saints and sinners (e.g., firefighting, nursing). In this chapter we set out to offer a glimpse into the diverse nature of morally stigmatized work and the sinners-saints who perform it.

For this chapter, we conceptualize *stigma* in this way:

> Drawing upon the work of Cusack, Jack, and Kavanagh (2003), Goffman (1963) and Jones et al. (1984), *stigma* is understood here as an emergent property or product of definitional purposes (e.g. physical mark, attribute, characteristic) that through social interaction is regarded as flawed, deviant or inferior. (Grandy, 2008, p. 179)

Toyoki and Brown (2014) go further to illuminate the power dynamics inherent in stigmatization and the marginalizing impact upon individuals who become stigmatized. "A stigmatized identity is an effect of power and can marginalize an individual, resulting in that person being disqualified from full societal acceptance" (Toyoki & Brown, 2014, pp. 715–716).

We feel several qualifiers are necessary as we delve into this topic. We do not set out to provide an exhaustive review of the literature, rather we aim to describe a varied sample of occupations and work that can be considered morally stigmatized, sometimes in very different ways. We understand that perceptions of taint are socially constructed, context dependent and dynamic (Ashforth & Kreiner, 1999). That which is perceived to be stigmatized work by one person in one context may not be considered stigmatized by another person in a different context (Dick, 2005). Generally, workers who perform dirty work are acutely aware of the stigma (Ashforth & Kreiner, 1999). However, who or what constructs stigma may vary. This means that an 'outsider' (e.g., media) might construct a particular organization or occupation as stigmatized while those performing the work may not (see e.g., Stanley, MacKenzie-Davey, & Symon, 2014). Further, an individual performing work that "outsiders" do not view as dirty may view her work and her work-related identity as stigmatized (see e.g., Fraher, 2014). Complexity and ambiguity are inherently bound in our understandings and experiences of dirty work (Grandy & Mavin, 2014).

In what follows we first explain what we understand by moral taint and the parameters around what might be understood as morally stigmatized work. We then discuss examples from various empirical sites to illustrate the breadth and depth of morally stigmatized work and the implications at the individual, group and organizational levels. We conclude the chapter by highlighting avenues for future research for those interested in advancing understandings of morally stigmatized work.

Conceptualizing Moral Taint and Morally Stigmatized Work

If physical taint is a blemish on one's 'body' and social stigma is a blemish on one's relationships, then moral taint is a blemish on one's 'character'. (Ashforth & Kreiner, 2014b, p. 84)

Building upon Hughes' (1958) description of dirty work as that which is morally, socially or physically tainted, Ashforth and Kreiner (1999) offer a fuller account of what constitutes an occupation as morally, socially and/or physically tainted. More recently, McMurray and Ward (2014) and Rivera (2014) have offered *emotional taint* as another type of taint. We draw from Ashforth and Kreiner's (1999) description of moral taint and work as our starting point.

> Moral taint occurs where an occupation is generally regarded as somewhat sinful or of dubious virtue (e.g., exotic dancer, pawnbroker, tattoo artist, psychic, casino manager) or where the worker is thought to employ methods that are deceptive, intrusive, confrontational, or that otherwise defy the norms of civility (e.g., bill collector, tabloid reporter, telemarketer, private investigator, police interrogator). (Ashforth & Kreiner, 1999, p. 415)

For us, morally dirty work refers to an organization, occupation or employment tasks regarded as sinful, dubious, deceptive, intrusive or confrontational. Moral taint reflects a "defect of character" (Oshana, 2006, p. 356) and its mark or "stickiness" (Bergman & Chalkley, 2007, p. 251) is pervasive to such an extent that it can serve as a type of "moral residue" (Webster & Baylis, 2000, p. 208) upon one's integrity and worth (Oshana, 2006). For example, even if an individual no longer performs the morally tainted work, she may continue to navigate tensions (of self, and in relation to others) associated with experiences of compromised integrity (see e.g., the work of Bergman & Chalkley, 2007). There may also be a (in)visibility consideration at play in the "recognition" and felt experience of work(ers) as sinful and/or defying the norms of civility. In her research with gynecology nurses, Bolton suggests that the work performed by these nurses is "morally tainted because what should remain private and invisible is made public and rendered visible" (2005, p. 176).

Extending the work of Kreiner, Ashforth and Sluss (2006) and Grandy and Mavin (2012) around the centrality of dirty work occupations to an organization's core purpose, we contend that moral taint (as well as the other types of taint) can extend beyond the occupational category. By this we mean that when an organization's purpose or core business is perceived to be of dubious nature (e.g., tobacco manufacturing, gaming or gambling company, exotic dancing club), all occupations and those performing the work within that stigmatized organization are at risk of being perceived as morally tainted (e.g., bartender in an exotic dancing club, accountant in a tobacco manufacturer). We see such a phenomena vividly through the empirical work of Jensen and Sandström (2015). They explore the experiences of wage laborers (e.g., marketers, bookkeepers, assemblers, sales support, purchasing) working for an arms company and two pornography companies; organizations whose core purposes are typically associated with considerable moral taint (e.g., dubious, sinful). Jensen and Sandström's (2015) findings indicate that while the occupations are not morally tainted directly, the individuals' accounts reveal how the stigma attached to the

organization is transferred to the work and workers. These dirty workers have their "social feelers out" (Jensen & Sandström, 2015, p. 135) all the time and feel that the stigma permeates to all facets of their social lives (e.g., they do not talk about what they do and disclose only to close friends and family). Ashforth and Kreiner (2014b) propose that morally stigmatized dirty workers are more likely (than members of physically or socially tainted occupations) to rely on the collective or other occupational members as sources of social validation. The experiences of participants in Jensen and Sandström's (2015) study, however, paint a different picture, "they are basically alone in their stigma management" (p. 138), thereby revealing a complexity not fully accounted for in the literature on morally stigmatized dirty work.

It has been argued elsewhere, conceptually and empirically, that types of stigma can overlap in the sense that an occupation can be morally, physically, socially and/or emotionally tainted simultaneously (Ashforth & Kreiner, 1999; Grandy & Mavin, 2012; Mavin & Grandy, 2013; Rivera & Tracy, 2014; Tyler, 2011). Work tainted in any one of the ways, isolated or in combination, can make it difficult for those performing the work to develop positive work-related identities (Grandy, 2008). In combinations that include moral taint, however, the perception of dirtiness is likely to be most severe (Ashforth & Kreiner, 2014b). Rivera's (2010) perspective on the "discursive moral umbrella" (p. 146) as that which frames all types of taint is particularly useful in highlighting the gravity of moral taint. Rivera's (2010) view supports the work of Douglas (1966) in that, in general, societal perceptions of clean and dirty align with connotations of good and bad/evil respectively (Douglas, 1966). That which is perceived to be physically, socially or emotionally tainted, by association then can be seen to include some element of moral questionability and moral taint (Ashforth & Kreiner, 2014b; Rivera, 2010).

Further emphasizing the problematic nature of moral taint and morally stigmatized work, it might be easier to rationalize and frame socially and physically tainted work as work that is necessary for society (Ashforth & Kreiner, 2014b). In this way, moral taint may pose a "graver identity threat" (Ashforth & Kreiner, 2014b, p. 81) to individuals than social or physical taint because morally tainted work(er) is less likely to benefit from such a "necessity shield" (p. 84).

In what follows we discuss a number of empirical studies of work(ers) to illuminate the breadth and depth of morally stigmatized work and implications of this at the individual, group and organizational levels.

A Closer Look

We have categorized the studies to be discussed here into three areas based upon what we expect the reader will interpret as most obvious, moderately obvious and most surprising morally stigmatized work. While the intent of this categorization reflects our attempt to create a more coherent flow for the reader and to do so in a provocative way, we recognize that this may imply our own perceptions of taint and that authorship affords us a power that unfortunately risks creating and sustaining stigma.

The Most Obvious Sinners

Casino Workers

The gambling industry is perceived by many as "sinful" business because "gambling can be addictive, and can result in irresponsible and eventually destructive behavior" (Lai, Chan, & Lam, 2013, p. 1659). For those who work in casinos their work can be understood as dirty because of the "tendency of casino operators to use misleading and uncivil tactics on customers" (p. 1659). In Lai et al.'s (2013) research with casino workers employed in various casinos in Macau, their survey results reveal how workers' *felt* moral taint can negatively impact their identification with their occupation and organizations to such an extent that it increases their intention to quit. However, occupational prestige and organizational support can mitigate these effects. For example, if casino workers perceive their occupations to be of high prestige or that their organization is caring and supportive, the intention to quit is weaker. Lai et al. (2013) suggest that organizations should invest in the development of appropriate stigma management intervention strategies to better help those confronting moral taint associated with their work (e.g., employee assistance programs specifically focused upon stigma management, periodically rotating workers out of stigmatized tasks).

HIV/AIDS/Addiction Caregivers

Poole Martinez's (2007) study into workers in a residential care home setting highlights how contradiction is at the heart of moral taint for HIV/AIDS/addiction caregivers. These workers vividly come to personify both saints and sinners. Perceptions of "you have to be a really good person to

do this … because I couldn't do it" (p. 134) (saints) are balanced with the physical, social and moral taint experienced by workers who support addicts and those living with HIV/AIDS (sinners). The author notes that these workers face considerable stress and "heartbreak for little money" (p. 140). On first level analysis, perceptions of those who perform the work are not sinful—it is the client who is sinful: those who are morally judged for their perceived sexuality or addiction. The clients are those who attract the moral taint and stigma through moral judgments; therefore, at first glance the caregivers are more socially tainted or suffer from what Goffman (1963) refers to as a courtesy stigma. For example, the workers report being applauded on their "work as community service" (p. 141)—the workers as saints. Donna, one of the participants, talks of a newspaper reporting an addict being murdered and the journalist inferring that the "addict had deserved it he was an addict" (p. 141) and thus "deserving of the violence" (p. 141)—the clients as sinners. However, this saint (worker) versus sinner (clients) dichotomy becomes more problematic when the study reveals that some caregivers are also former addicts. Thus, these workers are saints and sinners simultaneously and this illustrates how moral taint is fluid or moveable. Managing taint strategies evident from this study support the reframing (e.g., a staff member who was also a recovering alcoholic expressed that she felt she was paying back society for her past wrong deeds) and refocusing (e.g., focusing on fundraising responsibilities of the job) strategies offered by Ashforth and Kreiner (1999), as well as the use of dark (see also Ashforth et al., 2007) and silly humor. The humor strategies serve as a way to lighten the dirtier aspects of the work; however, it did not refocus occupational identity in a more positive light (Poole Martinez, 2007).

Nurses Managing Genetic Termination

Chiappetta-Swanson's (2005) research explores the experiences of 41 women nurses from four hospitals who manage the morally controversial genetic termination (GT) procedure for women, a procedure performed because there is a high risk of fetal abnormality. They reveal the strategies these nurses develop to respond to this physically, socially and morally stigmatized dirty work. Moral judgment from others and moral controversy is at the center of the work; society views abortion negatively, many physicians do not want to be associated with the procedure, and the secrecy necessary to ensure the protection of both patients and nurses

contributes to this moral ambiguity. Nurses talk of how the work should be performed by doctors, and yet in many ways they are left alone to manage the work. The conditions of their work are described as bleak where the patients are left with little support from other professionals (e.g., physicians, social workers, chaplains) and the nurses are not provided with adequate resources to work through the emotional strain that often accompanies the work. Chiappetta-Swanson (2005) argues that the more devalued (and morally reprehensible) the work, the more isolated the nurses. Moral taint sticks to the nurses and performing this morally controversial work subordinates nurses in their professional hierarchies to low status dirty work. However, "rather than dwelling on the dirty work aspects of the job, the nurses redefined GT nursing as a unique opportunity to practice nursing as they believed it should be practiced. They shifted their focus from the problems, to their patients" (Chiappetta-Swanson, 2005, p. 114). Nurses turn to each other as a social buffering (Ashforth et al., 2007) taint-management strategy. They talk of being a "forgotten group" and frame what they do from a caring perspective to redirect "attention to aspects of their work that made it meaningful and rewarding" (Chiappetta-Swanson, 2005, p. 106).

Border Patrol Agents

Rivera and Tracy (2014) explore what dirty work *feels like* through a study of border patrol officers in the U.S. where the work involves undocumented immigrants. They note that Kreiner et al. (2006) refer to them as high-breadth and high-depth dirty workers. "Agents face complex moral and social taint because of the milieu of multiple 'publics' who simultaneously herald Border Patrol work as patriotic, brave, and masculine, while others critique it as immoral, abusive, and feminine" (Rivera & Tracy, 2014, p. 203). The capture and deportation of undocumented immigrants may involve coercion and force and thus questionable tactics with immoral undertones. The authors discuss how guilt is a moral emotion and it is linked to a sense of responsibility for wrong doing. They argue that agents express (feel) both guilt and empathy, two emotions that redirect attention from the dirty worker to another, in this case, the undocumented immigrant. The research reveals experiences and expressions of moral ambiguity and ambivalence where the line between knowing what is "right" and "wrong" (p. 210) is cloudy. Agents oscillate between feeling obligated to fulfill the "legal mandate" (p. 209) of the job (e.g., catching the undocumented

immigrants) and acting "like a human" (p. 209) (e.g., compassion for the immigrants). So, what does it feel like to do this work? The authors conclude that it feels "overwhelming and hopeful at the same time. Proud and ashamed. Happy and sad … conflicted and ambivalent" (p. 213). Rivera and Tracy (2014) offer a unique take with this piece, highlighting how the felt taint is a "contagion" (p. 212) that can be transferred to the researcher; through Rivera's encounters with the agents she describes how she too comes to embody the moral taint attributed to the agents.

The Sometimes Sinners

Correctional Officers

Tracy and Scott (2007) in their work on prison guards draw upon participant observation and interview data with officers in two correctional facilities in the Western United States. They tell us that "working as a correctional officer—the euphemistic and worker-preferred label for a 'prison guard'—is a dirty job" (2007, p. 34). Tracy and Scott present officers as performing physically, socially and morally stigmatized dirty work, marked by high burnout, stress, shortages and turnover. Of interest here is how correctional officers manage perceptions of the morally dubious nature of their work and thus their character. Tracy and Scott comment that members of the public know little about prisons and jails, yet the guards' profession is marginalized. Officers deal with disdain and moral questioning, e.g., Christian volunteer groups visiting prisons refer to the guards as "non-Christians" (2007, p. 41). On reading Tracy and Scott's analysis, the guards are perceived as sinners because inmates are seen to have it too easy, for example, guards are viewed as being too easy on sinful individuals, "glorified babysitters" (2007, p. 43), yet at the same time guards are viewed as "brutal" (2007, p. 42), too hard on prisoners and abusive with their power. Similar to the border patrol agents as discussed by Rivera and Tracy (2014), these workers simultaneously face portrayals as both sinners and saints. The (im)moral worth of the job partly stems from "sensationalized mass media portrayals of officers" (Tracy & Scott, 2007, p. 42). Participants' accounts highlight that such taint manifests through (inaccurate) media depictions of "perverted talk" (2007, p. 42), guards having "sex with the inmates, the drugs are rampant" (2007, p. 42) and being "disrespectful" (2007, p. 42) to inmates. This moral taint is reflected further in the positioning of the correctional officer role in

the criminal justice hierarchy—"the crappiest job" (2007, p. 43) (participant account) in the system and guards as the "scum of law enforcement" (2007, p. 43). Medical professionals working in prisons also consider guards as uncaring and cruel and question the moral worth of the job and those performing it. Correctional officers face moral questioning and this identity threatening work requires creative taint-management strategies. Beyond reframing, recalibrating and refocusing (Ashforth & Kreiner, 1999) taint-management strategies, the correctional officers engage in distancing, differentiating or depersonalizing, and blaming the client to make sense of and deflect moral taint (see also Ashforth et al., 2007).

Truckers

Mills' (2007b) study on truckers is based upon over 20 years of extended interviews with more than 300 drivers, truck stop observations, content analysis, personal correspondence and experience on the road. Mills (2007b) argues that truckers manage physical, social and moral taint. Morally they are suspected of dubious behavior (e.g., unlawful driving, drugs, prostitution). A "commonly held stereotype of the American trucker is … an overbearing, pill-popping, road hogging, womanizing, speed demon (Mills, 2007a)" (Mills, 2007b, p. 82). The author discusses how the media likens truckers to sailors with different women in every stop thereby implying infidelity and immorality. Truckers' stigma management strategies emerge through their sense of the collective and occupational communities; evoking communicative forms such as sharing war stories in trucker stops, stories with heroes and villains, e.g., "getting past the law"(2007b, p. 93), to "learn what meanings to attach to … their identities and minimize taint" (2007b, p. 92). They also use "shunning" (2007b, p. 93) to communicate separation from the group and initiating rituals for membership to elevate their status. Managing taint becomes a communicative social drama that entails a shared specialized language unique to truckers through radio use and protocol, and storytelling etiquette.

Private Detectives

Schulman's (2000) study of private detectives highlights an occupation of relatively high occupational prestige in that private detectives are licensed and regulated, they have specialized knowledge of legal issues,

they must follow ethical codes of conduct, and the work requires specific education and involves high control. The research draws upon interviews and participant observation to explore how the detectives justify legal but deceptive work-related actions and how they mitigate a sense of personal liability for engaging in such morally controversial deceptions (e.g., covert surveillance, offering secret payments of cash for information). Private detective work occurs in a three-way interaction that is adversarial in nature, where "two sides are allied against another" (2000, p. 276). Client A pays the private detective and client B becomes "an involuntary target of the adversarial professional's 'customer service'" (2000, p. 276). There exists a tension between "justifying investigative work as a means to attain noble ends and applying it to further a client's potentially less than noble ends" (2000, p. 272). Schulman poses the question, to what extent does the morally good end warrant or justify the means? The study reveals three categories of strategies used by private detectives: means-ends justification, technical-legal justifications and the ethic of neutrality justifications. Private detectives offer a pragmatic explanation for lying in their work—they investigate people who must be acting deceptively, therefore they "deserve it" (2000, p. 261). In reaffirming their identities detectives will morally differentiate their occupational labor by types of cases. For example, some only accept cases that involve criminal targets to "enhance their image as representatives of justice" (2000, p. 267) and compare their work to that of police officers, thereby associating their work with "the legitimacy" of police officers in "fighting crime for the greater good" (2000, p. 267). This is a "moralizing defence" strategy in that "work-related deception is justified by the misdeeds of others" (2000, p. 270). Some also frame their actions within a legal perspective, that is, as long as they are acting "legally" then these are "acceptable practices and require no moral justification" (2000, p. 270). Another strategy employed involves making claims of neutrality (e.g., they are objective, dispassionate and impartial professionals). In this way, "no innocents will suffer, and only the guilty will be published" (2000, p. 272). Schulman argues that such claims of neutrality position deception as a tool that professionals use properly, while moral judgment is reserved only for those at the receiving ends. In Schulman's study these strategies help these sinner-saint detectives mitigate their sense of personal liability for engaging in morally controversial work-related deceptions.

New and Surprising Sinners

Bankers

Investment banking, a recently tainted high-prestige occupation, is considered by Stanley et al. (2014). Rather than focusing on the taint-management strategies used by bankers themselves, the study focuses upon the use of language and subject positioning in the media as a powerful contributor to society's prevailing moral landscape. Their analysis reveals that media focus upon the individual bankers themselves, rather than the work directly. The bankers are portrayed as morally reprehensible and are morally judged so that "it is not about the type of work that bankers do, it is about the kind of people they are" (Stanley et al., 2014, p. 281). The study of bankers' stigmatization takes place during an episode of financial crisis. It reveals moral judgments about motives and actions (right and wrong) of those associated with the crisis. The study argues that, through the media, bankers are morally tainted because: their wealth is excessive and it is not earned; and, they are selfish and materialistic. The media's coverage of bankers is highly personalized, with a focus on the behavior and values of bankers thereby highlighting how occupational taint can transfer from the work to the individual. Bankers are portrayed as excessive, frivolous and denigrated by the media; "'grasping' hedonists—'champagne swilling, Ferrari-driving, Gucci-wearing money moguls'" (Stanley et al., 2014, p. 280). Here we learn about how moral taint is constructed by the media, and how perceived moral judgments (of the bankers) compromise a moral code. Moral taint sticks to bankers who are perceived as breaking this code.

Vaast and Levina (2015) also explore banking and bankers as a newly tainted occupation that has and is becoming morally stigmatized work. They focus attention to bankers' experiences directly and look to better understand how a group of bankers manage such new taint on an occupation with high occupational prestige. Specifically, they explore the experiences of an online community comprised of bankers, before and following the 2008 financial crisis. Their work reveals a three-stage process that involves rejecting the taint, distancing from the taint and resigning to the taint. As with other online communities, the forum becomes a way through which social comparison permits an outlet to foster in-group identity and manage the taint.

Nursing as Pornography

As an interesting twist on occupations perceived as morally tainted, Mills and Schejbal (2007) propose nursing as morally tainted through associations with pornography. Nursing professions can be understood as a "genre of feminized work that qualifies as physically, and socially and (just a tinge) morally tainted"(Mills & Schejbal, 2007, p. 113). Their argument is that nursing is servile (thus socially tainted) and this is exacerbated in "a morally tainted fashion by depictions of nurses in pornographic films" (Mills & Schejbal, 2007, p. 114). Mills and Schejbal identified more than 500 nurse porn movies at one site in less than a 30-second internet search, with titles very explicit about how nurses are used in the films. *Slave Nurses, Busty Nurses, Nurse Me* and the *Sensuous Nurse* are some examples. Mills and Schejbal contend that the number and ease of access contributes to an occupational moral taint. This is further evident in nurses' experiences of entering the profession and as one participant notes they confront "dirty old men" (2007, p. 123) and are "groped, grabbed, flashed and sometimes even ejaculated upon by patients and other visitors to their work space" (2007, p. 123). Both women and men nurses experience these behaviors and men nurses' masculinity is challenged if they reject advances. Nurses also report sexual harassment at work. Nurses' use of space (e.g. physical spaces, psychological spaces, cyberspace, third spaces) becomes a strategy for managing this moral taint (Mills & Schejbal, 2007).

Secretaries

In an unexpected site to view moral taint, Sotirin (2007) focuses her study on secretarial work. Working in the "cleanliness of modern offices," secretaries "rarely get their hands dirty" (2007, p. 95), but Sotirin argues that within this site there surfaces a paradox. "We sing the praises of secretaries … [but] dismiss their work as trivial and mundane and cast them as (often insubordinate) office servants" (2007, p. 95)—attracting social taint. Sotirin looks at a *bitching* taint-management strategy that secretaries use to deal with small injustices and mundane oppressions and the physical, social and moral taint involved in reclaiming dignity in their work. Bitching is a marginalized activity which puts the identity at risk to becoming spoiled or morally discredited (Goffman, 1963). These

processes are complex and secretarial bitching "carries its own social and moral stigma" (Sotirin, 2007, p. 95) and therefore participants' reclaiming efforts are not completely effective.

In terms of moral taint, Sotirin explains that "discretion, decorum, patience and loyalty are valued" (2007, p. 100) in secretarial work, but these are stained by moral suspicion about the "dubious virtue of secretarial loyalty and the dangers of feminine sexuality" (2007, p. 100). There is ambivalence in the expected secretarial loyalty in that such loyalty creates suspicion from others and this is further complicated as in this setting professionalism intersects with feminine gentility. The pervasive stereotype of secretaries as feminine invites a range of embedded "gender dichotomies—male/female, masculine/feminine, active/passive, rational/emotional" (2007, p. 100) that are inherent in the structures of in-office relations. Secretarial bitching is what Goffman (1959, 1974) calls "'self-saving alignment' or the effort of the speaker to reconstruct a socially acceptable image of self against the damage of recounted indignities" (Sotirin, 2007, p. 102). Sotirin argues that secretarial bitching, which often centers around whose fault something is, as a taint-management strategy is a defensive collective identity tactic, yet it is a risky conversational strategy because it morally discredits and reinforces gendered stereotypes.

Future Directions

In this chapter we set out to provide a conceptual and empirical overview of what constitutes morally stigmatized work (as a type of dirty work) and the implications for this at individual, group and organizational levels. Building upon the work outlined in this chapter, we suggest a number of avenues forward that will serve to further advance knowledge about morally stigmatized work and those who perform it. Our hope is that in the pursuit of any one of these avenues, researchers will unearth new insights to inform everyday practices, behaviors and policies in and around organizations, which will move us toward viewing morally stigmatized work(ers) as dignified and valuable (Grandy, Mavin, & Simpson, 2014).

Emotion Work and Moral Taint

In their conceptual piece on the distinctions between types of taint, Ashforth and Kreiner (2014b) put forth a number of propositions that pertain to morally stigmatized work. In extending their work, we ask

whether morally tainted workers engage in more intensive emotion work in managing their identities and whether they are further stigmatized by emotional taint. Rivera and Tracy's (2014) study of border patrol guards, discussed earlier in this chapter, points to these questions. They toy with the role of emotions in dirty work as an area for further research, and call for an expansion to the typology of taint to consider the ways that work itself—particularly morally tainted work—is emotionally tainted. Rivera (2010) goes further with her notion of the discursive moral umbrella, arguing that the different types of taint (physical, social and emotional) and stigmatized work need to be understood within a context of moral undertones. Grandy and Mavin's work (Grandy & Mavin, 2014) also directs us here. In their research on exotic dancers, they conceptualize emotion work as struggle, and integrate strategies of emotional ambivalence and stigma management to suggest that (morally) stigmatized work(ers) at best achieve a type of contingent coherence because of the emotion work involved in managing the stigma they confront. More research is needed to better understand how emotions and moral taint intersect and the emotional impact that this bears upon the individuals and groups performing it.

The Dynamic Nature of Moral Taint and Who (or What) Plays a Role

Stanley et al. (2014) and Vaast and Levina's (2015) work discussed earlier highlights the dynamic nature of perceptions of taint and how an occupation with high prestige such as investment banking or bankers can shift over time to that which is morally questionable. Poole Martinez's (2007) and Tracy and Scott's (2007) work also draws attention to the role of the media in the construction of stigma. Future research should look closer at the role that the media plays in positioning certain work(ers) as morally tainted and how this changes over time (see also the work of Grandy & Mavin, 2012).

Schulman's (2000) study of private detectives further highlights the dynamic nature of moral taint and the complexity of taint creation. The analysis demonstrates how moral taint is unstable. We suggest that moral taint has potential trajectories. The movement of moral taint by detectives, from the paying client—through to the detective—to the unsuspecting target, enables us to observe how moral taint is transferable and moveable across targets. While not discussed in detail in this chapter, Fraher offers

a different take on the dynamic nature of taint for an occupation typically not perceived as morally tainted, something she refers to as "invisibilized dirty work" (2014, p. 1). In her work with airline pilots, it is the pilots themselves who construct the work as morally tainted, indirectly and directly through their talk. Fraher interpreted participants' talk through the lenses of the rhetoric of the prostitute, gambler and addict—occupations and labels which are often viewed as morally tainted. Other work suggests that taint is determined in part by the client interaction (e.g., Ashforth & Kreiner, 2014b; Cassell & Bishop, 2014). Further research into moral taint as fluid and transportable, and understanding how this creation and passing along happens would be useful.

One other fruitful area in which to study the transportability of taint, specifically moral taint, would be to integrate insights from intersectionality research and dirty work. In this chapter we have discussed gender, race, class and sexuality considerations only in passing, yet these considerations are inherent in many of the empirical studies presented. We have not fully engaged with the notion that markers of gender, race, class and sexuality associated with a particular job category or individual constitute moral question. Yet, the "entrapping recursive loop" (Ashforth & Kreiner, 2014a, p. 423) between marginalized work and "marginalized socioeconomic, gender and racioethnic categories" (p. 423) as it pertains to dirty work(ers) has been recognized. While not specific to morally stigmatized work (yet specific to dirty work more broadly), the possibilities afforded through an intersectionality lens are evident in the work of Soni-Sinha and Yates (2013) and Slutskaya, Simpson, Hughes, Simpson and Uygur (2016). The former adopt an intersectionality lens to better "worker's perceptions of the racialized, gendered and classed constitution of cleaning work as 'dirty' and their resistance to these constructs" (Soni-Sinha & Yates, 2013, p. 737). The latter seek to explore how working-class men employed in refuse collection and street cleaning practice gender alongside other categories of differences in ways which shift relations of power and privilege (Slutskaya et al., 2016).

Following Simpson, Slutskaya, and Hughes (2011), we suggest that future research look closer at how gender and class, as well as race and sexuality might inform constructions of moral taint and how such intersections construct certain work(ers) as morally dirty and stigmatized. For example, Tracy and Scott's (2007) work on correctional officers raises questions about how positioning work as feminized (e.g., babysitters) in effect marginalizes and devalues the work and those who perform itself

(e.g., servile work thus implies social taint). In extending this line of thinking and considering Southgate's work presented in Chap. 10 of this book, we wonder if gender, sex, class and/or race should become a more focal point in understanding the complexities of moral taint and morally stigmatized work. We speculate that if the individual is perceived to be morally tainted (e.g., defect of character) because of her gender, sex and/or class, then, as a result, any work she performs might then become morally stigmatized (and thus dirty work). In effect, the moral taint attributed to the individual passes onto the occupation and organization.

Conclusions

As scholars interested in change, we would be remiss not to offer thoughtful reflection on what we as scholars and practitioners, and the organizations in which we work, can do to surface and change taken-for-granted assumptions and beliefs about how our perceptions, social practices and institutions perpetuate disadvantage through the framing of work(ers) as morally stigmatized. Both Lai et al. (2013) and Ashforth and Kreiner (1999) offer practical suggestions for managers and organizations interested in countering societal perceptions of dirtiness and providing resources for those marginalized in this process. In particular, Ashforth and Kreiner (1999) raise the use of symbolic management, using stories and myths, to shape the interpretations of jobs and those performing them. Shantz and Booth (2014) suggest a number of tactics that managers can employ to help dirty work(ers) mitigate negative emotions and interactions they experience (e.g., offering opportunities/places for workers to share experiences with others, training programs on how to deal with members of the public, providing alternative outlets for workers to find meaning in what they do such as volunteer opportunities and community outreach).

While perceptions of dirty work are socially constructed, as highlighted throughout this chapter, there are material consequences for those who work in dirty work occupations and organizations (e.g., stress, isolation, distancing). The competing emotions felt by many dirty workers (e.g., shame, guilt, anger, hope) (see e.g., Grandy & Mavin, 2014; Rivera & Tracy, 2014) place them in a vulnerable place when it comes to dignity. Our hope is that in writing (and reading) this chapter and the others in this book that we all become (micro) change agents in our workplaces, more aware of and willing to challenge our own (and that of others) unsaid but often enacted stereotypes and beliefs about that (or whom) which we

judge as morally questionable. We view dirty work and those who perform as "valuable and dignified work" (Grandy et al., 2014, p. 175).

> To have dignity is to be in control of oneself, to be able to express and experience autonomy and to be taken seriously (Sayer, 2007). Where inequalities exist, whether that is based upon gender, race, accessibility, or occupational image (e.g., stigmatised work), it will be more difficult for individuals to maintain dignity, possibly resulting in undignified work (Sayer, 2007). Dignity is positively related to emotions such as integrity, respect, pride, recognition, worth and status, while it is negatively related to shame, stigma, humiliation, lack of recognition and mistrust. (Grandy & Mavin, 2014, p. 135; Sayer, 2007)

In our own reflexive engagement during the writing of this chapter and other work in this area, our conversations are often fraught with tensions and discomfort with the use of the label *dirty work*. We continue to struggle with the trade-offs involved in using this label. In this chapter, labeling workers as *sinners* and *saints*, while illustrative and somewhat provocative, is also problematic. In our desire to unsettle taken-for-granted ways of thinking, doing and being which re-create stigma, we are mindful that we too may be sustaining the very stigma which we wish to unsettle.

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Does *Necessity Shield* Work? The Struggles of Butchers and Waste Management Workers for Recognition

Natasha Slutskaya, Rachel Morgan, Ruth Simpson, and Alex Simpson

INTRODUCTION

Drawing on two studies of those involved in physically tainted jobs, this chapter seeks to explore what constraints might compel or hinder the application of particular discursive ideologies and strategies in battling stigma attached to these jobs. More specifically, it examines changes in both the nature and the perceptions of work that might limit discursive resources available to three occupations (butchers, refuse collectors and road sweepers) that conform to Ashforth and Kreiner's (1999) definition of physically tainted jobs. According to Ashforth and Kreiner's classification, physical taint is associated

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with waste, death (e.g. refuse collectors, road sweepers, butchers, morticians) or danger (e.g. firefighters). Taint is not just produced by the physical proximity to dirt, but also emerges as a result of the contagious nature of dirt and its ability to leave marks and stains. The proximity to dirt is understood to shape individuals' experiences of work and to fashion social relations that are routinely marked by devaluation (Hughes, 1958). As a number of scholars have highlighted (Ashforth, Kreiner, Clark, & Fugate, 2007; Kreiner, 2006; Kreiner, Hollensbe, & Sheep, 2006; Tracy & Scott, 2006), such work might generate numerous fundamental identity threats (Petriglieri, 2011) impressing negatively on feelings and perceptions of self-worth (Ashforth & Kreiner, 2014). The majority of studies on experiences of dirty workers focus on the ability of workers to resist devaluation and to counter the stigma. As Ashforth et al. (2007) argue, negative attributions can be neutralised by drawing on available discursive resources. According to an increasing number of studies, occupational members are arguably adept at reducing or insulating stigma threats by developing productive occupational ideologies, erecting social buffers or applying defensive tactics. However, Ashforth and Kreiner draw attention to the fact that for a long time dirty work has been treated as a "relatively monolithic concept" (Ashforth & Kreiner, 2014, p. 82) and there has been a growing need to address very real differences among different forms of taint and ideologies that might exist as resources to combat the particular stigma associated with each. As importantly, the consideration of how discursive resources are not stable and how they might shrink or stretch based on transformed systems of values is central for developing a more subtle understanding of a complex system of interactions between economic demands, schemes of evaluation and individual strategies to battle taint. Thus, the chapter seeks to illustrate how edifying ideologies that workers commonly draw on might lose their value as a result of, for example, changing labour market conditions (significantly less demand for physical labour and preference for clean white collar work) and malformed understandings of what is useful (when the notion of utility shifts from being beneficial to communities to providing the best value for tax payers' money).

STIGMA AND ORGANISATIONAL RESEARCH

There has been a wide body of research conducted on occupational stigma with overwhelming evidence suggesting that occupational stigma is both present and increasing (Koch & Emrey, 2001). As a result, the research on stigmatisation has grown rapidly in the past three decades.

The understandings of stigma vary significantly; however, in one way or another they attend to the structuring of social relations that constructs difference and various culturally defined others (Harter, Berquist, Scott Titsworth, Novak, & Brokaw, 2005). Stigma is produced by human perception that seeks to both communicate and rationalise negative reactions to difference. In contrast with research on discrimination, which directs its attention to the producers of rejection and exclusion, research on stigmatisation focuses on individual attributes which are deemed discrediting and demeaning (Goffman, 1963; Link & Phelan, 2001). Scholars have also highlighted the historical persistence of stigma and the heterogeneity of contexts in which stigma might exist and persist (Link & Phelan, 2001). Researchers recognise that stigmatised groups and individuals can possess both visible and invisible characteristics that might become a source of stigmatisation. Visible characteristics may include those of people of colour, physical differences, disabilities and observable illnesses. Non-visible characteristics may include those relating to religion, addictions, social group memberships and non-observable illnesses (Clair, Beatty, & MacLean, 2005). Studies have also documented that individuals might become nodes of convergence for multiple, cross-cutting axes of stigmatisation—being disadvantaged along some axes and simultaneously advantaged along others (Fraser & Honneth, 2003). Drawing on such concepts as *disrespected identities* and *maligned groups*, studies have explored factors that make stigmatised groups vulnerable or resilient to stigma-based identity threats while also exploring the available techniques of resistance that might be available to those who are stigmatised (Ashforth et al., 2007; Ashforth & Kreiner, 1999; Drew, Mills, & Gassaway, 2007; Lutgen-Sandvik, 2008). Scholars have listed such strategy subcategories as accepting stigma, avoiding stigma, evading responsibility for stigma, reducing offensiveness, denying stigma and ignoring/displaying (Kaufman & Johnson, 2004; Lutgen-Sandvik, 2008; Meisenbach, 2010). They differ in the degree to which those who are stigmatised choose to be proactive in their coping with negative consequences of stigma.

A growing body of research examines how associations or disassociations with organisations and their practices might contribute to the production of stigma. Researchers have agreed that job roles, groups and organisations function as powerful sources of stigmatisation (Goffman, 1963; Link & Phelan, 2001; Paetzold, Dipboye, & Elsbach, 2008). Different studies have examined such questions as the outcomes of disclosure of an invisible stigma both in work and non–work-related contexts (Ragins, Singh, & Cornwell, 2007), how stigma gets transmitted within the work place

(Kulik, Bainbridge, & Cregan, 2008) and the elusive relationship between organisational stigma and organisational identity markers (Wiesenfeld, Wurthmann, & Hambrick, 2008). Scholars have also shown that compared to other types of stressors, stigma, triggered by organisational or occupational associations, may be especially traumatic as it has implications for both collective and personal identity (Miller & Major, 2000).

Increasingly what is being investigated in the context of stigma is the complex relationship between personal attributes that are deeply discrediting (Goffman, 1963) and stereotypes that treat those attributes as signs of devalued collective and personal identities (Crocker, 1999). This emerging stream of literature sees stigma as a mechanism of creating social hierarchies and systems of classification (Falk, 2001). Who gets stigmatised could be closely linked to cultural, ideological and social expectations; therefore, stigma will vary across time, place and group. Thus different perceptions of stigma can stem from distinct societal discourses (Kuhn, 2009) and stigma types (Ashforth & Kreiner, 1999; Hughes, 1958) and can impact stigma management strategies (Miller & Kaiser, 2001). Research examining the sources that shape exclusion (as a result of stigmatisation and marginalisation) from social and economic life is still far less common. There is still not enough known about how stigma types, material realities, societal discourses and perceptions shape stigma management techniques and practices (Meisenbach, 2010).

Physically Tainted Work and Stigma Management

As mentioned above, physically tainted work involves direct contact with material dirt or danger (Ashforth & Kreiner, 1999). The literature highlights that the proximity to physical dirt functions as a source of stigmatisation. The pervasiveness of dirt and its contagious nature negatively impact the occupational status of those involved in these jobs. Dirt, according to Douglas, expresses a relation to social value; pervasive and contagious, it threatens social order (Douglas, 1966). From this perspective then, feelings of repugnance or distain towards various forms of dirt serve to maintain and homologise social norms. Dirt marks physical bodies, shapes experiences through meanings around stigma and taint, generates interdependencies and induces tensions, contradictions and divisions. Rules of separation which are important to maintain the order can be observed in what Thiel (2007) describes as hierarchical discourses of good and evil including such distinctions as governing/governed, thinking/feeling,

clean/dirty and civilised/uncivilised—distinctions that fashion perception of occupational status. The material and symbolic facets of dirt and the nexus of taint, morality, social ranking and social division extend to physically tainted occupations (Tracy & Scott, 2006). Occupational status affects social relations in a way that is routinely marked by devaluation (Hughes, 1958). The process of ordering and/or classifying determines the special relevance of occupational status for self-esteem, which rests in the comparison of one's position with that of other people. For van Vuuren, Teurlings, and Bohlmeijer (2012), individuals in low status dirty work occupations are confronted with an ungrateful trade-off: they are mandated to do these jobs, but stigmatised when doing them.

Ashforth and Kreiner (1999) demarcate three kinds of taint that workers might face as a result of their proximity to dirt (both the material and the symbolic): physical taint produced by direct involvement with material dirt or danger (e.g. refuse collectors, miners); social taint formed by regular contact with people from stigmatised groups or where the job is seen as servile to others (e.g. prison officers, domestic workers); and moral taint implicated in sinful or less virtuous occupations (examples include debt collectors, prostitutes). What these three forms of taint share, then, is not so much a specific property or quality of any particular thing, task or role—not an attribute as such—but a common set of attributions by others based upon their disdain for certain kinds of work. The majority of studies on the experiences of dirty workers focus on the ability of workers to resist devaluation by imbuing their work with value as Ashforth et al. (2007) argue. These negative attributions can be neutralised by drawing discursively on occupational ideologies that include *reframing*, whereby the work is infused with positive value (e.g. presented as a badge of honour or mission) and *re-focusing* which involves an emphasis on the non-stigmatised aspects of the job.

A significant number of studies have specifically looked into potential ways of normalising physical taint. Jobs that are marked by some forms of physical taint and where manual labour is involved are commonly, though not exclusively, associated with working class men (Ackroyd & Crowdy, 1990; Ashforth & Kriener, 1999; Tracy & Scott, 2006). Gendered practices in these contexts often draw on notions of traditional masculinity that pertain to the development of endurance and resistance to sensitivity in the face of aversion (Simpson, Hughes, Slutskaya, & Balta, 2014; Slutskaya, Simpson, Hughes, Simpson, & Uygur, 2016); to occupational cultures based on an *us* and *them* mentality (Ashforth & Kreiner, 1999);

and to a strong differentiation from office workers, women, unemployed or temporarily employed (Ackroyd & Crowdy, 1990; Slutskaya et al., 2016). For example, Meara (1974) demonstrated how butchers and meat cutters used masculinity affirming strategies available to them to build perspectives which added honour and dignity to their work. They included their ability to withstand the repulsive nature of their dealings with meat, the trials imposed on them by their working conditions and their mastery of knives. In a similar vein, in Ackroyd and Crowdy's (1990) study of slaughterhouses, greater esteem was achieved through adherence to traditional norms of masculinity—norms that rely on dominance, physicality, strength and differentiation from women. To redeem the tainted nature of their jobs, participants in Johnston and Hodge's (2014) study in the same way relied on their aptitude to complete gruelling, physically demanding and repulsive tasks, such as having to handle the bodies of those who have recently passed away. Simpson et al.'s (2014) study of butchers also highlighted butchers' ability to construct valued identities and neutralise their occupational taint by capitalising on their strength, endurance, shared skills and experience. Drawing the comparison between firefighters and correctional officers, Tracy and Scott (2006) demonstrated how for firefighters danger and sexuality were used as a status shield and a badge of honour. Slutskaya et al. (Slutskaya et al., 2016) explored how, in seeking to escape negative judgement (e.g., based on dominant middle-class values and sensibilities), dirty workers have built social comparison based on their abilities to perform unpleasant and strenuous tasks to establish alternative evaluation criteria and so reduce differential status effects.

Importantly, scholars have noted that not every tactic is available to every occupational group. Tracy and Scott (2006) suggest that different groups might have an asymmetrical distribution of discursive resources available to them to manage taint as occupational ideologies involved in countering stigma are deeply rooted in societal judgement of what is of value or of more use (Grandy, 2008; Tracy & Scott, 2006). Ashforth and Kreiner (2014) stress that the important difference between physical, social and moral taints is the degree to which the occupation is seen as "necessary" for society. According to Ashforth and Kreiner (2014), the most central societal discourses for legitimating physically tainted work embrace masculinity with self-sacrifice and heroism being an integral part of masculine performance and investment in public good through contribution to communities, and improvement of service. That might explain why it is challenging for male workers to accept more feminine

roles and how the involvement with more feminine tasks might intensify workers' adherence to identity affirming norms of masculinity (Slutskaya et al., 2016). Studies on emotions experienced by workers involved in physically tainted occupations showed a sense of loss and regret produced by the erosion of physical capital (Simpson et al., 2014; Slutskaya et al., 2016). What interests us in this paper is the question of what happens if edifying ideologies that workers commonly draw on lose their value as a result of, for example, changing labour market conditions (significantly less demand for physical labour), and transformed understandings of usefulness or shifts in understandings of the value of masculinity.

METHOD

The chapter draws on two studies exploring occupational stigma in physically tainted jobs. One of the projects involved small scale high street butchers. Given the proximity to flesh, blood and death, this trade conforms to Ashforth and Kreiner's notion of physically tainted work, that is, one that is associated with material dirt or often performed under dangerous conditions (Ashforth & Kreiner, 1999). The trade is also seen as morally tainted; however, for the purpose of this chapter we focus on the physical aspect of taint associated with this trade. Butchery was affected by the competition with supermarkets and by a series of regulations targeting hygiene at work, which would require daily cleaning and stricter rules targeting how meat could be handled and displayed. Interviews took place with 26 butchers, all of whom were male and aged between 19 and 65. They were conducted in local cafés, pubs and at the back of shops. Interviews addressed several broad themes including the occupational journeys of men in the trade; opportunities presented and choices made; the daily routines of the job; and the skills drawn on and developed.

The second study explored the experiences of workers in the waste management industry. In recent years, the industry has been shaped by a wider push to extend the role of private companies, which has resulted in competitive tendering or contracting out and has led to a decline in pay and conditions, affecting, in particular, sickness, holiday pay and pensions (Rowbotham, 2006). In addition, since the recession, key employers have increasingly been contracting their workforce on a temporary basis. In this study, the majority of men were permanent employees of the contractor, with the remainder agency workers on temporary contracts. Both migrant and indigenous employees were hired on temporary contracts.

Participants were aged between 18 and 64, though the road sweepers' age range was skewed towards the older category with most in the 40–55 age group.

The research involved using an ethnographic method combining semi-structured interviews and participant observation. As Tyler (2012) argues an ethnographic lens can provide focus towards the ways dirty work is experienced and enacted. Thus, using a dual ethnographic approach enabled further understanding of particular work experiences which may have been hidden otherwise. Key themes discussed included participants' and public perception of their job roles, retrospective occupational history and changes in public perception.

The interviews took place during the work day while working on the job. Following a conversational format (Alvesson & Skoldberg, 2002), the interviews were conducted in local cafes and in the work vans with road sweepers as well as in offices at the depot. Interviews were recorded and fully transcribed. Additionally, researchers engaged in observational fieldwork whereby, both researchers accompanied road sweepers for 2–5 working days, while taking part in the general day-to-day tasks. Participants were observed and field notes were taken by both researchers. Researchers discussed and wrote up their field notes after the full working day was completed, which entailed key observations of events that occurred throughout the day, particular moods among participants as well as conversations. A detailed thematic analysis took place after transcription, involving repeated readings of the data and an initial coding phase to search for specific themes (Braun & Clarke, 2006). This form of analysis enabled authors to identify discursive resources which were most drawn on by participants to counter stigma (Taylor & Bogdan, 1984).

Reflexivity was a key consideration in both studies. This involved researchers acknowledging that reflexivity forms part of the socially constructed nature of knowledge and the representation of data (Hardy, Phillips, & Clegg, 2001). As a result, the researchers were able to consider the occupational distance between researchers and participants. Interviewers aimed to create a non-hierarchical relationship between researchers and participants, thus providing participants with dignity and facilitating space where they could be heard through their own voice (Karnieli-Miller, Strier, & Pessach, 2009). This was made possible through active listening on behalf of the interviewers, which involves deep attentiveness based on shared thoughts and feelings (Bourdieu, 1996).

In both studies researchers aimed to follow Flick's (2007) ethical principles. Firstly, participants were informed of the aims and objectives of the project as well as the chosen research approach. The research was only pursued when participants fully consented to taking part. Furthermore, real names of participants were omitted from the research, thus privacy remained protected throughout. The studies shared two interrelated patterns: the intensified adherence to discursive resources particularly pertinent to physically tainted occupations and the realisation that public perception has altered and therefore the resources available to workers involved in those jobs might not be sufficient. The central themes which were identified in the data are as follows: traditional understandings of physical work with pride in endurance, strength and the importance of body knowledge are still present. However, more recent changes in understandings of work indicate the erosion of the value of physicality and the corrosion of the public worker's image.

Findings

Significance and Appropriateness of Work

The next section demonstrates how workers count on labour market participation as a way of preserving their worth. Participants also possess a strong sense of the appropriateness of particular types of work—a sense consistent with traditional norms of masculinity. Existing studies on physically tainted labour have highlighted the importance of conventional occupational ideologies to counter stigma. Scholars have agreed that workers' strategies are more likely to be underpinned by discourses of masculinity with the reliance on such conventional notions as physical strength, fortitude, continuity of work, self-sacrifice and bread-winning responsibilities (Hosoda & Stone, 2000). Unsurprisingly, in both studies participants managed occupational taint by adhering to traditional norms of masculinity with the emphasis, primarily, on the physicality of work and endurance. They typically commented on how "proper work" meant for them getting "their hands dirty," the expectation from work was to come home "feeling really knackered," knowing that "[you] have done real [physical] work." Participants took pride in being able to perform physically challenging tasks. "The harder the task, the heavier the task the better" was how one of the younger loaders felt about having to lift items disposed by residents. Pride was also taken in their ability to withstand

harsh working conditions carrying traditional meanings of resilience and discipline. Tolerance of tough demands of the job was also a source of differentiation from other men:

> Not everyone is able to actually do road sweeping because it's a bit more difficult than they think. … Physically, physically it's very demanding (Stevie, road sweeper)
>
>   You'll see two services out in all weathers, snow, rain, wind, sun, and that will be the dustmen and it will be your road sweepers. (Phil, road sweeper)

In the same way, butchers turned to their aptitude to weather cold rooms, early mornings and often long working hours as a strategy to counter stigma. Their occupational longevity and sustained physical effort were presented as integral to notions of work. For example, one of the butchers recounted the working life of his family:

> I became a butcher in 1984, literally left school, father was a butcher, father worked from when he was 11 in the family trade and we became drafted into butchery because it was the family trade, grandfather was also a butcher, and we joined … basically we were railroaded, straight from school, 15. So yeah, I mean, both me and Ray, my brother, we were exactly the same, he started in '82, I started in '84, we were told to … and we are still here. (Chris)

Similarly to road sweepers and refuse collectors who endured the physical presence of dirt, its sliminess, stickiness and the smells that would remain on the body, the ability to bear the viscerality and unpleasantness of the product (the blood and the flesh) was drawn on by butchers as a source of both pride and superiority.

> You've got to be all right with blood. If you don't like any kind of blood, feel of meat, you wouldn't be any good. (Kevin)

The physicality of the work was carefully described and all butchers made reference to the stamina and strength required:

> So the physical side of it (job) was really important to start off with and being sort of physically strong. I was fifteen, the bloke said, how strong are you? Could I lift a quarter of beef? I lifted a quarter of beef, about 140 lb. You got the job. (Kevin)

> You have to lift in entire. … Well, quarters of cows and they're about a hundred kilos each.

In butchers' accounts the physical strength was also combined with skills and embodied practical knowledge—knowledge which is markedly different from one acquired from textbooks. Again primacy was attached to physical capital gained through continuity of work and endurance:

> There are points on the animal where the weight would be balanced, naturally the shape of the quarter of beef differs, it's tapered and things so you have to know where to carry it and there are points where you just naturally know where to grab for, it's something again, it's hands on training, it's not something you can write in a textbook, you know. (Nigel)

For practical embodied knowledge and physical competence to be developed the physical and strenuous tasks would have to be performed repeatedly. The willingness to attend to the hardest and dirtiest tasks was an essential requirement for a job and a strategy of differentiation.

As importantly for all three groups, providing good service to communities and customers was a vital element of their jobs and their construction of self-value in the context of existing stigma. For road sweepers and refuse collectors in particular, the proximity to dirt was redeemed by participation in the routines of restoring cleanliness. They took civic pride and felt responsible for the safeguarding of order:

> A lot of people say it's a dead end job but the trouble is we have to keep the environment clean and tidy to the best of our abilities. (Collin, loader)
>
> Yeah, because when you're keeping something clean it's like you're looking after it innit, so it's not like I do it just for the money. (Steve, road sweeper)

The value was accrued by emphasising the usefulness and the utility of their job and the importance of their service:

> See it's all down to pleasing the public as well, not about pleasing the management, it's about pleasing the public even though they don't pay our wages, it's yeah, it's good to do a satisfying job and you know you want to do it right and you don't wanna go over it again and you know you wanna do the right thing. (Alan, road sweeper)

Placing value on utility and necessity allowed participants to tackle the stigma of dirty "dead end jobs." In the study self-worth was re-established through the readiness to perform any type of work in the name of providing an essential service and "doing a job well."

To sum up, in both studies physical waged work was the central element in the development of respectability and in the construction of the shield from stigma and taint. Men were committed to the expectation of continuous participation in employment. Not only did participants adhere to the traditional values of society which increasingly designate social worth through labour market participation (McDowell, 2003) they also had a strong sense of the appropriateness of particular types of work, namely physical and heavy work. Thus, the perceptions of physical taint, associated with proximity to material dirt, were mostly mitigated by mobilising discourses of traditional masculinity captured in the commitment to continuous employment, the valorisation of physical strength and fortitude, and in the utility of work and contribution to communities.

Changes in Understandings of Work

In the next section we intend to demonstrate that although traditional discursive resources are present and persistent, they are less stable and less reliable in the context of physically tainted work. The section intends to demonstrate that they might arguably be shrinking. As the previous section argues, waged work remains central to participants' identities and to the ideologies they rely on to combat occupational stigma. However, participants in both studies remarked on fundamental changes in the understanding of work that could afford respectability—that is, what is understood to be of value in relation to work-related tasks. Workers noted that there was less worth attached to heavy physical work and less regard for the ability to bear hardship. Butchers talked about the diminishing value of physical labour. Commenting on the decreasing popularity of the trade, one of the butchers noted:

> Just because this is a very old-fashioned job where the only way is to work hard, very hard, and this country is not like that anymore, there are only one or two jobs left like it … they (people) are looking for a job where they don't have to do any work, any manual work. (Nigel)

Similarly, one of the old van drivers talked about how the occupation might be seen by others as demeaning and how menial tasks are often dismissed as less challenging and less esteem-deserving. Participants agreed that both the proximity to dirt and the physicality of their labour would weaken their distinctiveness and irreplaceability:

> Physical labor is not appreciated as much because it is two a penny. They can find anyone. (Bernie, refuse collector)

Road sweepers also remarked on how they felt that the public might consider them less discriminating and astute as a result of their association with a particular type of service:

> you'll see two services out in all weathers ... that will be the dustmen and it will be your road sweepers. Yeah, you'd also get someone else that would look at that and go, "He's bloody stupid working out in the rain, the snow, the wind, I wouldn't do that." (Phil, refuse collector)

In a similar vein, butchers commented on how the changes in the meat industry altered the nature of work practices in a way that less primacy was awarded to physical skills and strength. The cleaning up and the increasing regulations eroded the significance of physical capital (Simpson et al., 2014). Butchers in the study consistently adhered to the traditional understanding of butchery with its hard physical demands that entailed heavy lifting and fast pace. Regret was expressed over the consolidation of slaughtering houses and the loss of skills required for heavier (and dirtier) work on carcasses. Butchers in the study nostalgically recalled the times when they used to carry beef carcasses and would have to lift them up to hang on rails. The arrival of pre-packed products signalled for participants both the disappearance of butchery as a trade but, moreover, the trembling of familiar and reliable discursive resources to counter occupational sigma:

> thousands and thousands of shops have closed over the recent years ... they're not real butchers in the supermarket, a lot of their stuff, all they need is a Stanley knife, open the box and put it out. (Chris)
>
> Most of them (butchers) are ageing ... are retiring, retirement age, disappearing. (Kevin)

In addition, the acceleration of skill-biased technological change, predictably, was not perceived by men as liberating; instead, it threatened their sense of self-worth and accomplishments—a sense that evolved from getting "their hands dirty" and doing "appropriate [physical]" work:

> But nowadays, nowadays it's not really getting your hands dirty any more is it? (Chris)
>   Nothing fun about the machinery … in all fairness. … I like lifting the meat. (Alan)

Van drivers and team leaders voiced their aversion to new technology that was held by them responsible for the changing nature of work:

> So I'm very hands on and I have to tie that in with my routine admin and (taps something) this blasted computer. … So I'm very hands on, old fashioned style, very old fashioned. (Bernie, van driver)

The introduction of new technology did not just generate new requirements and demands for skills, it also produced a new set of vulnerabilities and uncertainties by replacing already developed skills and competences:

> The change (*technology*) that there's been, you know and I mean and I think that's one of the issues you've got is that actually you've got a whole group of people who have got loads of skills or have had loads of skills that have become not required. (Collin, refuse collector)

The further radical shift that was recognised by participants was significant modifications in the perception of public service workers. In the quote below Collin talks about these changes:

> I mean I'm an old fashioned sort of, in inverted commas, "public servant," you know public servants used to be at one time regarded as really, really important jobs. I'm afraid that attitude doesn't exist anymore with a large proportion of people, you know, particularly people who are quite wealthy. (Alan, refuse collector, team leader)

Often workers were hesitant to reflect upon motives and explanations for the compromised image of public sector workers. However, when they did attempt to elucidate on the recent transformation the blame was laid on government funding cuts and how public workers are often portrayed in the media:

> I think the terminology used by government, the ease at which you can freeze pay in the public sector knowing that it's going to be, the private sector will say "Oh we support that, I don't want to pay more rates." … You don't read the national paper with any degree of sympathy, it won't help, at an area that's laid off a large number of Council workers but it will be national headlines if a private sector company goes to the wall and lays off 2000 people. Comet, Blockbuster, these national chains, it's all 2000, 3000, 4000 employees going and that's sad news. One Local Authority lays off 4000 employees, it's a snippet and a sideline and no one gives a damn. (Collin, refuse collector, team leader)

In their latest paper Ashforth and Kreiner (2014) argue that what mostly guard workers involved in physically tainted jobs is the *necessity shield* they are able to enjoy as a result of their occupations being perceived as necessary for society. However, this study demonstrates that the notion of utility has shifted from being useful to communities to providing the best value for tax payers' money. As a sense of entitlement grows (in particular, in wealthier areas) the necessity shield fails to protect workers:

> I think we work very hard, and I think we work hard under a lot of restrictions, I think we work hard under a lot of, what's the word I'm looking for, under a lot of criticism, you know, because you're in the public eye all the time, all the time, you know. Road sweeper starts at half six, seven o'clock, it's pouring down with rain, he wants a cup of tea, so he'll take his flask out, he'll sit at the nearest bus stop, he's actually soaking wet, having a cup of tea, but someone rings up and says, "He's been there for ten minutes, what's he doing? I pay my Council Tax but he's been sitting at the bus stop for ten minutes."

In the study participants' simultaneously acknowledged the role of their jobs in maintaining order and how this civic contribution didn't protect them from stigma any longer:

> I like it because it keeps you active and … doing some good for the community, even though on the flip side, it is a bit demoralising. When you're doing it, you can get the members of the public walking past and it's almost they look down their nose at you, like we're the ones that's put the litter there.

If traditionally physically stigmatised occupations awarded workers with respectability due to usefulness and utility of their jobs, recently the evaluation of those workers was more closely linked to public perception of economic benefits:

Yeah I think a lot of people sort of look down on ya because the Council is always seen as one of the lowest jobs, lowest of the low, but if it wasn't for the Council we'd all be knee deep in crap and there'd be a lot more rodents, there'd be a lot more problems. … It's an inbred thing whereby public services and their workers are seen as a financial burden.

We've been parked up in the town centre, sitting having our lunch, outside Morrisons, gone there, had our lunch, out the way and we've had a guy come up to us, we're all sitting there eating our lunch. "Look at the council workers, one of you hold a lightbulb, the other four of you to turn the van" or whatever comment he come out with. Yeah, just a member of the public come and just start abusing us for sitting there.

To conclude, this section attests to the workers' sense of finding themselves "stuck" in traditional understandings of what can arguably afford respectability. Participants' testimonies indicate their struggles with current changes in work practices and their realisation that less value is awarded to physically strenuous jobs, endurance, practical knowledge and occupational longevity. Their accounts also document radical shifts in the assessment of virtue of civic service. The expression of loss and regret associated with these changes also signals the production of new forms of vulnerabilities as a result of potential challenges to men's gender- and class-based positioning.

DISCUSSION AND CONCLUSION

The chapter set out to explore what discursive resources to counter stigma are available to those involved in physically tainted occupations and how these resources might shrink (or stretch) subject to transformed systems of values and meanings attached to the notion of work itself.

Similarly to other studies on physically tainted work, for participants in these two studies waged work remained central to their identities; men fought stigma by positively construing their commitment to hard work and continuous employment, their practical knowledge, physical capital and their contribution to the public good. Not surprisingly, participants' adherence to traditional norms of masculinity was manifest in their understanding of proper and real work which afforded primacy to physical strength, fortitude, self-sacrifice and bread-winning responsibilities (Hosoda & Stone, 2000). Men try to maintain a particular set of norms and assumptions by which stigma is traditionally controlled.

The adherence to these norms should not be read as a negative withdrawal from reality (McDowell, 2003); it enables workers, at least partially, to restore an individual sense of worth diminished by stigma. However, participants' idea of proper work was incongruent with the changing demands of the labour market with its appreciation for clean, cognitive and less physical work. In both studies there was a clear recognition of the diminishing power of certain notions of labour. The sense of regret accompanied the erosion of discursive resources accessible to combat stigma associated with physical taint.

In a more recent work Ashforth and Kreiner (2014) suggest that the intensity of taint and the dirtiness of the occupations depend on to what extent they are seen as necessary for society. They argue that often those involved in physically tainted jobs possess a necessity shield, a sort of protection against stigmatisation threats based on the assertion that their jobs are useful for the society (Ashforth & Kreiner, 2014). However, the study of road sweepers and refuse collectors indicated that this necessity shield might not be as widely available to workers as documented in the existing literature. Men in the study insisted on the additional stigma that they felt was attached to the workers in the public sector. The less virtuous perception of public service workers further diminished the discursive resources to battle stigma. Overall, our studies propose that traditional sources and resources for stigma management persist among those involved in physically tainted labour; however, these sources and resources are less stable and have the tendency to shrink as a result of changing understandings of the value of work and public service in contemporary society.

Based on these findings, managers need to consider ways of developing and facilitating workers' abilities to discover and evaluate meanings beyond those merely framed by a set of norms or norm-governed concerns. They might also seek paths to alter the public perception of those involved in physically tainted jobs, for example, by challenging the media representation of public service workers. Managers might also want to confront the public in order to provide more coherent and enhanced insights into these occupations and to demonstrate their role and impact on communities. For workers themselves, the turn to moral imagination (appreciating the moral and social content of a job) might open new possibilities in gaining different views on their jobs (Roca, 2010). In particular, moral imagination, as Roca notes, is important to help workers disclose unconventional perceptions of their stigmatised jobs and discover their own perspectives, coherent with their personal values. If the exercise of

moral imagination into the workplace helps dirty workers face external stigma, it becomes crucial to understand how organisations that include dirty work groups can facilitate the use of moral imagination at work and what might hinder the creation of space where moral imagination might flourish (Roca, 2010).

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Once More, with Feeling! Working with Emotional Taint

Kendra Rivera

Irene's Story: "I Would Never Work in a Place Like This!"

Irene's[1] *chair squealed its complaint as she leaned forward to squint at the computer screen. As the only full-time staff member at Evergreen Community Hospice, Irene felt obligated to get as much work done as possible every day, even when her back ached in her uncomfortable, old, green-stuffed office chair, and her eyes strained to see the lists of volunteers she was working on. She wished she still had her younger body's eyes and back so this job could be a little easier on her physically. Her thoughts were interrupted when the door clanged open, letting in a swoosh of air, rain, and a mid-aged woman with hair pulled tightly into a pony tail that was soaked from the deluge outside.*

"Sure is a blustery day out there!" Irene greeted her guest. In response, the woman shook her head and grunted, "I have no idea why I moved here."

Determined to keep her "happy face" tone, Irene tried again. "Welcome to hospice. How can I help you?"

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"I need to figure out what to do with my aunt," the woman replied, plopping down on the waiting seat in defeat. "I don't know what to do, and I can't handle it anymore. The hospital suggested I stop by and see about hospice."

"Okay, I hope we can help." Irene began her well-worn speech. "Do you know what hospice is?"

"Yeah. You help people die, right?" the woman responded, sitting up and looking Irene in the eye. "What a horrible job you have. What a fucking godawful place to work. So much misery, stress and grief." She leaned back and looked out the window at the falling rain. "I would never want to work in a place like this."

Irene looked down at her desk. She blinked away the tears that threatened to pour down like the raindrops outside. She turned in her creaky chair and looked back at the computer before reaching for one of their pamphlets to hand to the rain-soaked and stressed-out woman in front of her. "Here's one of our pamphlets," she said handing it across the desk. "The truth is, that working at hospice can be very challenging. It is a very hard time in people's lives, and death can be messy and most people don't realize that until it's too late."

Irene took a deep breath to clear her head. "But I try to focus on how we help people like you, and that makes it all worthwhile," she pushed the smile back onto her face. "Now, do you have any specific questions?"

INTRODUCING EMOTIONAL STIGMA

Working at a place like hospice can involve a variety of emotions. Employees are working with patients who are about to die, so the patients themselves, as well as their loved ones and care-givers, are filled with emotions such as fear, anxiety, anger, sadness, and stress. Hospice workers are tasked with the challenge of managing others' emotions, performing specific emotions in their everyday work, and coping with their own emotions that might result from that work. This complex web of emotions is why most people would likely say, "*How could you do that?*" (Ashforth & Kreiner, 1999). They would not want to deal with the emotional work involved, and thus hospice workers' emotion at work becomes stigmatized.

Working with emotion—performing emotion as part of your job, interacting with emotional people, managing emotions of others, or dealing with issues that arouse emotion—is a challenge for many workers every day. However, we rarely actually *talk about* emotion in the every-day interactions at our jobs. Similarly, scholarly research has often marginalized, silenced, or simply overlooked the important role emotion plays in our organizational lives (Fineman, 2008). When it *is* discussed, emotion in

the workplace is often characterized as disruptive, in need of regulation, or out of place (Fineman, 2004; Grandey, 2003; Miller, Considine, & Garner, 2007). Emotion is therefore stigmatized, even within organizational research (Rivera, 2015). In this chapter, I discuss the challenges of negotiating emotion at work when that emotion is stigmatized. Utilizing short stories[2] that illustrate how emotionally stigmatized workers respond to emotional stigma, this chapter probes the concept of emotional stigma and how it relates to theoretical frameworks of dirty work and emotional labor. *Emotional taint* helps us understand the complex ways in which power is intricately involved in how emotional stigma is constructed, performed, and resisted.

Defining Emotion at Work

To begin, we'll review some of the language used to discuss emotion at work, and how these terms *lean* toward the stigma of emotion without explicitly addressing it. First, the term *emotion work* is used to describe "the psychological process necessary to regulate organizationally desired outcomes" particularly with regard to regulating the worker's own emotions and emotional displays (Zapf, 2002, p. 239). Research in emotion work has often focused on "difficult" customer interactions, such as when a worker must maintain emotional deference in the face of being insulted or belittled (McCance, Nye, Wang, Jones, & Chiu, 2013). However, many jobs necessitate the performance of emotion—with or without actually feeling it—in order to fulfill the job requirements effectively. As such, the term *emotion work* has also been used synonymously with the more popular concept of *emotional labor* (Hochschild, 1979, 1983).

Emotional labor, a term coined by Hochschild, refers to "the ability to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (1983, p. 7). In her original research on flight attendants, Hochschild explored the ways in which flight attendants utilized emotion and performances of emotion in their work providing both customer service and managing unruly customers in a high-stress and confined space. A field of research on emotional labor has blossomed, exploring emotional labor across a variety of occupations (e.g., nail salon, bill collectors, exotic dancers, law enforcement), across a variety of emotional performances (e.g., happiness, anger, stoicism), and emotional labor with a variety of functions (e.g., to sell products, to earn a tip, or to control/manage others' emotions or behaviors).

What unites this work is its focus on Hochschild's notion of display rules that are considered normal or appropriate for a specific work context (Hochschild, 1983; McMurray & Ward, 2014). Drawing on Goffman, Hochschild (1979) notes that our feelings are socially constructed. As Goffman (1961) states, "we find that participants will hold in check certain psychological states and attitudes" based on the contexts in which they find themselves (1961, p. 23). As such, "contradictory feelings will be in abeyance" of the general social rules for emotion performances (1961, p. 23), therefore the performance of emotion, particularly as part of paid labor, is always at risk of stigmatization. Because certain emotional performances are expected by society in specific situations, when those expectations are violated the emotional performances may become stigmatized.

"Dirty" Emotion-Theorizing Emotional Labor with Dirty Work

Dirty work literature has explored emotion at work, but has only just begun to connect the notion of taint to emotion. Past research on dirty work has utilized the terms stigma and taint interchangeably (McMurray & Ward, 2014) to describe the ways in which society as well as individuals may look down upon or discriminate against certain types of work. While this work is necessary to keep social constructs and organizations running (Hughes, 1958, 1962), the larger population would generally say "I could never do that job" (Rivera, 2015, p. 219).

Hughes (1958) coined the term *dirty work* to refer to jobs that needed to be done, yet society relegated that work to specific sets of workers, who could then be stigmatized or tainted as dirty. Some past research has discussed emotional aspects of stigmatized or dirty jobs (e.g., Haber, Roby, & High-George, 2011; Tracy, 2004), or how stigma may cause emotion in dirty workers (e.g., Miller & Sinclair, 2012; Tracy & Scott, 2006). For example, in her research about correctional officers, Tracy (2005) suggests that emotional labor is more difficult when it fails to support workers' preferred identities. Tracy's work (2004, 2005; Tracy, Myers, & Scott, 2006; Tracy & Scott, 2006) is instrumental for contextualizing both emotional labor and dirty work within social discourses of stigma and identity. Mavin and Grandy's (2013) discussion of emotional management by exotic dancers also contextualizes emotion work within social stigma, noting that emotion may be used as a tool to help manage stigma. Similarly, Scarduzio (2011) suggests that power plays a role in mitigating the stigma associated with

certain emotions displayed by judges in the courtroom. These studies lay the groundwork for continued theorizing about how emotion at work is socially constructed, discursive, and often is stigmatized.

For example, McMurray and Ward (2014) challenge past dirty work literatures' assumption that there are only three sources of dirty work taint—physical, social, and moral taint. Noting the shift from physical labor to psychological labor, they define *emotional dirt* as "expressed feelings that threaten the solidarity, self-conception or preferred orders of a given individual or community" (McMurray & Ward, 2014, p. 12). Based on their research with the UK non-profit organization known as the Samaritans, McMurray and Ward call attention to the contagion of emotion that can result in stigmatization of the worker—society has a "suspicion that the worker is somehow blemished or spoiled … by their proximity to emotional dirt" (McMurray & Ward, 2014, p. 17). In addition, they draw on both Douglas (1966) and Ashforth and Kreiner's (1999) germinal research on dirty work to articulate that emotion can often be matter out of place, and therefore it is stigmatized by social constructions of what emotions are deemed appropriate. They conclude that "the handling of such dirt through the emotional labour … threatens to taint the labourer" so that emotional dirty work engenders negative social consequences in the form of stigma (Ashforth & Kreiner, 2014, p. 3).

My research pushes the notion of emotional dirt further by exploring a variety of ways in which emotion at work may be stigmatized and tainted. *Emotional taint* refers to "emotional displays at work that are perceived by the public as objectionable" (Rivera, 2010, p. 154). According to Rivera, emotional taint is

> characterized by performances of emotion (or lack of emotion), whether "real" or "fake," that are viewed as inappropriate (not fitting the situation), excessive (too much or too little emotion required for the situation), or vulnerable (causing the person to subject themselves to "difficult" feelings). (Rivera, 2015, p. 218)

Emotional performances may be organizationally mandated (good customer service equals happy emotions) or socially constructed as normal for the occupation (bill collectors equal ruthless or cruel). While McMurray and Ward (2014) focus on work that requires engagement with *others'* feelings and as such is closely related to social taint, Rivera's research (2010, 2015; Rivera & Tracy, 2014) expands the concept to include a variety of emotion at work, including emotional labor.

A key to understanding emotion as a stigmatized part of work is to explore how different performances, including managing others' emotion, can be looked down upon in a variety of ways. At times, this stigma may be in tension with a certain amount of respect, awe, or empathy. Indeed, the answer to questions about how or why one might stay in an emotional job may lie in the ways in which emotionally stigmatized workers respond to that taint with specific emotional performances or emotionally laden rationale, in order to engender empathy from others. In this piece, I explore these responses literally in the face of managing emotional stigma.

Jeanette's Ride: Birthing Life and Pain

Jeanette's long brown hair draped her face as she methodically scrubbed back and forth on the bottom of the tub. In the adjoining bedroom, the new mother and baby cuddled while Dad watched from across the room. Jeanette was tired, but a warmth radiated from the pit of her stomach. She smiled while she scrubbed. It was like this every time a healthy baby was born. She could feel the joy radiating from the new life she'd helped bring into the world.

"How do you do it?"

Jeanette was shaken from her peaceful thoughts by the question from the new father, now towering in the doorway of the bathroom.

"Oh, cleaning up is just the last part of the job," she laughed as she turned on the spigot to rinse the tub one last time.

"No, I mean," he lowered his voice, "How do you cope with delivering babies? That was eight hours of hell watching her in pain! I can't imagine doing that for a job."

"Actually," Jeanette laughed, "Eight hours of labor is really good! I've had labors that lasted for days. Of course, then we have a team of midwives who work together over that time, so we don't ever get too tired or feel alone." She pushed past him and headed down the birthing center hallway to put the cleaning supplies away. Jeanette could hear him following her, so she turned to find the new dad still there with a puzzled look on his face.

"No, but seriously. It must be really hard being a midwife. You don't just give them drugs to shut them up. You have to remain calm in the middle of all that pain. And how do you cope with it when something goes wrong?"

Jeanette sighed. She was used to these kinds of questions, but they still kind of annoyed her. Especially when this new dad should be in the room enjoying his new baby. "I don't think about it that way," she told him. She turned and dumped the dirty linens into the washing machine.

"Our job is a roller coaster ride," Jeanette explained. *"Pregnant moms are either super stressed out or euphoric with joy. Babies are born healthy or they're not. There's never a dull day!"* She poured the soap into the machine and pushed *"start."*

"But, there are way more ups than downs anyway. Just look at your new bundle of joy!" Jeanette pointed into the bedroom. *"Nothing is as exciting as helping a new life be born. Nothing."*

Working Through the Tensions

As is common for dirty workers, many employees may highlight or emphasize positive aspects of the job, rather than focusing on the stigmatized parts of the work (Ashforth, Kreiner, Clark, & Fugate, 2007; Tracy & Scott, 2006). For emotional stigma, the focus may be on emotions that are considered positive or more socially appropriate for a given situation, rather than on emotions that are looked down upon, misunderstood, or just harder to cope with or perform (Rivera, 2015; Tracy, 2004). As we see with Jeanette, she also tries to re-focus the emotion of the person who is perpetuating the emotional stigma—asking him to focus on the positive as well. According to Hunter's research on midwives in the UK, "the key source of emotion work … was conflicting ideologies of midwife practice itself" as either medicalized or as serving individual women's needs (2004, p. 17). To the extent that midwives were able to focus their work as helping women, they found their work emotionally rewarding, despite potential stigma (Hunter, 2004).

However, context and social support may also play a key role for midwives, and other emotionally stigmatized occupations that are required to manage others' emotions while simultaneously performing appropriate emotions within given circumstances they encounter as a result of their work. Workers may negotiate the tension and ambiguity inherent in their emotional performances by focusing on the rules and regulations of the work, or by resisting those regulations (Hunter, 2005). Indeed, when emotional workers are given greater freedom in their work contexts to *choose* the emotional performances they deem appropriate, they are likely to have less discord in negotiating stigmas (Rivera, 2015). Similarly, focusing on a calling for their occupation, or on the cohort of others doing similar work, may allow emotionally stigmatized workers to reframe their work as both necessary and as positive and affirming to their identities. However, even a focus on the need or nobility of work may not be enough in the face of how society treats some emotionally stigmatized and all-around dirty workers.

Hosea and Lying to the PTA

Hosea sipped his coffee and stared out the window. From the back room, he could hear his wife Sylvia struggling to get their younger daughter into appropriate clothes for the day.

"Hey Daniella," he called down the hall. "You ready for the school fair? You all dressed?" He only needed to wait a moment before his six-year-old pranced into the hall wearing a bright green tutu, a pink t-shirt with the latest Disney character, and rainbow hightops. "You look awesome!" he told her beaming.

A few minutes later, the family was in the car headed toward the elementary school, where Daniella was a first grader. The two girls sang in the back seat while Sylvia touched up her make-up and Hosea drove.

"What are you going to tell them?" Sylvia asked.

"Who?" Hosea pretended he didn't know what she was talking about.

"Don't be dumb." She responded, putting on another layer of mascara in the rear-view mirror. "What are you going to tell the other parents? What happens when we join the PTA?"

Hosea sighed. "I don't plan to talk to any other parents."

"Oh, that's a great plan." His wife glared at him as he turned the corner. "I'd like Daniella to be able to be a normal kid. This is serious. We need to have a plan!"

Pulling into the parking lot, Hosea shook his head. When he became a Border Patrol agent seven years earlier, he didn't know the full extent of what that decision would mean. He knew it meant long hard work hours, and he knew it meant staying in the south-west. He also knew that it paid well, and it would provide for his then-pregnant fiancé with good pay and solid benefits.

What he didn't realize was how being an agent would impact his family. How when the neighbors found out he worked at the Border Patrol, they egged his car. That when people at church discovered his job patrolling the border, he was no longer considered "Brother Hosea," but instead was "Race-Traitor Hosea." He could never have expected that if other parents found out what he did, that they would tell their kids not to be friends with his precious little Daniella any more.

"We just moved here!" Sylvia's voice was rising, along with her eyebrows. "I don't want to go through all that crap again!"

"I know, I know." He said, turning off the engine and laying his hand on her thigh to calm her. "Okay, so what's a good idea? How about a stay-at-home dad?" They both laughed.

"Yeah right!" Sylvia smiled at him. "How about a truck driver? Then when you're away a lot, it makes sense to people."

Hosea thought about it for a moment. He didn't want to be a truck driver. When he thought about truck drivers, he pictured some white, balding, sweaty perverted guy. "No," he shook his head at his wife. "Let's just say I'm a cop. That takes care of the long hours, but I still get to be cool."

"Okay." His wife agreed, opening the car door. She turned to the back seat. "Daniella, tell your friends that your dad is a cop, okay?"

COMPARTMENTALIZATION AND DEFENSE AGAINST THE "DARK" EMOTIONS

Many emotionally stigmatized workers, like Hosea, may find it easier to try and avoid the stigma altogether by creating clear delineations between their work self and their home/life selves—even if such compartmentalization requires them to hide or lie about their employment. This type of compartmentalization occurs with a variety of stigma (Rivera, 2015) and can be analogous to how emotional labor workers utilize *surface acting* (faking an emotional display to fulfill requirements of a job) versus *deep acting* (engaging in real emotions as part of the job) (Grandey, 2003; Hochschild, 1983; Tracy, 2005). However, compartmentalization can be damaging to one's identity because it causes emotional dissonance, or a tension between true and false emotional displays (Tracy, 2005). In addition, compartmentalization emphasizes false dichotomies between emotion/rationality; real/fake; and work/life, thus creating tensions that cannot be resolved (Tracy & Trethewey, 2005).

Another way to view these coping strategies is to view them as resistance. Early research in emotion and stigma or taint reveals that defensive strategies are often employed by emotional workers, particularly when dealing with dark or negatively stigmatized emotions such as anger, frustration, or even stoicism—all common for a worker like Hosea (Korczynski, 2003; Lindebaum & Fielden, 2011). For example, Scarduzio (2011) notes that judges participated in emotional deviance or the purposeful expression of emotions that do not align with organizational expectations. Similarly, Rivera (2015) argues that Border Patrol agents engage specific emotions to fit specific audiences, depending on the stigma they wish to resist in a given situation. However, both judges and agents are in positions of power—demonstrating that deviant and resistive strategies are more easily

engaged by workers who also have power. As Scarduzio notes, "the ability to deviate from feeling rules is a privilege, an advantage and an opportunity" (2011, p. 295) thus illustrating the complexity of negotiating stigma (Grandy & Mavin, 2012; Rivera, 2015).

Emotional stigma also interacts with other types of stigma (physical, social, and moral taint). As Kreiner, Ashforth, and Sluss (2006) note, the depth and breadth of stigma, together with the status or power of the employee and occupation, influence the tools with which workers can respond or manage the taint. While some workers may be empowered to lie, speak out, or otherwise defend themselves against stigma, others may remain silent.

Tracy's Silence and Sense-Making

Tracy flipped her head back and forth to fluff what she considered to be her miserably limp hair. Since she had driven to the party directly after work, she didn't have time to curl it again. Watching her reflection in the rear view mirror, she saw a car pull around the corner.

"Shit!" she said as she grabbed her purse. Tracy recognized her best friend's boyfriend stepping out of the drivers' side of the new fire engine red Audi he got a couple months ago. She sighed one last time, wishing she looked and felt ready for the party.

"Hi Marcus," she said shutting the door of her 1997 Chevy Corsica.

"Tracy!" He shouted at her as though she were 500 feet away instead of only five. Pulling her into a hug, he laughed and asked, "When are you going to get rid of this piece of shit car?" Tracy smiled thinly, shrugging off his hug and his comment.

"Well," she shook her head. "Not all of us can afford a brand new car!"

"Oh yeah," Marcus nodded, still clearly intent on teasing her. "You're still working for pennies with women who get beat up by their husbands, right?"

"Yes, I'm still working as a domestic violence advocate," Tracy replied, letting the smile fade from her face. She was tired of this game. It felt like every time she saw Marcus, he felt the need to belittle her work. She thought back to the first time they had met, and wished she hadn't ever told him she worked with targets of intimate partner violence.

"Still saving the world from asshole men, right? Isn't that what you think you do?" He knocked on the front door. The smell of burgers on the grill and beers on guests' breath wafted from the house as the door opened. "Happy Memorial Day!" Jessica said, welcoming them in. Tracy was happy to escape Marcus.

She headed for a corner of the room where cold beer rested in an icy bath. As she opened her bottle, a woman she didn't know approached.

"You must be Jessica's little sister," Tracy said extending her hand.

"Yes, I'm Krista. Can you tell by our almost identical hair?" said the younger-looking Jessica. They both laughed, and it wasn't long until they sat outside at a table chatting about travel, their love-life, and work. "So where do you work?" Krista asked.

Tracy took a deep breath. "I work at a domestic violence shelter."

Krista nearly spit out her beer. "Holy shit," she said with a mixture of surprise and sadness. Silence filled the space between the two women as Krista looked intently at Tracy's face.

"Yep," Tracy finally replied. She looked across the yard, and called the dog to her side, hoping to distract Krista and maybe change the subject. She usually just told people she worked at a shelter, and that was it. No need to go into detail. But Krista persisted.

"That must be really hard," Krista whispered and took another drink of her beer.

"Yes, it can be." Tracy responded, looking at the condensation on her bottle. "But my job is really to help the victims re-build their lives. I help them find jobs, practice social skills, and re-gain self-confidence. And that is really quite rewarding. In fact, I don't think anyone could have a more rewarding job!" Tracy emphasized the last point as she rose from her seat to try and punctuate an end to the conversation.

"But isn't it so sad?" Krista pressed.

"Yeah, it can be." Tracy took a step away, and Krista rose from her chair too. "But it helps me learn a lot about myself too. And people in general. And since we focus on helping the women, it really is inspiring."

"Let's go get some food," Krista said, picking up on the cue and Tracy's discomfort. Tracy felt relieved. No one wants to talk about this subject anyway, she thought as she loaded a tomato onto her veggie burger.

Re-focusing and Making Sense of Emotion Work

Since we rarely talk about emotion explicitly, emotion at work or emotion performed for a wage may seem strange, unpredictable, or uncomfortable. This discomfort is present for the emotion workers themselves, as demonstrated with Tracy's story. In both the emotional labor and dirty work, employees tend to try and preserve a preferred identity—one that meets the morals and standards of both the workers themselves and the public

(Ashforth & Kreiner, 1999; Grandy & Mavin, 2013; Kreiner et al., 2006; Tracy, 2004). For many stigmatized workers, particularly those whose dirtiness is psychological in nature, research has begun to show that workers may choose to be silent about their experience (Baran et al., 2012). Minimizing communication about the aspects of work that are emotionally stigmatized may provide short-term relief from the stigma, but is not likely to be a long-term solution to managing that stigma with the public.

Another way that stigmatized workers create and sustain a preferred identity is by re-focusing the discussion or emphasis onto the aspects of the work that they find more noble or less stigmatized (Mavin & Grandy, 2013). For many of the emotionally stigmatized employees with whom I researched, they focused on helping others—as in Tracy's story of helping women escape a cycle of abuse. What's interesting here is that an emphasis on the others in the work—the clients, the patients, the undocumented immigrant—rather than focusing on themselves as the emotional worker—may function as a way to distance themselves from what they consider to be the *most* stigmatized aspects of the job, even though they may experience social taint from those others. In addition, focusing on the other allows many workers to justify their jobs as contributing to the greater good.

Emotion is not only key for communicating our preferred selves but it is also an important part of understanding events, and can serve as a type of knowledge. Rather than viewing emotion as the opposite of reason or even separate from cognitive thinking, emotion may be explored as a different type of wisdom on a continuum of knowledge. For example, research has begun to explore the role of emotion in sense-making, or the "process through which individuals and groups attempt to explain novel, unexpected or confusing events" (Maitlis, Vogus, & Lawrence, 2013, p. 223). Emotion in the sense-making process is particularly relevant for organizational events such as change (Bartunek, Rousseau, Rudolph, & DePalma, 2006; Rafaeli & Vilnai-Yavetz, 2004) or leadership and decision-making (Maitlis et al., 2013; Walsh & Bartunek, 2011). In particular, emotion in the workplace assists workers in selecting, maintaining, and communicating their preferred identities at work (Tracy et al., 2006).

For example, in their research on courtrooms, Scarduzio and Tracy (2015) suggest that emotion cycles organize sensegiving and sensebreaking cues that allow defendants and observers to function within the courtroom. As such, the emotional labor of judges, lawyers, and bailiffs not only provides order for their own sense-making but also the sense-making

of others. In similar research with Border Patrol agents (Rivera, 2015), I propose that emotion is a kind of tacit knowledge—knowledge that is difficult to communicate via written or verbal means, but which is vital for our daily living (Polanyi, 1966). Because "embodied and emotional performances fundamentally construct and refract meaning," (Rivera & Tracy, 2014, p. 215), negotiating emotional stigma may trigger sense-making that helps create the tacit knowledge we gain through our experiences (Tracy et al., 2006). Tacit knowledge via our emotional work may be revealed uniquely in the attempt to communicate the tacit knowledge of emotion, which is why metaphors are so frequently utilized in sense-making about dirty work (Cassell & Bishop, 2014).

Just as emotion is an important trigger for understanding a situation (Maitlis et al., 2013), it is also understood as something that "*you know when you see it.*" Stigmatized emotion is often judged as emotion that is inappropriate for a given situation or task. One of the greatest challenges faced by emotional workers lies within the well-researched tensions between private/public and real/fake emotions. These tensions leave the emotion worker to make sense of their identities within powerful false dichotomies.

PASTOR DYLAN AND THE "DISNEY EFFECT" OF LEADING CHURCH WORSHIP

"Hey, Pastor Dylan," Jamal smiled and extended his hand for a firm but friendly handshake.

"Hi, Jamal. How's the family doin'?" Pastor Dylan responded, stepping away from the guitar chord he'd been rolling, and sitting down at the front of the stage.

"Good, good. Wife's pickin' the kids up from Sunday School now," Jamal replied. "Great job with the worship service today," he added, laughing as he shook his head.

"Thank you." Pastor Dylan bent down to tie his shoelace, so he wasn't watching as Chelsea walked up to join Jamal. "Did you like that new song we tried? I wasn't sure how it would go, but people seemed to pick up on it quickly," he noted, jumping off the stage after finishing with his shoes.

Jamal kept laughing, and put his arm around Chelsea. "Good morning, Sister," he greeted her. "We're just talking about the worship. How did you like the new song?" Jamal repeated Pastor Dylan's question.

"It brought me to tears! The words are so powerful!" She exclaimed reaching out to give the music pastor a hug. "Thank you!" she told him as she turned to walk away.

"What's so funny?" asked Pastor Dylan, noticing that Jamal was still smirking with laughter.

"I think it's great," he told the pastor, "how the entire worship team can cry on cue!"

"What are you talking about?" Pastor Dylan was confused. Since he stood in front playing guitar, he rarely saw what the other members of the on-stage team was doing as they led the singing for the congregation.

"Don't you ever feel weird showing all that emotion?" Jamal went on, still smiling. Pastor Dylan knew he probably didn't mean anything critical, but Jamal's tone of voice made him feel uncomfortable. "I mean, you smile and jump up and down one minute, then the next there's tears streaming down your face. I cry once in a while at home, but I couldn't do it in public, man." Jamal shook his head.

"I never really thought about it that way," Pastor Dylan replied honestly. "I just try to let the Spirit of the Lord move through me, and I hope I'm ministering to the people."

Jamal sensed perhaps he had over-stepped his friendship with the young music leader. "No, no, I mean, it's all good!" he told Pastor Dylan, clapping him on the back. "Some people might say you're ready for a lead role at Disneyland, but I say we keep you right here!" He laughed, hoping his humor could show that he was just teasing.

Pastor Dylan forced a smile and a weak laugh. "Yeah, well, I guess it is my job you know." He jumped back on stage and started rolling the chords again to clean up the stage for the next service. "I'll see you next week, Jamal," He called over his shoulder.

Connections, Culture, and Context

Stigmas are complex, and the social constructions upon which they rely are subjective. When it comes to asking, "*How can you do that work?*" and responses to that question, there is still much to be explored. As noted in past research on dirty work, types of stigma overlap, creating a mosaic of identities that workers negotiate on a daily basis. For example, calling Dylan a Disneyland performer is not just criticizing his worship leading as potentially inauthentic emotion, but is also a reference to gendered expectations of masculinity, and the judgment of public emotional displays

by men as unmanly. Similarly, spirituality is often considered part of the private sphere, and thus for a man to literally perform emotionality, let alone lead others in it in the service of spiritual worship, is stigmatized in multiple ways.

Understanding the ways in which social constructions of identity work together to form options for workers is an important, if under-researched, aspect of gaining knowledge about stigma. Issues of gender, race, socioeconomic status, sexual orientation, ability, nationality, religion, and countless more demographic and cultural identities impact the pervasiveness and depth and breadth of stigmas experienced. For example, as discussed earlier, the option to defy societal norms with regard to performances of emotion is a privilege—which is why judges, not defendants—can do so in the courtroom (Scarduzio & Tracy, 2015). Similarly, as we see throughout the stories in this chapter, certain occupations afford more esteem, but so do certain bodies. This is why Irene, the hospice worker in the first story, is one employee in a decrepit chair, and is treated roughly in her older aching body. Or why Hosea, the Latino Border Patrol agent, needed to hide his identity for fear of being treated as a race traitor in his community.

Researchers have called for the integration of diversity within emotion studies (e.g. Ashforth & Kreiner, 2014; Ashkanasy, Hartel, & Daus, 2002; Rivera, 2015), yet few studies have moved beyond gender to explore how specific cultural expectations impact emotion at work (and indeed, stigma and taint more broadly). Gender has been most frequently explored (e.g., Dick, 2005; Mavin & Grandy, 2013; Tracy et al., 2006), but as Fineman notes, "emotion is powerfully governed by gender, cultural, and subcultural norms" (Fineman, 2015, p. xv), and as such, researchers must work harder to explore the role of identity, culture, and context in our studies.

In their recent piece, Ashforth and Kreiner (2014) begin to articulate the ways in which history, culture, and demographics influence what society considers stigmatized. They note that given societal changes in notions of stigma, dirty workers are necessarily wrapped in complex social constructions of *multiple* identities, regardless of specific tasks performed for one's work. Rivera (2010, 2015) suggests that the prejudices and stereotypes associated with certain identities influence the stigma workers face, as well as the options workers have for negotiating that stigma. As we see with Hosea, being called a race traitor is unique to Border Patrol agents of Latino decent, and as such, the stigma associated with that work is different from what it would be for agents of a different race. What is clear is that while we have begun to explore how

power is involved in stigma, there is much work to be done to better explore the role of demographics, culture, and context in emotional stigma, and stigma research more broadly.

Once More, with Feeling: Conclusions

As discussed throughout this chapter, emotional stigma is dealt with and managed in similar ways to physical, social, and moral taint, and can cause similar challenges. However, emotional stigma is different in that it is one of the only stigmas wherein workers may resist stigma—both publically and in private identity management—through the deliberate engagement of the stigmatized behaviors. In other words, employees may actively *choose* to both *perform* and *feel* emotion as a way of embracing their identities. Although past research has demonstrated that workers may embrace the tainted aspects of their work to enhance other aspects of their identity (such as butchers who embrace the physical dirt of their work or law enforcement officers who deliberately perform stoicism, both in order to enhance the masculinity of the work), workers rarely are able to articulate and make sense of these framings (Ashforth & Kreiner, 2002; Simpson, Hughes, Slutskaya, & Balta, 2014; Tracy, 2004). However, with emotional taint, workers have more actively engaged the emotional stigma and consciously select the tainted feelings despite the potential associated stigma.

Positive research—research approaching organizations as sites of positive experiences, such as positive psychology, positive communication, or positive management studies—has begun to discuss the ways in which employees purposefully find meaning, purpose, care, and joy in their work (Cameron, Dutton, Quinn, & Bernstein, 2003). For example, mindfulness may reduce emotional exhaustion and improve job satisfaction (Hulsheger, Hugo, Albers, & Lang, 2013). Mindfulness refers to "a state of consciousness in which individuals attend to ongoing events and experiences in a receptive and non-judgmental way" (Hulsheger et al., 2013, p. 310). Mindfulness creates a space in which employees may acknowledge stigma assigned by others, but then be receptive to new definitions of how their work defies such stigma. Mindfulness in stigmatized healthcare occupations also increases providers' awareness and attention to the stigma of their clients, and as such may improve healthcare encounters for a variety of occupations, such as AIDS, domestic violence, or unplanned pregnancy (Rickles, Furtek, Malladi, Ng, & Zhou, 2016;

Smith et al., 2016). Indeed, mindfulness may be a positive strategy for emotionally stigmatized workers precisely because emotion is often taken for granted, and mindfulness allows workers to individually make decisions regarding their emotional work.

Similarly, past research suggests that engagement in emotion itself— even when that emotion is stigmatized—may be an empowering tool for emotionally tainted workers. Engagement refers to a willingness to invest effort and resources (time, energy, emotion, etc.) into one's involvement at work and has been linked to positive outcomes such as increased energy and decreased burnout (Tracy, 2009). Rivera notes that engagement in emotion empowers workers to make sense of emotion and stigma, manage identity, and make positive decisions about work by providing workers with "additional choices for managing taint" and giving them "a feeling of 'control' over their work" (2015, p. 220). Engagement would involve deliberately performing specific emotions, deciding to feel the emotions performed, embracing and talking about the felt emotions as a result of the job, and making decisions about how to counter stigma expressed by the broader public. For example, Mavin and Grandy (2013) note that exotic dancers selectively engage in either feminine or masculine "scripts" that include emotional performances, and that this type of engagement empowers the dancers as experts in their field, and in control of their work and their bodies. Because organizations so rarely talk about emotion, explicit mindfulness and engagement training would be needed to re-socialize workers to these practices.

Just as mindfulness and engagement may mediate the negative impacts on workers, it may also help with clients. The darkness or negative sides of emotional labor and emotional stigma (Grandey, Rupp, & Brice, 2015) may in fact come from silencing emotion (e.g., surface acting or not talking about emotion), while mindful engagement may have positive impact on the welfare of the worker (Humphrey, Ashforth, & Diefendorff, 2015). Workers become more aware of social structures that create stigma and then may consider their own roles in countering those prejudices that lead to stigma (Metzl & Hansen, 2014). As we consider the work of emotionally stigmatized employees, we begin to see that they answer the question "why would you do this job?" with emotion. They engage in their work "once more, with feeling" to embrace, re-frame, or re-focus the stigmatized emotions, hoping not only to sustain a preferred identity but also to engender understanding, care, and empathy in others.

Notes

1. All individual's names, as well as names of organizations, have been changed to protect the identity of participants.
2. The "short stories" in this chapter are taken from empirical research data—interviews and ethnographic field notes—and crafted into "composite" stories that capture the feeling, spirit, and meanings in data I've collected from hospice workers, domestic violence shelter workers, midwives, and the US Border Patrol.

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Stigma and the Journey of Extreme Social Mobility: Notes on the Management of Discreditable Identities in a High Status University Degree

Erica Southgate

INTRODUCTION

Over the past 50 years there has been a massification of higher education that has led to a substantial increase in students from non-traditional backgrounds attending university (Altbach, 2013). The term *non-traditional* is used to describe groups of students that have been historically underrepresented in higher education including those from low socio-economic and first-generation backgrounds; people from certain ethnic and cultural groups; the mature aged; those from rural and remote areas; and people with a disability (Schuetze & Slowey, 2002). Despite the success of policy and programmatic approaches to widening university participation,

Thus, whether we interact with strangers or intimates, we will find that the finger tips of society have reached bluntly into the contact, even here putting us in our place. (Goffman, 1963, p. 53)

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there continues to be specific areas in which non-traditional students remain vastly under-represented. These include under-representation in elite universities and in high status degrees such as law, engineering, architecture and the profession of highest occupational prestige, medicine (Association of Faculties of Medicine of Canada, 2012; Cleland, Dowell, McLachlan, Nicholson, & Petterson, 2012; Reay, Crozier, & Clayton, 2009). This lack of access to high status university degrees by non-traditional students is an intransigent global equity problem. Despite this, relatively little is known about the journeys of non-traditional students who do succeed in gaining access to high status degrees and their associated professions.

Inquiry into this enduring social and educational issue requires a close focus on the organisational conditions of higher education and its influence on professional socialisation and, most importantly, how these are negotiated by non-traditional students. Together, these aspects intertwine to create a picture of what it is like to experience extreme social mobility, where a small minority of students travel vast social distances from humble family of origin into exclusive university learning environments, and into the world of the most elite professions. This chapter focuses on the experiences of non-traditional medical students who are the first-in-family to attend university. Specifically, the chapter explores how students negotiate social distance within the organisational milieu of medical education to manage and resist certain forms of stigma as they form their professional identity. The chapter begins by providing an overview of Goffman's (1963) seminal work on stigma, with an emphasis on his lesser explored area of discreditable identities. The chapter then briefly defines the idea of extreme social mobility, and then goes on to provide a snapshot of the literature on the lack of social diversity in medicine. This is followed by a description of and findings from a qualitative study of first-in-family medical students, with a focus on how discreditable identities are negotiated *and* resisted within the organisational context of a medical school.

STIGMA

Goffman's work laid a seminal, conceptual and empirical foundation for understanding stigma as a phenomenon that is both "deeply discrediting" at a personal level *and* as an important social "language of relationships" (1963, p. 3). He posited that the:

natural history of a category of persons with a stigma must be clearly distinguished from the natural history of the stigma itself—the history of the origins, spread, and decline of the spread of the attribute to serve as stigma in a particular society. (1963, p. 32)

This differentiation between stigma as it is lived by individuals, and the history of how stigmas emerge, spread and decline, indicates a need to situate the experiences of stigmatised people within a socio-cultural and historical context. This resonates with C. Wright Mills' (1959/2000) imperative that the purpose of sociological inquiry is to always consider the private troubles of individuals in relation to the broader public issues of the day.

Goffman suggests that there is a "double perspective" to stigma. The first perspective involves individuals for whom their "differentness" is immediately evident to others (1963, p. 4). The second involves individuals whose difference is not immediately perceivable. The first perspective reveals the plight of the already *discredited*, while the second reflects the situation of the potentially *discreditable* (1963, p. 4). The *discredited* are "known" to be physically, morally and socially tainted, and are often dehumanised in social interaction, resulting in a significant reduction of their "life chances'" (1963, p. 5). In contrast, the *discreditable* can develop a "double biography" so that they can "pass as normal" (1963, p. 79). While distinguishing between the *discredited* and the *discreditable* is not always experientially or analytically simple, these categories provide a lens for examining the overt and covert ways stigmatisation operates in social and organisational contexts.

Much attention has been paid to the study of the *discredited*, those outsiders who are explicitly marked as deviant or tainted in a range of social, subcultural and occupational settings (see the empirical lineages of this work originating with: Becker, 1973; Cohen, 1967; Hughes, 1958). While less studied, there has been some interest in the experiences of the *discreditables* or those whose taint is hidden or removable (Bergman & Chalkley, 2007). A key difference between the *discredited* and the *discreditables* is in how they negotiate, and are perceived in, social encounters. For the *discredited*, encounters involve managing tensions generated during social contact. However, for the *discreditables*, the focus is on managing information, or as Goffman puts it: "To display or not to display; to tell or not to tell; to let on or not to let on; and in each case, to whom, how, when and where" (1963, p. 42).

Medical education provides a key organisational context in which to examine how the dynamics of stigma are played out in the personal, educational and professional encounters of students from non-traditional backgrounds. These students are required to travel a great social distance. Firstly, they must journey into the unfamiliar world of higher education *and* into an elite degree setting. Secondly, as part of the professional experience component of the degree, they must make forays into a variety of clinical settings, encountering all types of doctors and other health professionals. Finally, as graduates, they begin a long journey to be accepted into a clinical specialisation. Their differentness from the overall student body is not always evident to others, but it is invariably apparent to themselves. These journeys of extreme social mobility offer a unique perspective on the intricacies of managing discreditable identities, and importantly, on developing tactics to resist stigma within educational and professional settings.

Extreme Social Mobility

Social mobility, defined as the movement of individuals between familial occupational origins (both within and between generations), continues to be a significant driver of international economic, social and educational policy (Breen & Jonsson, 2005). While the economic benefits of social mobility to individuals, families and society have been quantified (Causa, Dantan, & Johansson, 2009), far less is known about the experiential journeys of social mobility, including its personal, educational and professional adaptations, struggles and costs. Friedman suggests that policy and research have focused on measuring rates of mobility and this has "acted to inadvertently reify the notion that mobility is an entirely progressive force" (2013, p. 2). He argues that the focus on measurement has led to little attention being paid to a small yet rich literature from British feminist and post-colonial scholars who highlight the "social and emotional disequilibrium" often associated with becoming socially mobile (2013, p. 1). Friedman (2013, 2015) posits that there is a need for inquiry that goes beyond celebratory discourses of social mobility to offer more nuanced accounts of the price of the ticket: that is, research that can critically interrogate the potential benefits *and* costs of social mobility. This includes understanding how students from non-traditional backgrounds navigate their journeys through specific organisational contexts from university classrooms to the places where students socialise and into clinical settings.

Key to conceptualising journeys of extreme social mobility is a Weberian focus on how prestigious occupational groups preserve their exclusiveness through maintenance of social, economic and symbolic distance (Klein, 2015) and how actors within organisational settings facilitate and/or challenge this. In order to contextualise journeys of extreme social mobility, a snapshot of the international literature on the lack of social diversity in medicine is required.

Medicine, Occupational Status and Social Diversity

Internationally, there is a stark under-representation of non-traditional students in medical education, a field long associated with the highest levels of occupational prestige and social status (British Medical Association, 2009; McMillan, Beavis, & Jones, 2009). Medical degree admissions data from the UK (Cleland et al., 2012), Canada (Association of Faculties of Medicine of Canada, 2012), the USA (Fenton et al., 2016) and Australia (Department of Education, 2014) indicate a disproportionately low intake of students from socially diverse backgrounds, with little improvement or negative growth over time. For example, despite significant investment in widening participation initiatives over the last decade, the proportion of students from low socio-economic status (SES) backgrounds in British medical schools has actually declined from 14% to 11% (Cleland et al., 2012). Similarly, in Australian medical schools, only 12% of students are from low SES backgrounds, with 43% from middle SES and 45% from high SES backgrounds (Department of Education, 2014). There is a robust case for improving social diversity in medicine. Medical schools are increasingly called upon to demonstrate social accountability by identifying and addressing inequitable application and selection processes (Boelen, Dharamsi, & Gibbs, 2012; Murray, Larkins, Russell, Ewen, & Prideaux, 2012). A number of educators argue that in order for doctors to provide the best possible care, they should mirror the diversity of the communities they work in (Duvivier & Stull, 2011; Garlick & Brown, 2008). Some suggest that a diversified medical student population is more disposed towards working in underserved areas once graduated (Jones, Humphreys, & Prideaux, 2009). Others propose that to guarantee broader social and economic benefit, medical schools must ensure that applicants are suited to a career in medicine, regardless of prior educational opportunities or socio-cultural background (British Medical Association, 2009).

To date, most research has focussed on identifying impediments in application and admission processes (Garlick & Brown, 2008; Sullivan & Mittman, 2010; Turner, Shulruf, Li, & Yuan, 2012) and on evaluating single widening participation interventions such as foundation pathways, pipeline and summer school programmes, and school outreach (Greenhalgh et al., 2006; Grumbach & Chen, 2006). Far less emphasis has been placed on investigating the lived experience of medical students from non-traditional backgrounds. Research from the UK has found that high school students from low SES backgrounds viewed a medical career as the domain of "posh" people, underestimated their chances of admission and of finishing the degree (Greenhalgh, Seyan, & Boynton, 2004), and that they lacked a sophisticated knowledge of the "admission game" (Robb, Dunkley, Boynton, & Greenhalgh, 2007, p. 748). An Australian study of academically able high school students from low SES and first-in-family backgrounds found that young people considered that they were "smart enough" to go to university and perhaps even to study medicine, but that they had no prospects of undertaking "taster" work experience in the health industry or of authentically connecting with high status career professionals such as doctors (Southgate, Kelly, & Symonds, 2015).

Research on the experiences of medical students from low SES and first-generation backgrounds is limited. In a qualitative study conducted in the UK, working-class mature-age medical students found that the course was not as difficult as they initially thought, that the student body was more diverse than they had expected, but that they needed to make a break from their original peer group in order to maintain a good academic record (Mathers & Parry, 2009). A Canadian study, that included eight working-class students, found that they felt they had problems fitting into the culture of medical school because they did not have the same tastes and hobbies as their wealthier peers and the medical practitioners teaching them. Furthermore, other medical students sometimes made dismissive or derogatory comments about poor people, marginalising these working-class students (Beagan, 2005). A study of Australian first-in-family students identified an absence of health professionals within their networks as a significant barrier in applying to medical school (Brosnan et al., 2016). This small but intriguing literature provides some insight into the tensions faced by non-traditional students studying elite degrees and indicates a need to closely examine the organisational contexts in which journeys of extreme social mobility take place.

The Study

The study aimed to explore the experiences of medical school for students from first-in-family backgrounds, including their reflections on pathways into medicine. The term first-in-family was used to recruit students as it provided an umbrella and less stigmatising term for non-traditional students. Twenty-two undergraduate students from one Australian medical school volunteered for a one hour, semi-structured interview. They filled in a brief demographic questionnaire designed to collect information about their SES and cultural backgrounds. Participants were given a $30 supermarket voucher as a token of appreciation. The study was approved by the university's Human Research Ethics Committee.

Participants reflected the characteristics of non-traditional students. All were first-in-family to attend university, with an overall low SES profile. The majority (15/22) lived in postcodes that fell within the bottom 50% of areas in the *Index of Relative Socioeconomic Disadvantage* (Australian Bureau of Statistics, 2013). Their highest parent occupational prestige scores averaged 53/100 on the *Australian Socioeconomic Index 2006* (McMillan et al., 2009), a score accorded by a scale ranging from 0 (lowest occupational prestige) to 100 (highest occupational prestige). Interestingly, on the *Australian Socioeconomic Index 2006* index, medical practitioners are the only occupational group to score 100. Fifteen participants were aged between the mid-20s and mid-30s, with 17 being female. Seven identified as Indigenous and 14 came from a rural or regional area.

Interviews were recorded, transcribed and analysed, with a coding framework developed both inductively and deductively (Creswell, 2013). Deductive coding drew on Bourdieu's (1977) capitals framework and Goffman's (1963) strategies of stigma management. Analysis from the latter coding scheme forms the basis of this chapter.

Findings

Getting There

The application process for Australian undergraduate medical degrees is complicated and multi-phased. Firstly, applicants must register to undertake the Undergraduate Medicine and Health Sciences Admission Test (UMAT), approximately six months before university offers are made. The cost of taking the UMAT is $150 for concession applicants and $250

for others. Applicants then undertake a second admissions process through the University Admission Centre (UAC), nominating their preferences for degree and institution. Many applicants apply through UAC on the basis of academic achievement calculated according to an Australian Tertiary Admission Rank (ATAR) or equivalent achievement score. Others undertake a specialised alternative pathway such as an Indigenous enabling or preparatory programme. The ATAR required for medical degrees is very high, between 90 and 99/100. In most cases, the UMAT score and ATAR (or equivalent) are used by medical schools to make decisions about which applicants are invited to an interview or multiple mini-interview process. Results from the interview are then considered in relation to UMAT and ATAR scores, resulting in an offer of admission or not. In some medical schools there are intakes related to special equity groups, for example Indigenous or rural students.

Unsurprisingly, many participants in the study describe the challenges of navigating such a complicated and multi-phased admissions process, particularly as they had few people to call on within their social network for help. One participant explained:

> (W)hen I started, it's like I didn't even know, I'm like you know (I) have to Google it and have to go through the six links to find it (UMAT). But I found out—I think the first person who told me was my maths teacher, … (s)he just said, isn't there something like that? (Female, 19 years)

While the procedural aspects acted as a barrier for some, almost all participants described their feelings of "not being good enough" to apply to medical school, thinking that such a prestigious profession was out of their reach:

> I didn't really give it much second thought. I thought it was something kind of distant. Like ah medicine you know that's sort of unattainable. (Female, 24 years)

> The idea of actually being a doctor—I mean it was a kind of a very big sanctimonious kind of thing in my head and I probably didn't have quite the self-confidence to think I could pull it off. I didn't think I was the right type of person. … It seemed a bit too big for little old me. (Female, 24 years)

> To be honest I did not think I'd get into med. I'd kind of given up. I always did well at school but my ATAR was 97 which is not like 99 that you need for uni study, and that was kind of all we knew about it. … Oh and I got my

UMAT results back and I did really badly—well not really badly but I got like 80 so I wasn't really up there, and I didn't think I'd impress anyone. (Female, 22 years)

This idea of not being "good enough" or the "right type of person" for medicine is sometimes explained by participants in terms of a personal lack of confidence. However, these feelings of personal and academic inadequacy are common threads in narratives from non-traditional students, indicating a more collective characteristic rather than individual attribute. These feelings of inadequacy, even if they have demonstrated significant academic competency, point to a shared understanding that they are not really "entitled" to aspire to high status professional fields and the organisations that facilitate professional education (medical schools). In some cases, participants explicitly named social class and cultural background as influencing their sense of a lack of entitlement to aspire to a medical career:

I guess I didn't see myself in that class of people, because in my mind they were a different class of people. … So how dare I kind of consider putting myself in that category. I don't see it that way now, especially after you know I've demystified it all. But back then it seemed like something I would never do. … (It) was like something I wouldn't dare to dream of really. (Female, 35 years)

Yeah well at first I thought I didn't realise I was good enough to get into something like medicine … and I guess yeah it's just such a good career no one in my family has ever done anything like that before. (Y)ou know like self-confidence, having the background I have too, being Aboriginal, you don't really feel like you entitled to something as good as this. (Female, 23 years)

Sometimes this lack of entitlement was reinforced at school, with career advisors and teachers either not having knowledge of what it took to enter medicine, or in some cases actively discouraging participants from pursuing a university education. An Aboriginal medical student told the following story:

I wanted to do it (medicine) as kid but I was told at high school that it was never going to be possible so I went to (post-school vocational education). … My high school principal told me I was going to be a typical Aboriginal drop out with lots of babies. … I would have been 15 or 14 at the time. (Female, 25 years)

Central to the idea of entitlement, particularly in the field of education, is access to specialist knowledge that can facilitate success. One student described being dismissed by a university staff member at a career expo she attended in her final year of high school. She had asked for information about scholarships for medical education:

> So like at the careers expo at the uni we were talking to … someone doing scholarships. … I'd sort of spoken to the people on the med thing … then we went to like the person on the scholarship thing, and we're like oh what scholarship are there? Because like you know there'd thousands of scholarships, and it was so like obviously you're in charge of it and you have a computer system set up—like what scholarships would there be for like me doing med? He was like, "Well, you'd want to get in first." I was like, "Well, can we assuming I get in"—like it was very much like oh well you're not going to get in so like don't bother. I was like well, like I sort of need to know if I can afford it. … He just really wouldn't help us. (Female, 19 years)

Feeling entitled, or not, is profoundly related to self-expectations derived from the socio-economic and cultural backgrounds *and* mundane and pivotal interactions with staff from schools and universities. These narratives reveal that what appear to be the actions of a few ignorant and unhelpful people are actually a reflection of (enduring) *social* relations of power and privilege. The sense of not being "impressive" enough, not being "up there," not expecting to have "such a good career" option, not daring to dream and not being worthy of the effort of others, all stem from long histories of socio-economic stratification and in the case of Indigenous people, a subjugating colonial legacy of racism.

Studying Medicine

All participants expressed their enthusiasm for studying medicine, with most remarking that they genuinely liked their medical student peers, even if they were from very different socio-economic and cultural backgrounds. Stories about overt stigmatisation at university were rare, although two episodes were related:

> It kind of focuses you to when you go into a group of people who you realise are—like they're just like "What do your parents do?" When you're like the only one whose dad's a bartender and not like been to uni or anything. … (L)ike it always surprises people. … I actually had one girl in

our year say to me—I don't know, we were talking about something, and then she looked at me and she said, "Yeah but you're poor," and I was like "Excuse me! That's not appropriate." (Female, 24 years)

This week has actually been funny. We had a few lectures on public health and social determinants of health … and we had this long lecture and they were giving us examples. First there was a girl and she was perfect, grew up in a perfect family and was rich and had wonderful opportunities and was loved and went to high school and now she's us. And I'm like "Okay." Then the other one was this little boy who was growing up and his mother was a heroin addict and blah, blah, blah, and he end up in jail. And he was like, "See, so you're all privileged and you don't know these kinds of people," and I'm like, "Hmm, I was that little boy, but okay." Then it sparked quite a lot of conversation in the tut(orial) and everyone was very much of the opinion that the lecturer had presented like, "We're never going to meet these people." I didn't say anything. I bit my tongue. (Female, 29 years)

These stories suggest that stigma can play out in overt *and* very subtle ways. The labelling of the student as "poor" is a direct strategy of devaluation, and although it is resisted, it is an overt "marking" of someone as a discredited member of the lower classes (Goffman, 1963, pp. 145–146). The second story, which highlights a powerful yet incorrect assumption about the composition of the student body (Beagan, 2005), illustrates how discreditable individuals manage information about themselves, or as Goffman puts it, how they negotiate "passing" as someone else (1963, p. 73). Some participants describe when and how they revealed their social backgrounds to their peers. However, for some managing discreditable identities involves remaining silent or biting the tongue.

Most participants were conscious of being different, with some giving examples of the social, economic and symbolic distance (Klein, 2015) that existed between them and their more privileged peers. This sense of social distance is particularly highlighted upon entering the exclusive world of medical education. For example, some students remarked on the social difference between those from rural areas versus those from the city. Having attended a prestigious private school in the city was a key symbolic marker of high social class. One student from a working-class background described the government school they attended as a "dero school" (dero is derived from derelict), contrasting this to the "fancy" schools attended by the children of the wealthy. Other students explicitly pointed to the significant economic gulf between medical students:

I don't want to sound derogatory or anything. … (Some students) come from private schools. I mean I haven't been bought up with doctors for parents or anything. Yes, quite upper class sort of, perhaps not just what I've come from. And to try to fit into that straight away is quite a struggle. And I mean towards the end of second year now and I still don't fit into that scene. I don't have the money to sort of throw around like they do. … You know, they'll go to expensive restaurants and things—well I just can't afford it. (Female, 21 years)

My mum is struggling to pay for my uni fee(s) every year … (some of the students in the degree) are pretty high (social class). … The way they drive their car, they get a brand new car, they go on holiday abroad every time we have a break, and some of them carry brand new Bags often, like Prada, Louis Vuitton. … I have a friend who pays rent (of) $640 per week—that's more than my rent for the whole month … and they got sports cars for their birthday. (Female, international student, 27 years)

Indigenous students were explicit about the distinct socio-economic *and* cultural differences between themselves and some of their peers:

I think with medicine there's a lot of big fish and I think they've come from a school where they're the smartest person, and a lot of them have come from, like I said quite high socioeconomic backgrounds, so they've been given quite a lot. Although no one says it outwardly, it's quite obvious in a lot of student's opinions on things. Like a lot of people are quite clueless with Indigenous health for example. I don't know if that's their fault though, or if they just haven't been exposed to it. A lot of them are genuinely nice people. It's just their upbringing has probably made them a bit ignorant. (Female, 25 years)

Students from lower SES backgrounds often struggled to find enough time for study as they had to undertake paid work in order to survive. These students had few family resources to draw on and sometimes found themselves in difficult situations. For example, the international student quoted previously left an exam early because she needed to go to work to earn money to live on, and as a result, failed a course. Another student describes the hardship she faced in her first year of study:

I guess values wise, like I hate being in debt to people. Like I don't like borrowing money. My nan rings up sometimes and says, "Do you need $20?," and I'm like "No nan, it's fine." Like I'd rather just not eat for the

day or something. … (P)articularly in that first year I was down here hav-
ing to pay rent for the first time and like setting up electricity and getting
a phone and all that kind of stuff, and getting a car, was just—I ended up
having to borrow money from one of my friends and it was just the worst
ever, which was a compromise—like obviously I could have worked more
if I wasn't doing medicine, and so part of me was like maybe I should take
another year off or something and figure myself out, and I'd end up being
like, "No, it's stupid. You'll pay her back and it'll be fine." But yeah, I felt
kind of dirty after that. (Female, 24 years)

Poverty brings with it discreditable feelings (like being "dirty") and the
potential to discredit oneself (as in having to make a choice between com-
pleting an exam and passing a course or going to work to earn money
to survive). Images of dirt and diminishment pepper interviews. There
was the participant who talked about attending a "dero" school. Another
humorously describes herself as feeling inferior as she is from "Bogan
City," while another thinks of himself as "99% medical student, 1% bogan"
("bogan" is usually used as a derogatory term to describe people from
a particular white Australian working-class milieu, similar to American
"white trash" or British "chavs" [Gibson, 2013]). One participant still
saw herself as "scummo" even though she was studying medicine, while
another refers to herself as "not very polished" in contrast to other stu-
dents who were "a lot more polished." Another participant describes her
friendship group prior to entering medical school as from the "rough part
of town … rowdy and a bit rugged." This is in contrast with a description
of most medical students who are "pretty clean cut" people.

These symbolic self-representations of dirt and diminishment (sometime
used as humour) function beyond descriptors of personal worth. As the
influential work of Mary Douglas (1966) illustrates, metaphors of dirt and
diminishment imply a systematic ordering and classification of what mat-
ters within the social realm. The symbolic dirt of poverty brings with it the
possibility of being discredited, of not feeling "good enough" or "smart
enough" or "polished" enough to join the elite "clean cut" world of medical
education. There is an experiential disjuncture between the "dirty" world of
community of origin and the "clean," "polished" setting of medical school.
While some students described increased confidence since entering medi-
cal education, others speak of having "imposter syndrome" even though
they continue to demonstrate academic success. For some, there is a tension
between feeling pride in their working-class and/or Indigenous background

and in negotiating the casual racism or classism of students and lecturer, a phenomenon documented in other studies of medical education (Beagan, 2005; Wear & Kuczewski, 2008).

To borrow a phrase from Sennett and Cobb (1972), certain incidents crystallise into the hidden injuries of social class (and marginalisation). Some non-traditional medical students do hold onto a sense of pride in their socio-cultural backgrounds. For others, overt stigmatisation seems to matters less than a lingering uncertainty about their value as human beings and emerging professionals, doubts derived from an enduring and insidious assumption that being poor, working class or Indigenous is somehow worthless (Loughnan, Haslam, Sutton, & Spencer, 2014; Skeggs, 2004).

Moving Up But Not Out

Participants recognised the very high status of the medical profession and the new-found prestige that came from being medical students. This status was not only related to the potential generation of wealth but, as one male participant put it, to moral prestige: "I think the idea of being a doctor sort of holds trust or … gives you some kind of moral compass for society." Some participants were uncomfortable with this new-found status and were reluctant to tell others that they were studying medicine because they didn't want people to "think differently" of them. A number stated that they did not think of themselves as "superior." Rather, they felt they were assuming a new social role which brought with it a responsibility to provide fair and non-judgmental "service" to patients and to act as a role model in their communities of origin. Some expressed discomfort in making this professional transition, as this Aboriginal medical student explains:

> I try not to let it affect me, but the fact that I'm going to be a doctor and the whole status thing. … (K)nowing that I have to be quite like a higher person in society whereas I'm very much not used to that. (Female, 23 years)

While upward social mobility was generally viewed as positive, many participants stated that they would like to remain rooted in their original socio-cultural milieu. The idea of melding parts of working-class or Indigenous identities with their professional persona was very important to some. One remarked:

It (social class) explains a lot about who I am, that one per cent bogan if you like. I'm not really a bogan. I don't dress like one. I don't look like one. I don't drink at all but yeah, it does. If you understand my background you'll understand a fraction of who I am and why I am like I am. … Very humble. Low socioeconomic status, surrounded by people who typically have low levels of education, low levels of money, poor health resulting from that. Very humble. … I understand (where patients are) coming from. … I understand why it might be a health disaster because there's the cigarettes and there's the Centrelink (government welfare) benefits don't pay very much. … I've lost my job. … Yeah I understand it. (Male, 22 years)

A number of students echoed this idea that their backgrounds would be an asset to their clinical practice:

I think (my background) gives me a wider knowledge of the actual people. A lot of the people who come from well-off families have no idea what it's really like out there and they don't understand where people come in and say certain things. They are like, "Why can't they just do this or why can't they just do that?" I say, because life is hard and it's not easy for a lot of people. Most people have to work their arses off to get places. So I feel that that gives more a bit more of an advantage of understanding and helping people. (Female, 25 years, Aboriginal background)

Sometimes I think about other people's class background. Just in some of the things that people say. … Most of the people are fairly down to earth though, even the ones that did have fancy schools. … They get shocked when I talk about … where I live at the moment. … The whole opposite site of the street has now become (public) housing since we've been there, so I see a lot of shit. … That's hopefully an advantage. … So I might have to be a slightly more refined version of myself as a doctor. But I think with the patients I'll still be okay and with my family, I'll still be much the same. (Female, 28 years)

These narratives illustrate the complexity of building positive professional identities in exclusive educational and professional settings without discrediting one's social or cultural background. These new professional identities involve divesting some of the prestige associated with being doctor, or to use Skeggs's (2004) term, adopting an anti-pretentiousness, a common characteristic of working-class cultures. The participants in this study were finding ways to write themselves into the most elite social and professional organisational contexts by celebrating aspects of discredited

identity ("being humble," "not being fancy," "viewing the shit they've been through as valuable") and using these to push back against long-standing deficit in understandings of working-class and Indigenous people (Garcia & Guerra, 2004; Southgate & Bennett, 2014; Valencia, 2012).

CONCLUSION

Very little is understood about journeys of extreme social mobility or how people from low socio-economic and marginalised cultural backgrounds navigate towards elite professions, and the wealth and prestige that accompany these. Higher education is a significant driver in these journeys, with universities being key organisational sites for professional identity formation. Nowhere is this more apparent than in medical education, a site where a small minority of non-traditional students grapple with building a professional sense of self against a backdrop of subtle and overt assumptions about the value of what they bring to the table. Stories about their journey reveal the price of the ticket of social mobility and the myriad tensions involved in negotiating identity through educational, professional and social interaction.

Many of the narratives in this study resonate with Goffman's (1963) theory of stigma as the active management of identity. There are a few instances of overt stigmatisation or the plight of being discredited, as in the story of being called poor in a group discussion (even if there was resistance to being labelled). There are many more stories, however, that reveal how non-traditional students manage the often subtle and complex social dynamics of discreditable stigma. The organisational processes of medical education, with its complex, multi-phased and costly admissions systems, can block entry for non-traditional students who have limited social resources to draw upon. The difficulty in navigating admission systems is often accompanied by feelings of not being "good enough" or "smart enough" to apply to medicine, a positioning of self that reflects the historical lack of entitlement of non-traditional students in accessing elite universities and degrees (Reay et al., 2009, 2010). Once non-traditional students have entered the exclusive world of medical education they describe encountering assumptions about the composition of the student body, for example, that medical students come from private schools and are supported by wealthy parents. Some grapple with feelings of being dirty because they have to borrow money from friends to survive at university or because they come from less "polished" communities of origin. Sometimes, when

confronted with assumptions about privilege, non-traditional students silence themselves (as in the story of the student who "bit her tongue"). A few still feel like imposters despite their academic success. These stories, whether they are about organisational systems, social and educational encounters, or personal feelings, illustrate the myriad hidden injuries of social class and marginalisation (Sennett & Cobb, 1972).

The sense of being discreditable, of containing, managing and reshaping information about the self, within the distinct organisational setting of medical education, *is* the price of the ticket of social mobility. Sometimes non-traditional students seek to minimise this price by embracing and celebrating aspects of the humble identities they have developed in their working-class and Indigenous communities. Theirs is a choice not to remove the stain of stigma stemming from deficit understandings of poverty and cultural difference; rather, they decide to view difference as a professional resource (Beagan, 2005). Some students are explicit about going back to provide service to working-class and Indigenous communities. Part of minimising the price of the ticket is to consciously reject upper-class pretensions so that becoming a doctor involves only a slight refinement of self. This is a point of contrast to Goffman's (1963) notion of a discreditable creating a double biography: the process of incorporating aspects of working-class and/or Indigenous culture into one's professional self is not about splitting but tactically merging aspects of identity.

When Goffman talks about the fingertips of society "putting us in our place" (1963, p. 53), he is describing the way that people are positioned within organisations and social encounters as different or other. Othering is a dynamic where categories of people are marked with negative social difference and inferences of innate inferiority or taint (Shapiro, 2008). This positioning derives not just from the intent of individuals but through the often habitual and common sense enactment of social norms within educational and professional organisational settings that reflect long legacies of oppression in which stigma is a fundamental dynamic. However, just as the fingertips of society work to position some as better, smarter, more normal or valuable, so too can the other push back to create new ways of being that defy stigmatisation. These new ways of being, whether clearly enunciated, struggled over or enacted in silence, can radically disrupt long-held assumptions about social worth, and the places and professions to which people are entitled to belong.

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Stigma at the Organization/Macro Level

Organizational Stigmas: Where Now?

S. Bruce Thomson

INTRODUCTION

The work of sociologist Erving Goffman *Stigma: Notes on the Management of Spoiled Identity* brought forth the conceptualization of individual or group characteristics that attached a negative label to that individual or group (1963). As shown in the previous chapters these can extend from individual characteristics such as physical appearance, disease, disability, or religion and to group characteristics that can reflect one's chosen work such as sex workers or funeral directors. The work on stigmatization and the individual in the work environment started with Goffman's treatise in 1963 as several of his examples encompassed the work environment. However, the application of stigma theory to both the group level and the organizational level stigma research did not reach the same level of interest from management/business academics. Organizational stigma did not appear as a research field until the late 1980s and at that point it was struggling to find a designation. Early attempts to use the concept in the organizational arena placed it under impression management (e.g. Jones et al., 1984). It was not until 2005 that in an Academy of Management

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Conference paper did the term organizational stigma appear. This chapter will trace those early forays into the application of stigma theory to the organizational environment to the current research on organizational stigma. Upon completion of the review of the development I will delve into the shortcomings of the current research and theoretical development and suggest directions for future research.

Goffman (1963) does not directly discuss the implications of stigma theory on an organizational level nor do two other major treatises on stigma in the early 1980s. Both Page's *Stigma* (1984) and Jones et al.'s (1984) *Social Stigma: The Psychology of Marked Relationships* strengthen Goffman's work and extend the conceptualization in terms of identification, categorization, and stigma management, which become the underlying basis for the application of stigmatization to an organization and can be clearly seen in the development of a model of organizational stigma. The following section will review the literature and break it down into four sections: overview, attaching an organizational stigma, types of organizational stigma, and managing an organizational stigma.

OVERVIEW OF ORGANIZATIONAL STIGMA IN THE BUSINESS LITERATURE

This overview will be divided into two subsections—definition/conceptualization of organizational stigmas and key themes. The definition/conceptualization subsection will delve into what has been outlined in the existing literature around the definition and conceptualization of organizational stigmas. I will trace it back through the literature to show the development of the basic concept of organizational stigma. The key theme subsection will investigate the key themes that have arisen in the literature. This will give the reader a broader understanding of the development of organizational stigmas as a field of study. In 2009 the Academy of Management Review published a special topic forum entitled 'A New Look at Stigmatization in and of Organizations' in January 2008. The articles in the forum covered disclosing an invisible stigma in the organizational setting (Ragins, 2008); how associating with a stigmatized individual or group can lead to stigmatization by association (Kulik, Bainbridge, & Cregan, 2008); how corporate failure leads to stigmatization and thus affects senior executives or corporate elites (Wiesenfeld, Wurthmann, & Hambrick, 2008); and Hudson's analysis of core-stigmatized organizations (2008). The importance of this forum was the recognition of one of the

top five management journals of the significance of stigma theory's application to the business environment. Although Wiesenfeld and co-authors and Hudson both deal with stigma at the organizational level, they do not use the term organizational stigma.

Although the term, organizational stigma was first defined in a 2005 Academy of Management Conference paper by Devers, Dewett, and Belsito (2005), the definition is drawn from their article published in Organization Science in 2009 (Devers, Dewett, Mishina, & Belsito, 2009) that provided a more in-depth presentation of the concept. In that article, they define "an organizational stigma as a label that evokes a collective stakeholder group-specific perception that an organization possesses a fundamental, deep-seated flaw that deindividuates and discredits the organization" (Devers et al., 2009, p. 2). In the article, they differentiate an organizational stigma from other processes of 'organizational social evaluation'—reputation, celebrity, status, and legitimacy. Table 10.1 highlights the differences in reputation, legitimacy, and stigma on the organizational level. One of the key differences that becomes evident is how a stigma is viewed by the emotional or affective response of the audience (Devers et al., 2009). For example, reputation is viewed as having either a negative or positive response but

Table 10.1   Stigma theory constructs compared to reputation and legitimacy

	Stigma	*Reputation*	*Legitimacy*
Definition	A label that evokes a collective group-specific perception that an organization possesses a deep-seated flaw that discredits the organization[a]	Collective judgments based on assessments of financial, social, and environmental impacts attributed to the corporation[b]	Perceptions of appropriateness
Foundation theory	Labeling theory	Signaling theory	Neoinstitutional
Individuating	Deindividuating	Non-individuating	Individuating
Social basis	Labeling and social control	Performance and quality signals	Normative fit
Affective response	Yes—negative	None required	No
Outcomes	Disidentification and social and economic sanctions	Performance attractiveness as a partner	Access to resources

Adapted from 'A General Theory of Organizational Stigma' Devers, Dewett, Mishina, and Belsito (2009)

[a]Devers et al. (2009, p. 2)

[b]Barnett, Jermier, and Lafferty (2006, p. 34)

the connotation is more on the positive side; whereas for an organizational stigma that response is always a negative emotional response by the audience (Devers et al., 2009). Again, by looking at legitimacy Devers and co-authors show how it centers around an organization displaying appropriate standards and structures; therefore the organization is either legitimate or not legitimate. However, there can be a state of uncertainty for the audience, for example, what is the status of new businesses who have not had the opportunity to establish legitimacy. Therefore, Devers and co-authors argue that an affective/emotional response is not required by external stakeholders (2009). However, when dealing with an organizational stigma there is rarely a state of uncertainty as the firm either violates social norms or it does not. This again reiterates that the audience's response is consistently a negative response. Thus, as reputation and legitimacy increase so does the availability or access to resources, but the opposite is the case for stigmatization. Only the removal of the stigma label improves availability and access to resources (Devers et al., 2009). Thus, the argument is put forth that organizational stigma is indeed a separate concept of social evaluation and worthy of dedicated research.

More recently, Jensen and Sandström (2015) and Law (2016) have provided further insights into the understanding of organizational stigmas and suggest that we need to look at the concept from different viewpoints than we currently are. Jensen and Sandström, for example, suggest that "the organizational stigma literature could be more sensitive and inclusive toward whom, how, and where organizational stigma is managed" (2015, p. 125). They purpose that the current literature is focused on the effects on the management or executive level of an organization and thus misses the largest portion of organizational members—ordinary wage laborers. To support their argument they interviewed five administration staff from small pornography companies and five from an arms manufacturer. They found that there is a stigmatization from being associated with these organizations for these employees. These findings support their proposal that organizational stigmatization is not restricted to a single level of an organization. However, as they point out what we need is to be more expansive in research on the effects of organizational stigma to cover all levels of an organization. This brings up different questions in regard to the influence or effect of organizational stigma on different levels of an organization. For example, is the effect of an organizational stigma perceived to be stronger at different levels of an organization? In other words, do executives suffer more negative

career outcomes than do line employees because of an organizational stigma? Should then the definition of an organizational stigma reflect this broader scope of influence?

Law (2016) concurs with the idea of the need to expand the research focus on organizational stigmas by arguing that the definition of an organizational stigma does need to be more cohesive. She states in her theoretical analysis of organizational stigma that for some researchers the basis of stigmatization is organizational conduct (e.g. damaging the environment), identity (e.g. pornography industry), or an event (e.g. bankruptcy) but without a mention of a timeframe in which it occurred. Her primary argument is that there is confusion as to what the time span is of a presumed taint when or if it becomes the deciding point of stigmatization. She then reconciles these differences by defining an organizational stigma "as occurring when the identity, of and/or enough members in, an organization is perceived to be incongruous with normative expectations of organizations" (Law, 2016, p. 8). The primary concept here is to be more inclusive as Jensen and Sandström suggest but to also not forget the context of the environment since, as Goffman (1963) points out, stigmas are a result of an interaction of a social entity with the society in which they exist.

Core Themes

The research on organizational stigma has primarily covered two themes—effect on organizational executives and stigmatized industries. The first theme to arise in the literature was the effect on organizational executives as several authors dealt with how executives reacted to organizational stigmas (e.g. Paetzold, Dipboye, & Elsbach, 2008; Semadeni, Cannella, Fraser, & Lee, 2008; Sutton & Callahan, 1987; Wiesenfeld et al., 2008). Then the research opened up to exploring whether or not certain industries were subjected or likely to carry stigmatizing labels. This subsection will explore the development of both those themes.

The most common theme is the effect of an organizational stigma on organizational executives. An early example of this is Sutton and Callahan's qualitative analysis of four (4) computer firms that face a stigmatizing label or '*spoiled organizational identity*' (1987, p. 405). The article illustrates how a stigma attached to a firm that declares bankruptcy is then attached to the management of a firm and how they then apply impression management to manage the perception of stakeholders. They argue that the stakeholder perception of the organization and its leaders is intertwined

and management of the attached stigma is essential for individual survival. Also, if stakeholders perceive the leaders of a stigmatized organization as not credible then that reflects more negatively upon the organization, which could lead to further reduction of support for the organization (e.g. loss of sales or stock value) (Pozner, 2008; Sutton & Callahan, 1987).

The exploration of the effects of organizational stigma on management executives and its subsequent management has been explored by several authors since Sutton and Callahan's article. Both Pozner (2008) and Wiesenfeld et al. (2008) look at how stigmatization of a firm transfers to executive level organizational members and accounts for consequences that occur to them after the stigmatization due to the perception of being with the stigma. These consequences could come in the form of reduced job opportunities at the same level and removal from boards (Pozner, 2008; Semadeni et al., 2008; Wiesenfeld et al., 2008). Posner postulates that the consequences are severe for those serving on the board of directors because of their direct responsibility for the management of the firm. This reflects the concept of controllability found within the individual stigma literature in which Ragins (2008) defines it as "the individual is seen as responsible for causing or maintaining the stigmatized condition". Early research found that individuals who are perceived as having control over the cause were perceived more negatively than those who had less control (e.g. cancer patients) (Weiner, Perry, & Magnusson, 1988). Therefore, directors and senior executives are seen as responsible for the direction and operation of an organization and thus receive more negative responses to stigmatizing events such as bankruptcy or accounting scandals. Semadeni and co-authors (Semadeni et al., 2008) used quantitative methods to test the labor market consequences of senior bank managers involved in bank failures in Texas during the period of 1985–1990. They found that executives that 'jumped ship' prior to the stigmatizing event suffered less negative consequences. They postulated that the jumping of ship was done to avoid the negative consequences and was done based on insider information that the executives were privy to that foretold the possibility of the stigmatizing event. Thus, they propose that 'jumping ship' is a viable stigma management strategy. There are two common elements in these four articles (i.e. Paetzold, Dipboye, & Elsbach, 2008; Semadeni et al., 2008; Sutton & Callahan, 1987; Wiesenfeld et al., 2008). First, they all deal with the effect of an organizational stigma on executives of the stigmatized firm and second, they all mention impression management as a strategy to manage the stakeholder perception of the organizational stigma.

Carberry and King (2012) move away from focusing on executives to firm strategies to avoid or manage a stigmatizing label. Their research showed that firms that are most likely to acquire a stigmatizing label used the adoption of an accounting system, SOPEX (stock option expensing), as a defensive mechanism to avoid the stigmatizing label. This move is seen as an impression management strategy that sends a signal to the stakeholders that we are aware of the possibly stigmatizing issue and are taking the proper steps to avoid the possible problems. This falls into the same category of attempting to gain a '*social license*', which basically means that the organization is seeking approval for its operations from the society in which it operates (Bursey, 2015; Demuijnck & Fasterling, 2016). Under the auspices of organizational stigma this highlights the recognition of the organization of a possible stigmatizing issue and the options available to the organization to avoid that stigmatizing label. More will be discussed on organizational stigma management later in the chapter.

The second common theme revolves around organizational identity/industry as a source of stigmatization. Examples of these industries that appear in the research are men's bathhouses (e.g. Hudson & Okhuysen, 2009), pornography (e.g. Jensen & Sandström, 2015), arms industry (e.g. Jensen & Sandström, 2015; Vergne, 2012), mixed martial arts (MMA) (e.g. Helms & Patterson, 2014), finance industry (e.g. Roulet, 2015), legal brothels (Wolfe & Blithe, 2015), and 'sin' industries (Grougiou, Dedoulis, & Leventis, 2016). Hudson (2008) narrows the focus to the organization itself and defines it as a *core-stigmatized organization*. Vergne (2012) takes a more holistic view of an entire industry that may have a stigmatizing label and defines it as *stigmatized categories* (e.g. global arms industry). Grougiou et al. (2016) concur with Vergne and adapt a broader view by creating groups of industries that are deemed to have core activities that lead to stigmatization. These are dubbed '*sin industries*' and include arms dealers and manufacturers, gambling, tobacco, nuclear energy, and alcohol manufacturing industries. The commonality of these organizations is the stance society has taken on the immoral or possible danger they possess. This reflects the situational and contextual nature of a stigma. Thus, as is with Goffman's definition of stigmas faced by an individual, what may be a stigmatizing label in one location may not be in another location. Once again, what is defined as an organizational stigmatizing label is done so by the environment in which they operate. Therefore, it is quite possible in the global business environment organizations find themselves working in that in one location they could have a

stigma attached to the organization but free of that label in another environment. For example, bathhouses in the USA have a stigma attached to them (Hudson & Okhuysen, 2009), yet in the Middle East or China they appear not to have a stigma attached to them. However, are these boundaries shifting or becoming blurred or are they falling due to the growing interconnectedness of the world. Are there particular industries that face stigmatizing labels regardless of the location?

The Organizational Stigma Process

The questions asked above then lead to the investigation of how stigmatizing labels are attached to an organization. Applying the concept of social constructionism to organizations suggests that when organizations are perceived to violate societal norms it starts the process of stigmatization. Goffman (1963) states that stigmatizing labels are societal reactions to the perceived negative characteristics. Ragins (2008, p. 196) clarifies this, "Stigmas are socially constructed; the environment exerts a powerful influence on whether a characteristic or experience is viewed as a stigma within a given social setting".

Devers et al. (2009) lay out the attachment process for organizational stigma. They suggest that it is a two-part process starting at the individual stakeholder level and then progressing to the collective stakeholder level. It starts with the violation of some accepted norm which runs against what the individual, within the social context, perceives as acceptable to societal standards (Devers et al., 2005, 2009; Hudson, 2008; Law, 2016; Randel, Jaussi & Standifird, 2009). This thus causes the individual to question if the action or product of the organization violates the perceived legitimate behavior of the organization (Devers et al., 2005, 2009). Devers and co-authors provide a plausible reason for the initiation of the process, "We argue that perceptions that an organization has engaged in an illegitimate practice is a particularly strong threat because it projects the probability of future illegitimate behavior" (Devers et al., 2009, p. 7). The use of the term 'illegitimate' is used to emphasize the solely negative aspect of the practice which the organization has engaged in. Illegitimacy can be defined as the negative evaluations of a social audience due to concerns of "ordinary standards of organizational accounts, definitions or rationales" (Hudson, 2008, p. 255). Vergne (2012), however, differentiates disapproval from stigmatization in that disapproval threatens survival through negative evaluations whereas firms with a stigmatizing label can and do survive.

Warren (2007) points out that the individual is not limited to external stakeholders but internal stakeholders as well. This is seen as an active sense-making process resulting from the interaction of the audience with an event or product that is deemed illegitimate (Devers et al., 2009; Jensen & Sandström, 2015; Law, 2016; Paetzold, Dipboye, & Elsbach, 2008; Roulet, 2015).

The process takes into account the level of perceived 'controllability' of the illegitimate practice. As discussed earlier the greater the perceived level of control over the event or practice the more likely the individual is going to place blame on the organization. This then guides the individual's sense-making determination of the organization's account of the stigmatizing characteristic. The individual (both external and internal stakeholders) now has the option to accept or reject the account. This can be seen in Nike's account of the use of child labor in factories they had contracted out to make products for them. The initial response from Nike was that it was not their fault because it was unknown to them. Consumers rejected this account and continue the stigmatization process (Berglind & Nakata, 2005).

If the act is deemed acceptable based upon the organizational justification, then the stigmatization process stops (e.g. the financial problems were caused by an unforeseen natural disaster). However, if the act is deemed unacceptable (bankruptcy caused by improper accounting procedures) then some form of social control is put in place. Social control is imposed if the individual believes that the stigmatizing characteristic is a threat to an established norm or value held by society. The act of social control starts with the application of a stigmatizing label and escalates according to the perceived power of the threat. In the case of Nike this was the child labor label and the use of boycotts and rallies. In the case of 'dirty work' organizations or 'sin industries' the label is attached and social action often results in legislation enacted to control the offending industry (e.g. state laws that govern brothels in Nevada; Wolfe & Blithe, 2015). Thus, with the attachment of a stigmatizing label occupations labeled as 'dirty work' or organizations labeled as 'sin industries' have received a 'master status' illegitimating image.

For the labeling to move past the individual stage it must reach a 'critical mass' of individuals within that given society. Upon reaching this tipping point the label is accepted by society where the stigmatization is enacted by the actors/society in which the organization operates. Paetzold, Dipboye, and Elsbach explain that an organizational stigma is the result

of "social construction that results from an interaction between the target of stigmatization and the audience of perceivers that produce the stigmatization" (2008, p. 186). As they put it, it is "a natural component of sense-making" (Paetzold, Dipboye, & Elsbach, 2008, p. 187). This means that what is interpreted as a violation of societal standards and norms varies between societies. As with individual or job-related stigmas, what is a stigma will vary dependent upon the environment it is in. The audiences of the environment will enact the process and evaluate whether or not to attach a stigmatizing label.

Types of Organizational Stigmas

The stigma literature indicates that the types of actions or products that lead to stigmatization can be divided into categories. For individual stigmas, these categories are based on the three (3) categories established by Goffman—abominations of the body (e.g. physical deformities, illness); tribal (e.g. race, religion, gender); and conduct (e.g. dishonesty, deviant behavior). He also included 'courtesy' stigmas, which are stigmas that are passed on to an individual because of his or her connection to a stigmatized person (Goffman, 1963). Over the years these have been added to and further developed to reflect the inclusions of not only the individual level but also the group/occupation and organizational levels. This section will cover what has been developed along the lines distinguishing the types of organizational stigmas.

Sutton and Callahan (1987) were the first to step away from trying to fit organizational stigmas into Goffman's basic three categories by using what they termed 'sent' stigmas. These were negative reactions by "key organizational audiences" (1987, p. 407) that change the way the audiences interacted with and evaluated the firm. The negative reaction could be caused by what they termed a 'spoiled image'. However, their work was based on only one type of situation and that was bankruptcy. Hudson (2008) clarified the concept by breaking organizational stigmas into two basic types—event and core stigmas. An event stigma "results from discrete, anomalous, episodic events" (Hudson, 2008, p. 253). This means that a stigma may be the result of an episodic event that was outside the control of the organization. Thus, a bankruptcy (seen as a 'sent' stigma by Sutton and Callahan) caused by external or internal factors could be deemed an 'event' stigma (Hudson & Okhuysen, 2009). Going back to the Nike example, the use of child labor in their contracted-out suppliers

was an event stigma because the stigma was not a core component of Nike's organization. With an event stigma organizations can take steps to eliminate the stigmatizing label as Nike did.

The ability to remove a stigmatizing label constitutes a major difference between event stigmas and core stigmas. Hudson defines core stigma as "the result of a negative social evaluation by some audience(s) of an organization because of some core organizational attribute, such as core routines, core outputs and/or core customers" (2008, p. 252). This implies that to remove the stigma the organization must totally change its operations, customer base, and or product. For example, arms dealers would have to stop being arms dealers. Since this is unlikely the stigmatizing label is fixed and unmovable.

Other authors have taken steps to delineate the reactions of external and internal audiences to a stigmatizing characteristic or event. For example, Kulik et al. (2008) develop a model to illustrate the effects of what they call 'stigma by association'. However, to define 'stigma by association' they use the definition Goffman uses for courtesy stigmas. As shown in the chapters on occupational stigmas, they are categorized as 'dirty work' where the work is seen as 'tainted'. Here again this flows from the concept of a courtesy stigma where the individual or individuals are deemed bearers of a stigma due to their connection with an occupation. Warren (2007) uses the basic three categories for organizational stigma categorization but renames them—physical (abominations of the body), demographic (tribal), and character (conduct). She focuses on two categories—demographic and character. Character she suggests "captures instances when a specific organization identity (e.g. Enron) or employee identity (e.g. Fastow) exhibits behavior that is considered discrediting such as dishonesty or unfair practices" (2007, p. 478). The demographic category encompasses organizations or employees that belong "to a discredited social category such as an industry (e.g. the tobacco industry)" (2007, p. 478).

Hannem (2012) expands Sutton and Callahan's (1987) categorization of organizational stigmas to include the categorization of the stigmatization (reaction to a stigma) by external and internal audiences by using discourse analysis and adding the idea of 'symbolic' and 'structural' stigmas. A 'symbolic' stigma is a "primarily a psychological or emotional concern limited to the individual person" (p. 23). For example, a soldier returning from combat may experience post-traumatic stress disorder and may experience stigmatization. If the stigma runs into societal recognition, which

then designates the individual as a member of a stigmatized population and there is a perceived risk associated with the perceived flaw, then it becomes a 'structural' stigma. As Hannem defines it, "structural stigma arises out of an *awareness* of the problematic attributes of a particular group of people and is based on an intent to manage a population that is perceived, on the basis of the stigmatic attribute, to be 'risky' or morally bereft" (p. 24). Thus, a 'structural' stigma is one that society takes aim to institute forms of risk management often in the form of rules and regulations enshrined in law. An example of a stigma that has moved from symbolic to structural is the sex trade. As explained by Wolfe and Blithe (2015) there are not only federal laws but also state laws that govern the sex trade in the USA. So, again, sent, symbolic, and structural stigmas are categorizations of the reactions by others to an organizational stigma.

Another set of stigma labels that categorize the reaction to stigmas is controllable and uncontrollable stigmas. These were used in Weiner et al.'s (1988) treatise on the stigmatization of the LGBT (lesbian, gay, bisexual, and transgender) community. They and other researchers found that stigmas are evaluated differently by society based on the perceptions of the threat or exposed peril of the stigma and if it is perceived as controllable (personal choice) or uncontrollable (physical defect) (Devers et al., 2005; Ragins, 2008; Warren, 2007; Weiner et al., 1988). Those with a controllable stigma were seen more negatively than those with an uncontrollable stigma (Thomson, 2015; Weiner et al., 1988).

Several authors have carried this over to the organizational stigma literature. Warren (2007) argues that an organization and members of that organization are treated less negatively in the case of an event stigma caused by external factors. A core stigma is seen as a controllable stigma and therefore the organization and the individuals associated with that organization made are perceived to have made the choice to be involved in that industry (Hudson, 2008). Due to this increased negative perception organizations with a core stigma must use an ongoing strategy to manage the social perception of the organization. The next section will review what strategies are used by organizations to mitigate the effect of a stigma.

Managing an Organizational Stigma

To survive organizations need to understand and manage issues that arise that may inhibit their ability to pursue organizational goals. Organizational stigmas present a threat to organizational viability. Therefore, organizations

must create a strategy or strategies to combat, mitigate, or reduce the impact of a stigmatizing label. This section will delve into the types of strategies that have been uncovered by researchers. It starts with Sutton and Callahan's five strategies that have formed an underlying foundation for the ensuing work on organizational stigma management strategies.

In Sutton and Callahan's (1987) stigma caused by bankruptcy they outline five strategies top management teams of organizations can use to manage a stigma—concealing, defining, denying responsibility, accepting responsibility, and withdrawing. Concealing means an organization takes steps to prevent external audiences from finding out about the possible stigma (1987). This can take the form of either passive or active steps. For example, in the case of bankruptcy the firm may just not tell anyone or avoid situations where the bankruptcy may be revealed—passive or they may actively mislead external and internal audiences. The perceived advantages of concealing are (1) the stigma label is avoided and (2) although it may only be a temporary stop gap, it provides organizational leaders the opportunity to regroup and present a viable explanation to external and internal audiences. The disadvantages are (1) can be seen as unethical and illegal; (2) perception of deliberately deceiving external and internal audiences may lead to a loss of trust; and (3) may be difficult to "convince deceived audiences to continue their relationship with a firm" (p. 426).

The second strategy is 'defining'. Defining is where executives admit that something is not right but that it is misunderstood and should not be seen as discrediting by audiences (Sutton & Callahan, 1987). In the case of bankruptcy, executives would attempt to explain that although they declared bankruptcy the action does not mean that there is any financial wrongdoing. By doing so the executives of the organization are trying to convince audiences that they are unique, the situation is unique, and that the move is a strategic one. The advantage to this strategy is that it reduces the risk of the loss of trust by providing an alternative; however, the problem is if the audience still perceives some form of misrepresentation then it is highly likely that trust will be lost. Though trust may be lost it may not be as much as lost through the concealing strategy (1987).

With 'denying responsibility' senior management accepts that something occurred but then denies responsibility for its occurrence. Responsibility is often shifted to other external or past internal sources (Sutton & Callahan, 1987). For example, a downturn in the economy or past leadership of the organization. The strategy attempts to provide an alternative explanation that removes the blame and reduces the likelihood of labeling.

The disadvantage occurs in that audiences may believe that a competent executive team should have recognized the problem early and taken steps to mitigate it. By blaming it on other sources the perception of incompetence becomes a distinct possibility. Further, audiences may see the act of shifting the blame as an excuse which brings about a stronger negative reaction (1987).

The 'accepting responsibility' strategy means that the executive team admits to responsibility either in part or whole for the state of the organization (Sutton & Callahan, 1987). Accepting responsibility engenders more trust and sympathy from audience members. Accepting even partial responsibility increases the audiences' belief in the credibility of the organization's executive team (1987). The strategy of accepting partial responsibility also strengthens the perception from the audience of the organizational argument that the primary reason for the situation was outside the control of the organization. The downside to it comes if the audience does not believe that the organization learned from the situation and cannot recover (1987).

In a study of the MMA industry Helms and Patterson (2014) countered the stigma by accepting responsibility of the stigma and using it as an image builder. The stigma and the notoriety that came with it became a tool to raise awareness of the industry among its supporters and detractors. To overcome negative reactions from audiences Helms and Patterson outlined three methods of audience persuasion. *Enticement* entailed creating awareness to tempt the audience to join by being open to reporting revenues of both industry and employees (i.e. fighters) and providing special treatment for reporters. *Pacification* involved "adopting norms, rules, and regulations to gain acceptance of powerful actors" (p. 1476). The industry would work with various levels of government to ensure that the rules and regulations of the industry were seen as protecting the participants thus reducing the perception of uncontrolled violence. *Defensive education* meant specially designed programs to reduce misconceptions of the industry. The MMA industry demonstrated the successful application of an 'accepting responsibility' strategy and reduced stigma attached to the industry.

The last strategy outlined by Sutton and Callahan is 'withdrawing'. It is similar to an avoidance strategy where the executive team avoids or refuses to take part in any activity that may result in admission of the stigma. Although a brief period of withdrawal may help the organization's executives to regroup and counteract the stigmatizing label, the

withdrawing strategy often has negative consequences. A common reaction to someone who is hiding something is the belief that they have something to be ashamed of (Tracy & Robins, 2006). Therefore, withdrawing "management may unintentionally convey to organizational audiences that the stigma is indeed applicable" (Sutton & Callahan, 1987, p. 430). Sutton and Callahan state that with the act of withdrawing, executives may damage relationships vital to organizational survival (1987). As a result, withdrawing is the least favorable of the five strategies (Sutton & Callahan, 1987).

As opposed to Sutton and Callahan's five strategies, Hudson (2008) contends that there are three strategic positions that core-stigmatized organizations adopt—specialist, hiding, and challenging. A 'specialist' strategy infers that the stronger the core stigma is the greater the possibility organizations "will operate as specialists, rather than generalists" (p. 259). Organizations may feel that diversification into non-stigmatized industries might meet with failure due to the risk of association/transfer of the negative perception of the core stigmatized operations. 'Hiding' is a strategy whereby the organization attempts to physically hide by using strategies such as "discrete location, signage, architecture, and limited or target advertising, all of which limit awareness of potentially stigmatizing audiences" (p. 260). Wolfe and Blithe (2015) suggest that the hiding strategy was basically forced upon brothels in Nevada through regulations established by the state. Hudson and Okhuysen (2009) illustrate how men's bathhouses utilize a hiding strategy with locations with discrete signage. The final strategic response is that of 'challenging' in which the organization challenges the negative perceptions of the audience. For example, gay bathhouses' counterargument is that they are providing a venue for safe-sex awareness, testing for sexually transmitted diseases and providing counseling (Hudson & Okhuysen, 2009) and Nevada brothels counter that they provide a safe and health conscious environment for sex workers (Wolfe & Blithe, 2015).

Wolfe and Blithe also use similar categorizations as Hudson. In their investigation of legal brothels in Nevada, Wolfe and Blithe outline two strategies used to manage an organizational stigma—*passing* and *enactment*. *Passing* entails trying to distance the organization from "socially undesirable identities and avoid anticipated threats" (Wolfe & Blithe, 2015, p. 552). This comes close to Hudson's idea of hiding but by using more psychological avenues. According to Wolfe and Blithe there are two ways in which this is done. The first, "*distancing from socially undesirable*

identities" can be seen in advocates for the brothels making a comparison between the dangerous world of illegal prostitution and the safe and health conscious environment of sex workers in legal brothels (p. 552). The second is "*drawing on analogies to non-stigmatized industries*" (p. 554). The example given by Wolfe and Blithe focuses on the professionalism and bureaucratic rules and regulation of the industry and how the work is compared to that of therapy, education, and caregiving. *Enactment* also has two underlying strategies to it. The first is "*inviting controlled outsider boundary-crossings*" which promotes greater awareness of the industry by opening it up to greater visibility by inviting select groups such as university classes to reduce misinformation about legal brothels. Using "*promoting community-engagement activities*" the legal brothels try to build community good will; however, this is often an uphill battle due to the attached stigma.

The final strategy to be discussed here is that of dilution purposed by Vergne (2012). Organizations attempt to reduce the negative connotations of a stigma by trying to deflect the audience's attention from the stigma. Phillip Morris moved into the food industry with the purchase of Kraft foods to deflect attention from its tobacco operations (Hudson, 2008; Vergne, 2012). Carberry and King (2012) explain how organizations that perceive they were open to the threat of stigmatization after the Enron scandal voluntarily adopted a stock option expensing accounting practice to avoid stigmatization. The study of the 'sin' industries (arms dealers and manufacturers, gambling, tobacco, nuclear energy, and alcohol manufacturers) by Grougiou et al. (2016) revealed that these firms have a higher likelihood of issuing corporate social responsibility (CSR) statements especially if they perceive a possible stigma threat. Grougiou, Dedoulis, and Leventis put forth that these industries use CSR to distract audiences from "their controversial activities, lessen the negative consequences of stigmatization and neutralize the impact of litigation proceedings" (2016, p. 905).

To this point I have explored the definition of organizational stigma, the attachment process of an organizational stigma label, types of organizational stigmas, and the management strategies organizations use to manage organizational stigmas. The next section discusses what now needs to be done to move the research, conceptualization, and understanding of organizational stigmas forward to match that of its counterparts—individual and group level stigma research.

The Way Forward

The study of organizational stigmas is an emerging field of endeavor. As this chapter has shown, work has just begun on understanding the phenomena from their roots in stigma theory as espoused by Goffman (1963) to establishing the area as a strong and well-developed area of organizational theory. As Law (2016) points out there is still a need for a clear and definitive definition for organizational stigmas. What is the extent of influence or effect of an organizational stigma on organizational members at different organizational levels? Several articles have investigated the influence of and effect on senior executives and stigma management strategies at that level. Jensen and Sandström suggest that the theory needs to encompass the influence of an organizational stigma on employees.

How do organizations manage an organizational stigma? Sutton and Callahan's (1987) work provided a start to understand strategic moves an organization can make but other researchers such as Hudson (2008) and Wolfe and Blithe (2015) have demonstrated that there are other strategies available to organizations. Thus, further work needs to be done in this area to clarify the process or processes that are undertaken by organizations to manage a stigma. Along this line of thought, what is the process for organizations that have subsidiaries that may be experiencing stigmatization yet the parent company does not? For example, the move by some tobacco industry firms to diversify into other non-stigmatized ventures is seen as a move to dilute the stigma attached to the organization but what if the parent company does not have a stigma attached to it but a subsidiary does. How do they manage that relationship?

Since a stigma is a socially constructed phenomenon, does this imply then that a strategy that works for one type of stigma may not work in a different social environment with the same stigma? Are there organizational stigmas that are stigmas regardless of the social environment? How have societal norms changed our view of stigmas? Could an analysis of the historical view of stigmas and the changing societal norms provide us with insights on the variables and how they have changed and also provide us with insights on future changes? Given the label of 'sin' industries there appears to be a connection between organizational stigmas and ethical belief. What is the role of ethics as a factor in the labeling process? Research can explore the connection between ethics and organizational stigmas.

As stated by Jensen and Sandström (2015) "Organizational stigma is a nascent and burgeoning field in organization and work-life studies" (p. 125). There is a lot to explore, develop, and understand. Research on stigmas at the organizational level lags behind the research and depth of understanding achieved at the individual and occupational levels. As the business environment becomes more diverse, globalized, and connected, the size of the audience who evaluates and labels organizations becomes larger, moving from local to global environments. It is then of significant importance that businesses learn, grow, and adapt to the changing environment, and understanding how to deal with negative reactions that may lead to stigmatization will be vital to the survival of all organizations.

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Stigma and Multinational Corporations

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Introduction

In order to gain or maintain a competitive advantage, any organization regardless of size or international experience including multinational corporations (MNCs) needs to fully understand the environmental context in which they operate including the perceptions and reactions of external stakeholders. External stakeholders may possess negative perceptions of the MNC; hence, they may act to reduce organizational effectiveness. MNCs across the globe are faced with potential situations or existing characteristics which either label or potentially label them as having a flaw. Such a flaw is perceived negatively by a group or groups of stakeholders. These flaws can result in stigmatization in a manner similar to flaws in an individual. The result for organizations can be the loss of a competitive advantage, which could cause financial loss or the abandonment of proposed projects.

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Even established MNCs such as Nike are subject to negative perceptions that lead to stigmatization. Nike was labeled as a user of child labor and reported losses in the financial statements following that labeling (Berglind & Nakata, 2005). The labeling or stigmatization was due to the perceived business conduct of Nike. In Canada a major pulp and paper producer was forced to abandon plans to build a mill in a town in British Columbia due to a perceived stigmatization in the area of environmental concerns (Gunningham, Kagan, & Thornton, 2004). For some organizations this labeling may be a result of the industry in which they operate. For example, the pulp and paper industry in North America is labeled as not environmentally friendly (Gunningham et al., 2004). Mining operations and ore refineries face the same stigmatizing labeling in Australia.

Organizational theorists have begun to apply the concept of stigma to organizations (see Devers, Dewett, & Belsito, 2005; Devers, Dewett, Mishina, & Belsito, 2009; Sutton & Callahan, 1987). The examples of Nike and the Canadian pulp and paper producer reflect organizations that have suffered forms of organizational stigmas. Although empirical research has been done in the area of organizational perception management which involves internal stakeholders, very little empirical research has applied the concept of organizational stigma specifically utilizing the perceptions of a group of external stakeholders. Thus, there is a need for further empirical investigations to develop the concept of organizational stigmas.

The purpose of this chapter is to apply the concept of organizational stigma utilizing the definition and model developed by Devers and coauthors (Devers et al., 2005, 2009) and will use the community as the representative group of external stakeholders. The substantial growth of the Chinese economy over the last 30 years provides Chinese business and the government with considerable financial resources with which Chinese state or privately owned organizations can expand internationally to sell products or gain resources (e.g. oil and gas, coal, iron ore and bauxite). Therefore, it is not surprising that we have seen a significant number of Chinese firms enter into foreign markets across the globe. For the purpose of this study, a Chinese MNC's proposed expansion into Australia will provide the situational background for analysis.

Our intention is to demonstrate that organizational stigma is a valid theoretical argument that can provide valuable insights for practitioners. Further, it will be argued that organizations need to be aware of organizational stigmas, potential or existing, and how to overcome them in order to achieve organizational goals. We also believe that the use of stigma

theory offers an opportunity to investigate from a different viewpoint the effect of external stakeholders on an organization.

ORGANIZATIONAL STIGMA

Drawing from the individual stigma definition, Devers, Dewett, Mishina and Belsito define an organizational stigma as "a label that evokes a collective stakeholder group-specific perception that an organization possesses a fundamental, deep-seated flaw that deindividuates and discredits the organization" (2009, p. 155). As the authors point out there are important differences between individual and organizational stigmas (see Table 11.1). To begin, organizations have only two basic types of stigmatizing conditions: tribal or conduct (Devers et al., 2009). Tribal stigmas are seen as stigmas originating with a particular characteristic that labels the organization. This may include geographic location of the organization (e.g. American, Chinese or Japanese); industry (e.g. pulp and paper,

Table 11.1 Individual versus organizational stigma

	Individual	*Organizational*
Types of stigmatizing conditions	• Abominations of the body (e.g. physical deformities, illness) • Tribal (e.g. race, religion, gender) • Conduct (e.g. dishonesty, deviant behavior)	• Tribal—based on presence in particular product of geographical markets (e.g. 'Made in China') • Conduct—based on actions (e.g. bankruptcies, scandals, firm failures)
Pervasiveness	Generally more pervasive across contexts	Generally more context specific
Prevention and removability	Prevention and removal are difficult • Conduct—may be removed through successful complete identity change but removal is rare and difficult • Tribal and abominations—even more difficult to remove (plastic surgery and/or medical treatment may remove the mark of some stigmas)	Increased capacity to prevent, remove or dilute through active removal (decoupling from) certain component (e.g. firings, divestitures)

Adapted from "*A General Theory of Organizational Stigma*" by Devers et al. (2009, p. 158)

arms manufacturers or tobacco companies); or ownership (e.g. MNCs). A conduct stigma is caused by perceived or actual actions undertaken by an organization or an individual within the organization (Devers et al., 2009). For example, embezzlement by a senior executive or the manufacture of a faulty product can cause stigmatization of senior executives and the organization (Sutton & Callahan, 1987) or the use of questionable accounting techniques (i.e. Enron) (Carberry & King, 2012).

A second differentiating characteristic is how pervasive the stigma is across contexts. Categories of individual stigmas such as disabilities, obesity and race that possess stereotypes widely accepted in most environments thus face stigmatization globally. Whereas stigmatization of a characteristic such as religion will be contextually based—a person who is a Christian in the USA will not encounter stigmatization as readily as a Christian in an Islamic state such as Saudi Arabia (Thomson, 2010). Since labels are a form of social categorization used to understand the world around us "the rules regarding the application of a label at the individual level may change" but "the labels themselves tend to remain stigmatizing over time" (Devers et al., 2009, p. 159). Devers and coauthors hypothesize organizational stigmas to be more context specific. They argue that due to the different perceptions of internal versus external shareholder groups what is determined as a stigma by one group may not be stigma to another stakeholder group. Further, the ever-changing business environment moves from one belief or fad to the next, thus creating an atmosphere where it is difficult to attach a stigma for an extended period of time.

The last difference is in the area of prevention and removability of the stigmatizing characteristic. For an individual stigma it is difficult to remove the stigmatizing characteristic, especially in the case of most physical (abominations) or some tribal traits. However, in the case of organizational stigmas there are greater opportunities to remove or prevent a stigmatizing trait. Numerous firms have distanced themselves from a conduct-based stigmatization by firing an individual or individuals. Also, a firm can stop production of a particular product or stop the practice that may be creating the stigmatizing label. This is evident in Nike's response to the label of a user of sweat shops in their supply chain. Nike instigated a reform of supply chain policies and took steps to remove themselves from the image through an aggressive public relations and marketing campaign (Berglind & Nakata, 2005; Gard, 2004). In the case of a geographic labeling, Japanese firms turned around the negative association with the 'Made in Japan' label through marketing strategies and increased product quality.

Weiner, Perry, and Magnusson (1988) found that individuals who were perceived as having controllable stigma characteristics were negatively treated more so than individuals perceived as having uncontrollable stigmas such as race and physical attributes. However, Devers and coauthors (2009) propose that organizational stigmas are more easily removed or prevented due to perception/impression management or external exigencies that moderate the level of perceived threat. This was evident after the Enron scandal by firms voluntarily adopting stock option expensing (SOPEX) (Carberry & King, 2012).

Kagan, Gunningham, and Thornton (2003) state that environmental groups put considerable pressure on pulp and paper mills to seek a 'social license' from the community for their operations. Managers of these mills are quoted as saying that they need to "continuously convince the public we have the right to exist" (Kagan et al., 2003, p. 69). Within the sphere of the pulp and paper industry, the high status of the environmental group (Greenpeace) making the initial claims lead to the stigmatization of the industry (Gunningham et al., 2004; Kagan et al., 2003). This falls in line with Devers et al.'s (2009) proposition that the higher the level of status and credibility held by the stakeholder the greater the likelihood that others will accept the label, which will result in organizational stigmatization.

An example of an earlier application of stigma theory in an organizational setting is the stigma attached to bankruptcy (Sutton & Callahan, 1987). The stigma is shown to produce negative reactions from stakeholders for the organization. The most frequent negative reaction is 'disengagement', in which established relationships are strained or severed (e.g. suppliers start to demand cash and customers stop buying the product). This relates directly to findings from the individual stigma literature. For an individual revealing a stigmatizing identity, it opens the individual to scrutiny and the stigma becomes the perceived primary characteristic leading to stereotyping, discrimination and bias. The end result of stereotyping, discrimination and bias is that many stigmatized groups suffer loss of status, economic problems and limited opportunities (Beatty & Joffe, 2006; Clair, Beatty, & MacLean, 2005; Ragins, 2008). In relation to the negative response Devers et al. (2009) propose that stakeholder groups that perceive a stigma with a particular organization will 'disidentify' or disassociate from any attachments to that organization.

Devers et al. (2005) propose that the stigmatization process starts with recognition by stakeholders that an incongruity exists with an aspect or characteristic of the organization. The perceived flaw is then evaluated as to

how much control or responsibility for that flaw the organization must carry. Following the evaluation, stakeholders will assess what the level of threat the perceived flaw has to themselves or to the community. Stakeholders must then assess the organization's account or stance regarding the flaw. This consideration will lead to the flaw being accepted as existing or rejected. If the flaw is rejected stakeholders would stop the stigmatization process.

Once an organization is assessed a stigma, Sutton and Callahan state there are five organizational strategies employed by senior management for dealing with that stigma: (1) concealing, (2) defining, (3) denying responsibility, (4) withdrawing and (5) accepting responsibility (Sutton & Callahan, 1987). These strategies are drawn from those proposed by Woods (1993) for the individual dealing with a stigma. The strategy of '*concealing*' centers on an organization's attempts to actively or passively hide the stigmatizing flaw (Sutton & Callahan, 1987) and mirrors the individual strategy of '*counterfeiting*' in which the individual may adopt a different identity to hide the flaw (Woods, 1993). Organizations facing bankruptcy may not divulge the fact to the public unless asked by a stakeholder (passive) or the organization may actively hide the fact by lying to stakeholders. '*Defining*' provides organizations with a strategy that recognizes the flaw but redefines the flaw as something that is misunderstood or not discrediting. In the case of bankruptcies organizations explain that bankruptcies did not mean they are guilty of misconduct or that it provides the organization with a vehicle that would allow the organization to move in a different direction (Sutton & Callahan, 1987). When utilizing the strategy of '*denying responsibility*' organizations attempt to place the blame on other factors or sources. For example, a firm facing bankruptcy may place the blame on the increase in competition or on the actions of past leaders. The strategy of '*withdrawing*' involves the organization actively avoiding situations that may result in having to reveal or to discuss the flaw. The strategies '*defining*', '*denying responsibility*' and '*withdrawing*' all broadly fit within the individual strategy of *avoidance*. Finally, in the case of '*accepting responsibility*' a willing acknowledgement is made that the flaw exists (Sutton & Callahan, 1987). This matches Wood's (1993) individual strategy of *integration*.

ORGANIZATIONAL BACKGROUND AND RESEARCH QUESTIONS

In order to investigate organizational stigma, a firm was chosen that has the potential of being perceived as having stigmatizing flaws or characteristics. The firm (CMIN) is a Chinese multinational involved in the mining

industry. The area proposed for development is located on the Australian coast near a deep water harbor. As explained to the research team by CMIN personnel the location was one of three choices—communities Aussietown, Harborville and Beachville (the three names of the towns are fictitious in order to protect the anonymity of the participants). Both Aussietown and Harborville are in industrially developed areas with suitable harbor facilities. Aussietown had the same type of development built in the community several decades ago. Harborville has an established seaport for shipping fossil fuels. Beachville, although having a natural deep harbor, has little industrial development in the area. However, within the last decade a deep seaport was built for shipping fossil fuel. After some consideration and influence by local support and government initiatives, Beachville was chosen as the primary site by CMIN.

There are several potential organizational stigmas that may be applied to CMIN. The first organizational stigma centers on the fact that the organization is a large foreign multinational. A common assessment of critics of large foreign multinationals is that they are perceived as robber barons that come in and do whatever is in their power to make profit. This may mean utilizing strategies to undercut local businesses, bringing in cheap labor, poor working conditions and abusing the environment. The second organizational stigma revolves around country of origin. In the 1960s and 1970s Japanese organizations faced the labeling of their products as being cheap and of poor quality. Recently Chinese firms have been labeled similarly (DeWoskin, 2007). This has been backed by recent recalls of tainted products such as the American recalls of Chinese made toys. Also, in Australia the Chinese also suffer from an historic labeling as a menace that takes jobs away from white Australians. The third organizational stigma is under the heading of industry. The mining industry in Australia is one of the largest employers in Australia but has a negative perception in the eyes of the public regarding environmental issues. There are community concerns over pollution caused by refineries, which have resulted in the closure or moving of refineries to other locations.

To analyze the potential of these stigmas the investigation centers on three separate community stakeholder groups: business; local government and local residents. The last group, local residents, may contain stakeholder subgroups which are presupposed to being (1) those in support of the project (no stigma) and (2) those opposed (perceived stigma). By breaking the community down in this manner the process of each stakeholder group is mapped as to whether a stigma exists or not.

Given the above review and the organizational context the following research questions and research statements (RS) are proposed:

RS1. Does a perceived stigma exist? Tribal or conduct?
   RS1a. A tribal stigma will exist based on the organizational type—multinational.
   RS1b. A tribal stigma will exist based on country of origin—China.
   RS1c. A conduct stigma will exist based on industry—mining/refining.
RS2. The greater the perceived peril or threat of the stigmatizing characteristic the stronger the response will be.
RS3. The greater the perception that a stigma exists the greater the effort will be made to avoid being identified (disidentify) with the organization.
RS4. The higher the status held by a stakeholder credibility within the community the greater the likelihood of community support for their viewpoint (this could be either the perception of a stigma or not).

Methodology

The research was undertaken with the cooperation of both the organization, CMIN, and the community. In November 2008, the research team was invited to attend a meeting of a Community Consultative Committee (CCC) that was acting in an advisory capacity to the CMIN's organizational project team on community issues. CCC members were invited to participate in the current study and all but one volunteered to do so. Furthermore, CCC members also passed on the researchers' contact details to other community members, who subsequently contacted the research team to participate in the study. As a consequence, 36 individual face-to-face, semistructured interviews were conducted with members of the community. In addition, 2 focus groups, comprising of 5 and 8 participants respectively, were conducted bringing the total number of participants to 49.

There were 33 male and 16 female participants, whose ages ranged from 18 to 80. The occupations of the participants included managers, teachers, farmers, health and community service personnel, self-employed and retirees. The number of years participants resided in the area ranged from less than a year to life time. The duration of the interviews ranged from one to two hours; the focus groups were both approximately of two hours duration. Participants were asked a series of questions relating to their views on the proposed CMIN development and how it would impact

on their life and community. If views on the proposed stigmas did not arise then the participants were asked to comment on whether or not organization type, country of origin or industry was an issue. The data from the interviews and focus groups were analyzed using an analytic tool based on the work done by Strauss and Corbin (1998) for grounded theory.[1]

Results

The first objective was to examine whether or not the three possible stigmas occurred. It was anticipated that there were three possible stigmas that may be attached to CMIN, the case organization: RS1a—organization type (multinational); RS1b—country of origin (China); and RS1c—industry type (mining/refining). In the majority of the interviews participants needed no prompting to discuss country of origin or industry type. However, in nearly all of the interviews participants needed to be asked regarding their views on organization type. Their response was consistently negative, with only one dissenting voice. Thus, RS1a, the concept that the organization type may be perceived as a stigma, in this case an MNC, does not occur.

Three themes relating to stigmas arose from the data, namely, country of origin, industry and opportunity costs. The country of origin theme dealt with the perception of a tribal stigma attached to the label of a Chinese multinational (RS1b). The second theme revolves around the label of a 'dirty industry', which produces the strongest level of organizational stigmatization (RS1c). The third theme, opportunity costs, provides justification for the acceptance of the CMIN development in the community and acts as a moderator for the level of organizational stigmatization. The subsequent sections explore each of these themes in more detail.

Country of Origin—China

For CMIN it was hypothesized that a tribal stigma would be perceived by the community based on geography or country of origin. However, there was only partial support for the hypothesis. The country of origin theme focused on the race and management style. The location for the CMIN site is primarily agricultural focusing on seasonal vegetables, which requires a greater level of labor during the harvest season. As the quote below indicates itinerant workers, largely made up from immigrants or temporary foreign workers, are the bulk of the traditional seasonal workers.

I think it's because this is a horticultural region, a very large horticultural region and there is a lot of employing of the workforce from overseas. So it's not necessarily the Chinese. We might have Germans. We might have Swedish. We might have the French. We have a lot of different cultures come to Beachville to do a lot of picking. We actually prefer the Asian workers because they do a very good job and they work really well. We don't have any problems with them in town. A lot of workers from other places in the world, they do cause trouble in the town and they're a problem whereas the Asian workforce, they don't cause any problems around town. We never have any problems with them. So the growers actually like to employ them because they do a really good job of what they do and they're very widely accepted because they don't make any trouble for anyone.

As the quote indicates the local view of Asian workers was based on previous experience within the area. However, the majority of Asian itinerant workers are Korean. The only other local source of knowledge or exposure to the Chinese culture or people is a few local shop owners. The major issue for many of the participants is the size of a possible Chinese workforce and the integration of those individuals and their families into the community.

I really believe a lot of these overseas companies like Chinese, Japanese, Koreans, a lot of these big multicultural, multinational people that bring their own people out. They do not integrate. They do not integrate well. They stick to themselves.

Get to know the locals, blend in with them. Assimilate, just the same, you know, when the Italians and the Greeks first came to town, they assimilated with the rest of the community and the country. I mean they have still got their own little individuality but they have blended in and they've got the idea; blend in, mix in, become one of us.

The quotes above clearly show the common voice of acceptance of the Chinese people but show some reluctance regarding culture. The widespread sentiment was in regard to problems or concerns that would develop if the Chinese segregated themselves into their own community. A common theme of participants was the assimilation or fitting into the community of those they perceive to be of a different culture, which many believed would solve an 'us' versus 'them' scenario. In other words, become Australian and there would be no problems. Therefore, a stigma may have existed, not with the people but with the culture they represent.

A second aspect of the country of origin centered on the perception of Chinese management style, including what the perception of the mix of Chinese and Australian employees would be. Participants were asked about their knowledge of Chinese management style and how it might affect the development. Only two participants had visited China and only one of those two had worked in China. Participants, therefore, based their evaluations of Chinese management practices on knowledge derived from media sources and as a result participants admitted they did not know a lot about Chinese management practices.

> *Only from documentaries and stuff that I've seen on TV, which is pretty much where we all get it from where they pay very low wages.*
>
> *Well I don't really know what Chinese business management is about. I don't know their practices at all. I have got … just sort of like going to China and just see how they're building things and how they're doing things. They tend to do business deals in all the rest of the western world but I do know that their working standards might be a little bit rougher than some.*
>
> *See we're in a dark about how they run their company and their workforce. We don't know how they do it. A lot of that sort of thing is behind closed doors with that sort of mob.*

Several participants raised concerns regarding Chinese management practices, for instance:

> *That they're very poor employers, the way they treat their staff.*
>
> *Health and safety. Ahhh … better wages, ahhh working conditions like how many hours of work. Well they'd come in health and safety, work gear. Yeah, better conditions. Like they're the one's making the money share up with better wages, better wages. Hey if you don't look after your workers they don't wanna go down to work, you know. I reckon not cheap labour, you know. It's not China, it's not Asia, you know, those places. This is Australia.*

Thus, there existed a perception that Chinese management practices were substandard when compared to Australian practices.

Further, participants voiced a concern over the potential mix of Australians and Chinese expatriates. Fifteen participants provided their perception of what percentage was acceptable. The majority (10 of 15) place the mix at 40–50% Chinese and the remaining 50–60% a mix of locals and other Australians, and the other five participants suggest 5–20% Chinese and 80–95% Australian. One participant claims it should be 100% Australian.

I don't realize why should we have foreign workers in this country at all?

There's forecast of unemployment rising in this country through the economic status of the world and different companies. … I don't see why they have to employ these people, bring these people in like that at all.

So yes I'd say. … But if you're looking at say the mix, I would suggest that, my best guess would be say 40% Chinese, 60% locals would be a tolerable mix.

The primary reason the ten participants suggested a higher mix of Chinese expatriates is the lack of qualified individuals in the area. One participant with considerable business experience and local job knowledge expressed the concept in the following manner:

I don't think the existing locals would attract any more than about 20% of that. People just don't have the capacity. If we've got 150 to 200 jobs out of it, that's more than our capacity. Our capacity is quite close to 100 to 120 jobs from the local people. Not only are they at capacity but we don't have the skills that have been there to fill the range of jobs. You've got that new job. They're going to bleed the intellectual capital from our shire.

The common thread running through the comments was that CMIN had to be aware of Australian labor practices and that the bulk of the permanent work force should be locals or Australians because of the need of jobs in the area. As one participant stated a perception of an imbalance in favor of Chinese workers will result in negative responses toward the Chinese employees and the organization.

The findings showed weak to moderate support for a tribal stigma (RS1b), which centered on Chinese cultural and management styles. The response of the community was that the incoming employees should assimilate into Australian culture and Chinese managers need to play by Australian rules when it came to the practice of labor management. This ethnocentric solution indicates that too much Chinese culture will not be tolerated and could result in the perception that the organization possesses a flaw that discredits the organization. This suggests an organizational stigma is possible.

Industry Type: Mining/Refining

A conduct stigma based on industry (RS1c) is very evident from our data. Participants, even those in support of the proposed development, express concerns over environmental issues as shown below.

I mean it's the emissions, the environmental issues is the biggest assurance I guess. It varies. If it isn't a huge impact on the environment and it's not going to have anything that will affect the horticultural industry, I don't see it as a problem.

As long as it stays within keeping our beaches, and keeping the environment and stuff like that, and just keep the natural beauty of this town, definitely.

Most Australians were aware of the detrimental effect that a similar development had on Aussietown, which was also one of the possible sites. Most participants were quite familiar with the environmental damage in Aussietown since it was in the same state and friends, relatives or they themselves at one time lived there. Due to this experience the refining process of this particular industry led to a labeling—'dirty industry'.

As long as the industrial areas are controlled so we don't turn into a Aussietown and as long as it doesn't destroy, because Beachville's got a natural beauty.

All the preceding three quotes clearly indicated the need for the industry to be controlled in some manner, which illustrates a primary criterion of a conduct stigma—controllability.

There was also a concern from participants for the possible damage to not only the 'natural beauty' of the area (beaches, wet lands and reefs) but also the possible side effects on the agricultural industry in the area.

It doesn't fit here. It doesn't go with what we've got here. It doesn't go with the environment we've got here. It goes against totally the agricultural industrial and the horticultural industrial that we've got here. You could not have the two of them together. It also goes against where they want to propose to put it, is in probably the most sensitive environmental area in the choices that they had to put industrial developments. … But industrialization here is going to pose huge threat on our environmental side of things here. In other words you've got the Great Barrier Reef already in crisis, severe crisis. Unless things are done soon to start changing things, you're going to lose the reef.

The environmental issue caused a polarization in the community between the environmentalists or 'greenies' and those in favor of the development. Thus the labeling of a 'dirty industry' or polluter created an organizational stigma within one portion of the community, namely the environmentalists or 'greenies'. Moreover, the portion of the community that supported the development attaches a stigma to the environmentalists or 'greenies'.

However, for the environmentalists the environmental stigma attached to CMIN is not a conduct stigma but a tribal stigma based on the history of past refining companies.

A further problem arose from some members of the aboriginal community; they claim the land was theirs and that the rights of use had not been negotiated properly. They also feared the destruction of their heritage.

> *Because it is like being a traditional owner, that is one of the most important areas of our country that there is to our people. It holds a lot of traditional sites going back in history. … Then like to our people that land out there means a lot to us and has a lot of history. There is a lot of rock art. There are a lot of rock carvings. You will find scattered artifacts everywhere. There are midden sites so on and so forth. There have been studies done how rock art some could be traced back to 2,500 years, midden sites, go back as far as 1,500 years old—the ones that they've studied. So I think to our people, that land out there should not really be touched because the wetlands itself, there shouldn't be any more built around the wetlands itself—is very fragile like to the way everything works in this part of the world.*

As can be seen in the quote a primary concern was the environmental issue caused by the refinery project, which raised concerns with all three groups—the local environmentalists, the aboriginal community and supporters of the project.

The greater the perceived threat of the stigma the stronger the response will be from the community (RS2). The findings centering on environmental concerns showed a very strong reaction from a group of community stakeholders—the environmentalists. Thus there was support for RS2 in that one group reacted strongly against and the other group reacted strongly for the development. Both parties argued their side through letter campaigns to the local newspaper, websites and direct contact with CMIN. The demonstrations of support or nonsupport also provided evidence of support for RS3, which focuses on the amount of effort given to disidentifying with the organization. Reflected in the statements by the environmentalist was a very strong effort to disidentify through labels such as '*polluter*', '*dirty industry*' or '*filthy multinational dumping its trash*'. Equally as strong were the voices of praise for CMIN as a positive force for the community. For the majority of the interviewees the stigma attached to the industry was negated by the possible benefits for the community. This rationalization could be seen as a classic example of opportunity costs.

Opportunity Costs

In economic theory opportunity costs represent the evaluation of opportunities lost due to the result of making a decision. In the case of the participants the loss of the opportunities because of the acceptance of the CMIN development in the community was justifiable for several reasons. These reasons centered on the benefits of the development through employment opportunities and the flow-on effects for area businesses and the community. The following quote demonstrates that the most important prospect was the permanent employment and the effects that employment would have for the community.

> *I know a few of the detractors are saying they're going to fly 600 Chinese people in. Now that would have an adverse effect on the community. The locals would say that's not fair but to me, again upfront and saying yes, we're going to expect some sort of Chinese management or specialists out there but at the end of the day it should be good for Australian jobs.*

The following quote shows that a key reason for the perceived importance of employment was the economic history of the area, which illustrated a dependence on an agricultural job base and a single major industry. In the early 1980s the community served as the base for a regional railway hub and a food processing plant. However, by the early 1990s both operations were moved to other communities further south, which, according to the participants, accounted for the loss of 800–1000 jobs. The community then faced a decade of economic difficulties. Several major projects were planned for the area, some even reaching the stage of purchasing land for the project but for various reasons they all fell through.

> *Yes it has and it's shrunk dramatically back in '95 which was when the* (food processing plant) *weren't on. There was new owners that moved into the mine and there were lots of union problems out there. So they virtually shut the mine out there to sort of bring the union under control and then they rehired a work force a couple years later under a new … took over the management of the place. We've lost a heap* (jobs)*, we lost a heap and the price of property fell through the floor and all that sort of thing. So yes, it wasn't good, it wasn't good and there wasn't much employment at all.*

One of the commonly voiced advantages was employment for the young people of the community. This came through as future opportunities for

participant's children. Again the depressed economic situation in the community forced individuals to seek employment elsewhere and participants saw the proposed development as a real opportunity for family members, current and future, to return to or remain in the community. Thus, despite the possible environmental concerns participants supported the project for the employment, which promised the possibility of keeping families together.

> *They* (community members) *are seasonal workers, so if you can keep them at home, within the community, yes definitely. I definitely do support it. They could see that finally our kids didn't have to leave, here's an opportunity where our kids can stay and get themselves a good job and create a career for themselves.*

The economic benefits were also seen by participants in the flow-on effect for businesses of the area. Numerous participants stated that local businesses would benefit from the money spent by employees in the area. In the following quote one participant overrode all other concerns regarding the number of foreign employees with the concept that they spend their money in the community.

> *At the end of the day it doesn't really matter. It's irrelevant as long as they become part of the community and they spend their money in the community.*

Participants who own and operate businesses in the community readily saw the advantages of a more permanent workforce in the area. However, most participants saw a significant benefit to the community in the improvement of infrastructure. Participants spoke of the poor infrastructure that existed, especially in the area of medical services. Participants recognized that to support growth in the community increased municipal services, such as water, power and sanitation, were required. The question that remained was whose responsibility was it to provide the financing for these services. The possibility of improved infrastructure for the community mitigated other concerns such as the number of foreign workers or environmental concerns.

Two other factors that also acted as mediators were the location of the development and the perception of those against the development. For over a third of the participants the fact that the development site was going to be located over 25 kilometers from the community created an attitude of 'out of sight—out of mind'.

It is in that it's not going to be a pretty looking site. It's going to be an eye sore. Every industry is. I mean so it's far enough away that we don't see it so it's not my backyard. At the same time if they communicate and they're in with—you know if they employ a lot of people from town, people talk at the pub and whatever and they're in the paper. So I think it will be an advantage to be out of town because we'll only see the good side. If they have a few problems out there, we won't know about it.

Some supporters devalued the stance of the nonsupporters' position or labeled them as 'liars', 'greenies' or having a 'rent-a-crowd' attitude, which acted as an attempt to distance those views from the 'normal' accepted cultural viewpoint.

I get very upset at those so called green people. You can't talk to them. You can't tell them that people, it doesn't matter whether they are born in China or anywhere around the world they are entitled to the same standard of living as what we have got. And they turn around and say, "They shouldn't be doing this. They shouldn't be doing that. They shouldn't be doing something else". There's a limit to that. There's a limit to what you can do. Everybody is entitled to the same standard of living. That's why people want to come to Australia.

They're not really going by facts. They're going by pure emotion. They were at a meeting. I'd never met the lady and just a bloody nuisance. Like we've all got opinions on the environment and by no means I wouldn't call myself a greenie but I don't believe you should destroy the environment just for the sake of destroying it either but you've got to find that happy medium between economic survival and making sure that everything's there for the next generation.

In the first quote implies that environmentalists were unreasonable and unwilling to help others. The second implies that environmentalists were too emotional and become '*a bloody nuisance*'. Yet in the second quote the individual claims to be in support of environmental concerns but distances himself/herself from the label of '*greenie*'. Thus one can see the stigma attached to being an environmentalist and the attempt to mediate the effect of environmentalist concerns by downplaying the value of the information and emotional state of the environmentalists. This action provides support for the concept of disidentification with the stigmatized party (RS3).

There is some support found for whether the higher status and credibility held by a community stakeholder affects the level of community support (RS4). The local government stood firmly behind the development and

the Mayor of the community was labeled as '*good for the community*', *a* '*go getter*' and '*well connected*'. From the opposing viewpoint there were innuendos of corruption, favoritism and career building. Also firmly behind the development was the local business community. Most saw it as an important step in increasing profitability. Thus one group focused on increasing the credibility of the Mayor as a key figure in the procurement of the development and the other group focused on discrediting not only the local government but also the 'greedy' business owners. No one stated that they supported the project because of the status and credibility of an individual or individuals, but the concerted efforts to build or destroy the image of the Mayor indicated that the Mayor did hold some influence in the decision-making process of individuals in the community.

DISCUSSION

In this case two of the three possible stigmas were evident. The strongest of these stigmas was the stigma attached to the environmental perception of the industry. The community was split on the issue with most recognizing that it was important and a few highlighting it as a true negative label that resulted in stigmatization. Although weak, there was a possible stigmatization of foreign cultures manifested in the attitude toward the influx of Chinese workers. Participants expressed the need for foreign workers to assimilate with the Australian culture or they would face problems. The fact that these stigmas exist was of interest but of greater interest was why they were not stronger. The reason we put forward was the perceived opportunity costs of the development.

With the community's economic woes, community members weighed the risks of environmental damage, appearance and the influx of a foreign workforce and declared that the cost of the available possible alternatives outweighed the potential negative aspects. Devers et al. (2005) suggest that after recognizing a possible flaw, evaluating its legitimacy and considering whether or not the organization is responsible and responsive to concerns, an act of social control may be imposed. This act of social control would result in stigmatization. However, what we find missing from that process is the influence of external factors. All the participants agreed there was a threat of environmental damage, but reduced the threat by weighing out the possible advantages.

It is further proposed that a critical mass accepting the label is needed to attach the stigma label (Devers et al., 2009). Here again participants

did not deny the polluter label but offset the stigma through application of opportunity cost. Therefore, in the case of CMIN, the stakeholders perceived an illegitimate practice, a high level of controllability and a distinct possibility of danger to the community but still supported the development because of the economic benefits. The concept of opportunity costs plays an important role in mediating the effect of organizational stigmatization. Thus we suggest that external environmental factors need to be included in the evaluation of the application of an organizational stigma.

The case organization, CMIN, recognized the possible stigma attached to the industry and developed strategies to reduce the effects. CMIN engaged in an active community consultation campaign in order to gain a social license from the community to operate. In discussions with representatives from CMIN they perceived that the community was divided in their opinions regarding the development. They estimated that 40% of the community supported the project, 20% did not and the remaining 40% were undecided. Our findings reflected that there was a large percentage of undecided with a 'wait and see' attitude due to past experiences with large developments. From discussions with the community members it seems unlikely that this breakdown would change until the development started construction.

This community engagement strategy encapsulates Sutton and Callahan's (1987) strategy of 'accepting responsibility and defining'. CMIN recognized that possible environmental concerns existed and addresses those concerns by explaining the process at every opportunity. In other words, CMIN said, yes, the industry does not have a good track record but recent technological developments significantly reduce the possibility of environmental damage. The findings indicate that the strategy was effective but the key mediator in the mitigation of the perceived stigmas was the perceived opportunity costs.

One interviewee summed up the necessary organizational strategy for CMIN in the following quote:

> So, they have to be able to be across what the community wants, and what the community want to hear. And they want to hear the truth and they want to hear what you're going to do to make sure that our lifestyle and that our lovely town, as you've just discovered, isn't going to be decimated and put some assurances and guarantees in place, and people will welcome them with open arms.

To overcome stigmatization CMIN had to recognize the needs of the community and contribute in a significant manner to those needs. For most, employment was the key factor; thus CMIN needed to do its utmost to hire locals and support local businesses. The second important factor was community support. Most participants talked about the need for improvements to infrastructure; CMIN needed to invest in local infrastructure needs. Whatever the perceived need was CMIN had to be seen as contributing. Thus CMIN's strategy to overcome stigmatization had to tip the balance of the opportunity costs in their favor. CMIN later abandoned its plans of expansion into Australia claiming that contingencies placed on the project by the state government were untenable (Herber, 2013).

The limitations of the study reside in the fact that it is a single case and thus is not generalizable past this one study. However, the overall findings do provide insights that will help practitioners and academics. The influence of external factors such as the economic woes experienced by the sample community provides alternative factors for theoretical development while providing an important insight for the development of strategic plans for gaining a social license to operate when possible stigmas exist. The theory of organizational stigma is still in its developmental stages and the various components require empirical testing. Further research needs to gather data from a wide group of industries that face stigmatization in order to provide stronger validity and reliability of the theory.

Conclusion

The application of stigma theory to organizations offers new and significant ways of gaining deeper understanding of organizational behavior. This study provided a unique opportunity to empirically investigate both those applying a stigma and those stigmatized. Also we are able to gain insights into the strategies employed by the stigmatized party in response to the stigmatization. Through this research we illustrated the importance of external factors on organizational stigmas. Research needs to be undertaken to further explore the strategies applied by organizations rather than by individuals. We contend that the strategies applied by organizations are as complex as those uncovered in the vast work on individual stigmas, hence further research needs to be undertaken to expand the concept of organizational stigma.

Note

1. Grounded theory provides a detailed process of coding, which follows a process of moving back and forth within the data (constant comparison) in order to develop a coding procedure that illuminates concepts, patterns and themes. In describing "strategies for qualitative data analysis" Corbin and Strauss (2008) state that the purpose of an analytical tool, such as the one they developed and used in grounded theory, is to generate a procedure that creates a systematic and repeatable analysis of the data. Although associated with grounded theory research, the analytic tool espoused by Corbin and Strauss (2008) is a tested and proven system for the systematic and repeatable analysis of the data (Benaquisto, 2008; Corbin & Strauss, 2008).

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Conclusion

Gina Grandy and S. Bruce Thomson

INTRODUCTION

Although the work of Goffman (1963) on stigma theory comes from the exploration of stigmas at the individual level, the authors of the various chapters provide background, analysis, and a deeper holistic understanding of the application of stigma theory to the organization environment as a whole. The chapters highlight the influence of stigmas in the workplace at three different levels—mirco/individual, meso/group-occupational, and macro/organizational. These chapters further show that the application is not limited to one level or one concept. Indeed, the authors illustrate in their analyses the complexity of stigmas.

As we reflected on the contributions in this book, we were struck by four themes that resonated throughout the book, namely:

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1. no one reason for stigma or solution to it
2. emotions, embodiment, and the material nature of stigmas
3. transferability and removability of stigma
4. context-specific nature of stigmas

From each of these areas, unanswered questions remain, which in turn provide avenues for new research as it relates to stigma, work, and organizations. In what follows, we discuss each of these areas and hope that you are struck by something that triggers an interest for future pursuit.

No One Reason for Stigma or Solution to Stigma

Weaving in and out of all the chapters is the undeniable complexity of stigmatization. The stigmatized individual, occupation, or organization faces social forces that judge, inhibit freedom and, at times, force choices of revealing or hiding (Thomson, 2015). Stigmas are governed by the societal moral values that dictate right and wrong, accepted or shunned (Ragins, 2008). For example, there was a time in history when having a child out of wedlock was considered a sin and punishable by imprisonment and social condemnation (i.e., England pre-1914). The women's rights movement and both world wars changed societal views on not just women's rights but also on what constitutes a family (i.e., single-parent families). This example illustrates the influence of the changing social dynamics that form the basis of what we deem a stigma.

To add to the complexity is the dynamic nature of stigma and stigmatization. Stigma is temporal and what is perceived as tainted may change over time (Dick, 2005). For example, 'mental health' still carries considerable stigma. Recently, in both Canada and the UK national media coverage and advertising campaigns (e.g., Bell Canada campaign in early 2017) have focused on mental health. This serves to dispel myths about who can be affected by mental health concerns, as well as to communicate the various resources that are available to those who are affected. We suggest that such efforts over time might 'normalize' mental health and contribute to reducing the stigma associated with mental health. Another example of the temporal nature of stigma can be seen in Chap. 6. Where Grandy and Mavin pull on the research of Stanley et al. (2014) and Vaast and Levina (2015) to highlight how over time high-prestige occupations (banking) and those who perform them can become stigmatized.

The complexity of stigma is also vivid when we look to the 'source' of stigma. Goffman (1963) listed three sources of stigmatization—abominations of the body, blemishes of individual character, and tribal. Chapters. 2, 3, and 4 all deal with abominations of the body—obesity (Chap. 2), (illness Chap. 3), and disability (Chap. 4, although not exclusively focused on the physical). Perceptions of controllability, (in)visibility of the stigma, and connection to an individual's 'character' further complicate the experience and implications of stigma. In Chap. 2 on obesity we see that while obesity is a physical attribute, the severity of stigmatization is elevated due to the perception that the individual can 'control' it, in turn making it also a blemish of the individual's character. This also holds true for illness, depending upon the illness. Beatty points out in Chap. 3 that illnesses such as cancer caused by smoking or AIDS evoke a stronger negative response, thus once again implicating a blemish of character. That not all 'blemishes' are visible also raises an interesting dynamic. When investigating disability as a stigmatizing characteristic, Spirito Dalgin (Chap. 4) argues the often invisible nature of disability leaves the individual in a difficult place, having to choose to disclose or not.

Shifting our focus from the individual to the occupational level, Grandy and Mavin (Chap. 6) and Rivera (Chap. 8) state that all types of 'dirty work'—physical (Chap. 7), social (Chap. 9), and emotional (Chap. 8)—pose a risk to moral integrity and character. In this way, all types of dirty work are underpinned by a moralistic viewpoint and thus morally stigmatized. At the same time, Grandy and Mavin also suggest that the severity of taint is higher in occupations where moral taint is more pronounced (e.g., sex trade workers) than it is for a physically or socially tainted occupation. That the types of taint overlap make it more difficult for those affected by the taint to develop effective strategies to secure positive identities and minimize various negative material effects.

The chapters not only highlight the complexity of factors, sources, and systems that contribute to stigma and its negative outcomes, but also the multiple strategies that individuals and organizations employ to counteract/ manage stigma and the various systems and practices that need to play a role in tackling stigmatization. A key strategy highlighted in several chapters across the different sections of the book is that actively educating about the false stereotypes associated with the trait/characteristic is effective. For example, Watson and colleagues (Chap. 2) state that education about the false stereotypes and prompting a healthy lifestyle for all employees is a step toward reducing obesity and the stigmatization of obesity in the workplace.

Several chapters also discuss strategies that flow along the lines of Woods' (1993) three strategies to manage stigma—counterfeiting, avoidance, and integration. Counterfeiting is where one tries to create an identity that matches the accepted group's characteristics in order to pass as a member of the accepted group (Ragins, 2008; Woods, 1993). This may be applied when one chooses not to reveal or hide the stigmatizing characteristic and try to fit in according to the prevailing social norms. The second strategy, avoidance, is evasion by self-editing, bending the truth, and censoring; anti-social behavior and/or avoiding discussions regarding the stigmatizing trait (Ragins, 2008; Woods, 1993). This could be an organization denying any wrongdoing or not disclosing the organization is in financial difficulty. As Watson and colleagues, Beatty and Spirito Dalgin mention, both avoidance and counterfeiting often cause stress by trying to keep up the façade of normalcy. The last of the three is integration. With an integration strategy one is very open and willingly discloses their stigmatized identity (Woods, 1993). For those whose stigma trait is visible the strategy of integration is less of a choice. We can see in Chap. 6 (morally stigmatized work), Chap. 7 (physically stigmatized work), and Chap. 8 (emotionally stigmatized work) that reframing and refocusing (Ashforth & Kreiner, 1999) are strategies often employed to manage the felt stigma.

The chapters have highlighted the complexity of stigmas through not only the 'source' of stigma but also the complexity of how people and organizations manage or counteract the stigma label. We are left with more questions and curiosities about the complexity of stigma. What are the triggers that lead people or organizations to adopt certain strategies? Do those stigmas seen as 'controllable' favor a more evasive (avoidance or counterfeiting) strategy? What are the factors that lead to a successful integration, reframing or refocusing strategy? How do social norms and organizational culture and practices (e.g., to disclose or not) affect the choice of strategy? Do strategies change over time? What are the factors that change the perception of a stigma and can they be mapped through an historical analysis of a trait that was once a stigma but is not now? What are the policy implications for how to provide the resources needed to those affected by stigma and to reduce the societal perception of taint? These are but a few of the questions surrounding the reasons and solutions in the field of stigma research in organizations.

Emotions, Embodiment, and the Material Nature of Stigma

Stigma is a social phenomenon shaped by cultural, political, and historical conditions and structures. Stigmatization is an effect of power (Toyoki & Brown, 2014). The political, cultural, social, and historical contexts through which such socially constructed realities (re: stigmas) are constructed reproduce material effects. Most chapters in the book highlight how stigma has *real* effects on those stigmatized and in turn the organizations in which they work. In particular, Chap. 2 on obesity as stigma, Chap. 3 on chronic illness as stigma, and Chap. 4 on disability as stigma paint a vivid albeit disturbing picture of the far-reaching consequences of stigma. These material effects encompass negative implications as they relate to self-esteem, status, stress, burnout, anxiety, social interactions (e.g., conflict, isolation), hiring decisions, work assignments, performance appraisals, career advancement, and earnings. As discussed in Chap. 3 on chronic illness as stigma, stigma materializes through felt (e.g., expected and perceived by the individual—shame, fear) and enacted (e.g., discriminatory practices as evident in workplace practices, decisions, and interactions) experiences. Whether felt or enacted, there are negative material effects experienced by the individuals and in turn, by groups and organizations.

Indeed, there has been some progress in acknowledging some sources/types of stigma (e.g., disability) and taking steps to redress the negative consequences that some who are stigmatized experience (e.g., via legislation and workplace policies); however, there is much more that needs to be done to fully understand and address the material effects of stigmas. For example, as identified in Chap. 4 on disability as stigma, despite legislation intended to protect individuals with disabilities, people with disabilities experience an unemployed rate twice that of people without disabilities (Erickson et al., 2016, see Chap. 4). Further, other stigmas such as obesity (see Chap. 2), and work(ers) that is morally (see Chap. 6) or emotionally (see Chap. 8) tainted are rarely acknowledged by organizations; yet considerable empirical evidence indicates that such stigma results in negative outcomes at the individual, group, occupational, and organizational levels. Many of the chapters in this book provide recommendations for organizations interested in tackling stigma. Identifying and studying organizations that adopt novel

and comprehensive ways aimed to reduce stigma and its negative outcomes is an area worthy of further investigation.

As noted earlier in this section, stigma is re-created and negotiated in relation to and with others; it is intersubjective in nature. We need to better understand the intersubjective nature of stigma and the lived experiences of those who experience stigma and others who play a part in reconstructing stigma through interaction. Such experiences are often emotive and embodied. Beatty in Chap. 3 (on chronic illness) raises an intriguing line of thinking around the complexity of emotions felt by what she refers to as the 'observers' of stigma, that is, individuals who observe and interact with individuals perceived to be stigmatized. She explains how 'observers' also experience a myriad of often competing emotions such as discomfort, hostility, doubt, conflict, sympathy, and nurturance. We need to know more about how such unresolved ambiguity experienced by the 'observer' might manifest through abjection and rejection of the source (read stigmatized individuals) as a means through which to reconcile such said ambiguity. Grandy and Mavin in Chap. 6 and Rivera in Chap. 8 further account for the complexity of emotions as felt by dirty workers who are morally and emotionally stigmatized because of the nature of the work they perform (e.g., guilt, shame, empathy, pride). Those authors call for more research that recognizes and seeks to understand emotion and stigma.

In a related vein, a number of chapters direct attention to the embodied nature of stigma. This is vividly apparent in Chap. 7 on physically stigmatized work(ers) where Slutskaya and colleagues explore the experiences of refuse workers and butchers. The work itself is physical in nature (e.g., manual labor) and therefore embodied but the work(ers) is also tainted because of the proximity to physical dirt and the contagious nature of such taint. The empirical vignettes presented in Rivera's work in Chap. 8 also reveal how stigmatized work (in her chapter on emotion and stigma) can be an intimately tied embodiment (e.g., Irene, the hospice worker, is plagued by backaches and strained eyes; the exhaustion felt by Jeanette the midwife). Spirito Dalgin in Chap. 4 references the work of Thanem (2008) to argue for a closer look at the lived and embodied experiences of those with disabilities. There is still much to learn about the embodied and emotive complexities of stigma as intersubjective: stigma as experienced by the stigmatized and those with whom (whether knowingly or not) stigma is re-created and negotiated.

The Transferability and Removability of Stigma

Stigma as "contagion" (Rivera & Tracy, 2014, p. 212) has surfaced throughout the book in a variety of ways. Goffman's (1963) early work discussed courtesy stigma and how an untainted individual risks contagion by associating with a stigmatized individual. Ashforth and Kreiner (1999) emphasize that the contagion of stigma is at play in dirty work whereby those individuals who perform work perceived to be physically, socially, or morally tainted over time are seen to take on the taint or personify the taint, in effect becoming dirty workers. Chapter 6 on moral stigmatized work, Chap. 7 on physically tainted work, and Chap. 8 on emotional taint all highlight how stigma associated with particular occupations or job tasks can be transferred or felt by those performing the work and even those interacting with said dirty worker (for the latter see Chap. 6's discussion of Rivera and Tracy's work on border patrol officers). Other research has highlighted how dirty workers sometimes adopt a strategy of projecting taint onto others as a way through which to manage their spoiled identities. For example, Grandy (2008) reveals how exotic dancers project disgust onto clients, something Sykes and Matza (1957) and Thompson and Harred (1992) refer to as 'condemning the condemners'. This can also be seen in the work of Rivera and Tracy (2014) where border patrol officers sometimes exert efforts to pass the taint from themselves and the work they do onto the undocumented immigrants they 'pursue'.

There are still many unanswered questions around the transferability of stigma. Grandy and Mavin in Chap. 6 raise such questions in their discussion of Shulman's (2000) research on private detectives whereby the three-way interaction between clients, private detectives, and the 'target' of the investigation surfaces insights into the movability of stigma from one party to another. Grandy and Mavin also discuss the work of Kreiner et al. (2006), Grandy and Mavin (2012), and Jensen and Sandström (2015) which illuminate how the stigma at the organization level can 'move' from the organizational level to the occupational level and to the individual level. Further, Grandy and Mavin in Chap. 6 speculate if markers of class, gender, or sex which might serve to taint an individual (regardless of occupation or organization affiliation) could transfer to the occupation and organizational levels, thereby stigmatizing the occupation and organization. Finally, Thomson in Chaps. 10 and 11 on organizational stigma draws attention to the complex and understudied area surrounding the transferability or movability of stigma.

Similarly, the removability or what Bergman and Chalkley (2007) refer to as the stickiness of stigma warrants further investigation. Various chapters throughout the book discuss 'perceived control' and how it affects the pervasiveness of stigma (e.g., Chap. 2 on obesity, Chap. 3 on chronic illness, Chap. 8 on emotional taint). In Chap. 9, Southgate's empirical study on the experiences of social mobility of medical students from non-traditional backgrounds illuminates the complexities around the stickiness of taint. In Chap. 11, Thomson notes that organizations have access to more resources and an increased likelihood to address and remove taint than individuals do. We wonder what it takes to remove the stain of stigma, or is this even possible? For example, does someone who once bore the stigma of obesity fully leave the stigma behind even after losing weight? What do individuals and organizations do to leave the stigma behind—does it require ongoing resources or impression management to mask past markers of stigma? Are there outcomes at the individual, group, occupational, and organizational levels that we are unaware of as they relate to removability or stickiness of stigma? These are questions for future research.

Context-Specific Considerations

As we have stated one thing that arises from the definition is that a stigma is socially constructed; therefore, what is a stigma in one place may not be in another. In other words, context matters! Ashforth and Kreiner (2014) define context as "the situation or environment within which a given entity or phenomenon is embedded, shaping the emergence and enactment of that given quality along with how it is understood" (2014, p. 424). We concur with Ashforth and Kreiner's (2014) statement that little work has been done on how the context influences or forms the social construction of what is perceived to be a stigma. We can see this weaving in and out of several chapters.

Ashforth and Kreiner focused on three areas of influence—historically (when), culturally (where), and demographically (who). Thomson, Nyland and Forbes Mewett (Chap. 10) touch on the historical stigmatization of Japanese firms and how that stigma has shifted away from Japan due to marketing and quality improvement processes. Both Slutskaya, Morgan, Simpson and Simpson (Chap. 7), and Southgate (Chap. 9) illustrate the influence of culture at a micro level. Chapter 7 looks at how butchers and sanitation workers try to normalize their work through discursive resources, which demonstrates an attempt "to render it legitimate and unremarkable,

at least to insiders" (Ashforth & Kreiner, 2014, p. 430). This can be seen as an effort to change the perception of the job at the community/local level. Southgate's treatise on social mobility via a high-status university degree demonstrates the variation of stigma perception across societal classes illustrating cultural influence at a meso level. Thomson and co-authors in Chap. 11 take it up to the macro level when dealing with organizational stigmatization of a Chinese firm in Australia based on country of origin (a tribal stigma).

Several chapters delve into the influence of demographic characteristics. Watson and co-authors (Chap. 2) point out how the perception of obesity as a stigma changes due to gender (obese women are less likely to be hired) or age (obesity in youth is seen more negatively than in the elderly). Grandy and Mavin (Chap. 6) in their chapter of morally stigmatized work discuss the influence of both gender and race on the perception of various occupations including nurses, border agents, and correctional officers. Southgate's (Chap. 9) look at the stigmatization of higher degrees of those from lower income families illustrates not only the stigmatization of class but also speaks of the stigmatization of race, gender, and urban versus rural.

There is considerable work left in the exploration of the influence of context. As Ashforth and Kreiner state we have achieved great strides in understanding stigmas from the what, why, and how perspectives but lack the same progress in the who, where, and when aspects (2014). Further work needs to consider the influence of gender, race, and class distinctions. Also, future research can explore how the perception of stigma/taint varies across national/cultural boundaries or how the perception of stigma/taint can change over time. These are all worthy as an area of future research across all three levels of stigmas covered in this book.

Conclusion

The aim of this book was to provide the reader with a holistic view and bring together academics writing on all three areas of stigma research—individual, occupational, and organizational. The chapters covered topics ranging from illness, obesity, and sexual preference to healthcare workers, garbage collectors, and sex workers and finally to multinational corporations. Our hope is that by offering a comprehensive look at stigma and work, we have generated greater awareness and interest in the implications of stigma at the individual, group, occupational, organizational, and societal levels. We hope we inspired pathways for new avenues of research that further enhance our understandings of stigma and organizations.

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Erratum: Stigmas, Work and Organizations

S. Bruce Thomson and Gina Grandy

Table of Contents: Chapter 2, the sequence of the author names was incorrect. The correct sequence is updated as Lisa Watson, Tatiana Levit and Anne Lavack. Chapter 3, the name of the author was incorrect. The correct name is updated as Joy Beatty. Chapter 4, the name of the author was incorrect. The correct name is updated as Rebecca S. Dalgin

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