

What's Wrong with Her? The Stigmatizing Effects of an Invisible Stigma

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She woke up at the click of her alarm engaging. Rarely did she need the soft music to awaken her. She opened her eyes, sat up, and swung her legs out from under the blankets. "The room seems a little darker than usual," she mused as she headed toward the bathroom. An hour later, dressed in navy blue casual pants and a multicolored paisley shirt, she grabbed her book bag and headed out the door. As she pushed open the outside door, she felt large drops of water land on her head and trickle down her scalp. "That's why the room was darker this morning. I should have guessed." She backed into the hallway and pulled an umbrella from the side pocket of her bag where she always kept it. However, today the umbrella offered little protection.

She walked several blocks to the shoulder of the highway in front of Burger King, all the while being attacked on every side by unwelcome drops of rain. "Why did I even bother getting ready?" she thought. Finally, after ten minutes of fighting a losing battle with her woefully inadequate weapon, the bus arrived, and she was able to slosh her way to a dry seat.

She arrived at the liberal arts building after the usual hour long bus ride. She headed up to the second floor, checked her mailbox, stopped by the restroom attempting to remedy the rain's effects on her appearance, and then proceeded to her office. She closed the door behind her and sat down at her desk. Staring at her watch, she was relieved to see that she had fifteen minutes before she had to begin her three consecutive hours of teaching. She read over her lecture notes briefly and then placed her textbook and notes into her small black briefcase.

Leaving her office, she headed downstairs to the basement. She had followed this path so many times that she hardly paid attention to where she was going. Reaching the bottom of the stairs, she turned right and headed down the long off-white hallway with scattered brown doors on each side. Almost unconsciously, she mentally counted the doors to her left as she passed them - one, two, three, here. She opened the brown door, walked into the room, and began setting up her teaching materials as was her usual habit.

Upon her arrival, the students would usually continue their subdued chatter almost unaware of her presence. After setting up, she would talk casually with them. This day, however, a hush fell over the class upon her entrance. This seemed a little awkward, but she did not worry about it. After a few seconds, the students began to talk quietly again.

She was just about finished with her preparations when she heard a voice say, "Are you a substitute?" She lifted her head, and fixed her now clouded blue eyes on the class as the realization and impact of the question penetrated her brain. At the same time, she felt a slow burning sensation begin in the tips of her toes and gradually work its way upward stimulating every part of her body and causing the blood in her veins to surge toward her head. During this process she was mentally debating with herself. "Oh my word! It's Wednesday and I'm in the wrong room. I feel so stupid. I should explain myself - no, they won't care about my explanation. I have already made a complete fool of myself. I have to get out of here. I can't believe I did this!"

The blood in her body had now completed its upward surge, and she felt her face glowing like a neon light. The room began to spin around her as she quickly and awkwardly grabbed the items so neatly laid around her. She turned toward the door, only a few feet away, although it seemed like miles. "If I can just make it out to the hallway, I'll be all right.

I have to regain my composure and get to my class." She almost sprinted to the door.

"Wait! I can't just leave. I have to say something - something that will save face," she thought. She paused with her hand on the doorknob, looked at the class full of strangers, and said, "It's been one of those days!" Now even more frustrated with herself, she quickly exited the room.

Once in the hallway, having walked some distance from the room, she leaned against the cold concrete wall. She took several deep breaths attempting to regain control of her body. "It's been one of those days - what a stupid response. I should have just explained the real reason for my incompetence. At least, they might have understood. What must they think of me?"

She closed her eyes and unwillingly visualized the sea of confused expressions in the room she had just left, expressions which all asked the same question - "What's wrong with her? How could she not notice that she was in the wrong class?" She shuddered as she thought of a myriad of possible explanations:

"Maybe she's on drugs."

"She must be really air-headed and she wasn't even blond!"

"I always knew these T.A.'s were stupid."

"She might be hung over - I don't know where I am half the time either!"

She pulled her imagination out of the classroom as she pulled her body off the wall. She continued down the hall past several more brown doors to her awaiting class. As she walked, she chided herself for not remembering that on Wednesdays her class was in a different room. People walked into the wrong room all the time. She had seen students do that in her class. The difference here is that they realize immediately their mistake. They do not stand in front of the class for five minutes as if they belong there. "Oh, well, I'm sure I won't do that again." Even as she thought this, she knew that the same event likely would recur.

She pushed the door open and walked into her class about a minute late. Since she was always prompt, she felt compelled to explain her tardiness. This time it would be easier since they already knew her secret. She shared the story with her students and gave them a good laugh. She laughed along with them, realizing the humor in the situation, but not really finding it funny. Perhaps sharing the story did make her feel better - at least it eased some of her tension. Now she needed to put the event behind her and get down to business. Yet she knew that the event had been permanently filed in the cabinet of her memory under "Most embarrassing moments."

Her workday ended without any further embarrassing actions, and it was now time for her to begin her trek homeward. She gathered her belongings, and walked out of the building, along the sidewalk, and across the street toward the bus stop. The inclement weather of the morning had given way to a few penetrating rays of sunshine - a change for which she was immensely grateful. As she approached the corner, she hoped that someone else would be waiting for the bus. The presence of another person - a stranger - made the major task of navigating the public transportation system so much easier.

Public transportation had provided her ample opportunity to embarrass herself. The worst part of it was the daily trial of catching the bus, which required a simple wave of the hand. However, the secret was to wave the hand at the approaching bus, not at a school bus, a mail truck, a tractor trailer, a passing van, or some other large vehicle. And, on occasion, after having waved at every large passing vehicle, she would end up waving goodbye as the bus sped past. Given the challenge of this task, she felt fortunate that she had only missed the bus a few times, and that no other large vehicle had ever responded to her wave.

Nevertheless, the mere action of approaching a bus stop usually set her stomach to churning and strongly increased her desire to encounter some fellow traveler upon whose appropriately timed signal she could rely. "Thank God - for the stranger standing at the bus

stop - whoever he (or is it a she?) is," she thought to herself as the vague human form entered her visual field. Given the embarrassment she had earlier endured, she really did not want to deal with the waving game too.

In a few minutes, she had seated herself comfortably on the bus for the short trip downtown where her next challenge awaited. "It would be so much easier to find the right bus if they would only keep the same bus on the same route all the time," she thought as she peered out the window. In this city, the buses were used as moving billboards and were thus decorated with brightly colored fish, a kangaroo, basketball players, something distinguishing. However, although the route numbers were fixed, the bus used on a particular route changed sometimes more than once a day. This practice required her to interpret the digital numbers and words located on a 4 inch wide black screen on the side of the bus near the top of the door.

Her bus pulled into the station. She disembarked and began her usual tour of the other eight buses already there. As she passed each bus, she stopped near the door, stood on her tiptoes, and squinted at the black screen. "4 - no, 5, 3, 2, Ah! - 7 St. Rd 26 East - here we are." She boarded the bus, handed the driver the transfer slip, and dropped into a seat. Another task accomplished, now she could sit back and relax during the 45 minute ride home.

She closed her eyes, and began to drift into a netherworld of semi-sleep as the bus pulled not-so-smoothly out of the station. Bumps, turns and more bumps - she was used to the rhythm, and although it prevented her from ever really falling asleep, it could not disturb her peaceful meditation. She had given up long ago trying to accomplish any work on these trips - the bouncy movement would make her nauseous. However, she had come to relish these few unoccupied moments for their help in refreshing her for her evening tasks.

"Whoa! That turn felt unusual," she thought as she pryed her eyes open to view the scenery. Her eyes lazily drifted across the picture outside the window. Then she straightened her body and narrowed her eyes to scan her surroundings more intently. "Wait a minute - this doesn't look at all familiar," she thought. She continued searching the quickly passing landscape for something familiar - anything? No!

Then a rock which she never remembered consuming suddenly sank to the pit of her stomach. She moved quickly to the front of the bus and asked the driver to confirm her suspicion. He did - "Yep, this is route 1-Market Square." She had boarded the wrong bus. She could understand her confusing 1 with 7, but St. Rd 26 East with Market Square - that was pretty bad.

She had boarded the wrong bus before and was late to class as a result. The burning sensation she had experienced earlier that morning in the wrong room was coming back, but not to the same degree. She felt stupid, but she did not have a whole class of students witnessing her stupidity - just a driver and he was used to dealing with persons with disabilities.

The driver left her at a corner where she could catch the correct bus and she would only be 30 minutes later getting home. He had radioed to the driver of the other bus that she was waiting. She did not even have to wave to stop the bus and no one on board beside the driver knew of her incompetence. She was grateful for the smooth transition.

Having arrived home, she quickly changed her clothes and attempted to freshen up. As she stared in the mirror at her face, she was glad that her outward appearance did not reflect her inward feelings of frustration. A knock resounded throughout the apartment. She moved quickly to open the door for her friend. They were going out to eat and then to Walmart. She grabbed her purse and headed out, commenting as she left, "You won't believe the day I've had!"

She and her friend went to a restaurant they had visited once before. They were seated and handed menus. As usual, her friend read the menu to her. After ordering, she

excused herself to the restroom. Her friend asked, "Do you need help finding it?" She responded, "No, thanks, I know where it is." This was a true statement. She had a good memory for places once she had been there.

She moved through the aisle to the back of the restaurant, turned the corner, and headed into the first door. She walked the 12 feet or so to the first stall, pushed the door open and saw — a urinal? — a clear sign of yet another mistake. Her heart began to pound as she quickly and cautiously glanced around. No one here. An audible sigh of relief escaped from her lips as she turned and moved swiftly through the door, hoping she would not run into anyone coming in.

Hope fulfilled, she turned right and went into the next door. "I thought I remembered it being the first door. That's weird. I think that's the first time I've ever walked all the way in the men's restroom. Well, at least no one saw me," she thought. Her mind reeled back to her many escapades attempting to locate the correct door. Actually, using public restrooms was only slightly less anxiety provoking for her than was using public transportation. On many occasions, as she stood with her face only a few inches from a restroom door, interpreting the sign as quickly as possible, she was suddenly confronted with a man's face which quickly contorted into a rather shocked expression. This indication of appropriate admittance to the room was unmistakable, even to her. She would smile sheepishly as a rosy glow appeared on her cheeks and quickly slip through the other door. Yet she often wondered what those men must think of her. Perhaps it is better not to consider that.

"I guess it's always better to look. I'd rather meet them face to face than walk in on them," she thought. As she left the ladies room, she stopped briefly to double check - there was definitely no skirt on that stick figure - it was clearly marked - well, marked anyway. Clear to others was rarely clear to her. She shook her head, still attempting to account for her mistaken memory. Recalling the prior events of the day, she mused, "I guess this is par for the course."

After dinner, she and her friend headed for Walmart. Once inside, they split up to conserve time as they searched for different items. She moved swiftly through the aisles. She loved Walmart - not because of the "falling prices" or "friendly people." She loved them because every store she had ever entered was organized in the same basic way. Crafts were always in the right or left back corners, next to linens along the back wall, and automotives on the side wall. Women's clothing and the food stuffs were toward the front; electronics, appliances, and paper goods were in the center; and toiletries were along the front either to the right or the left. She could always find what she wanted and usually in a short period of time. Thus, Walmart stood in stark contrast to most other stores where she had to walk up and down every single aisle to find anything.

She finished her shopping and headed toward the checkout. Having placed her items on the moving belt, she took out her checkbook. The cashier hit the total button and then looked at her. A few seconds passed and when she did not respond the cashier said, "That'll be \$35.97." At this announcement, she filled out the check. She was just about to sign her name when the cashier's sweet southern voice reverberated in her ears, "Did you leave your glasses at home, honey?" She shook her head, sighed inwardly, and handed the check along with her identification card to the cashier as she offered her usual explanation, "No, I have an incurable eye disease which makes me legally blind and glasses don't help." At this, the cashier offered some sympathetic response. She grabbed her bags and walked to the bench at the front of the store to wait for her friend.

As her tall, generally confident frame slumped down on the bench, her strong, generally self-assured heart slumped as well. In a day when she had failed miserably at her performance of being normal, she had finally done something competently, yet, even that could not go untarnished.

Of all her potential opportunities for embarrassment, by far, her most common

were those related to reading - that is, reading anything - signs in airports, restaurant menus, classroom numbers, price tags, paperwork, ATM machines, her class rosters and lecture notes, and signing checks. How many times must people have watched her engaging in these various activities and wondered, "What's wrong with her?"

Quite often, as in this instance, someone would go beyond the wondering stage and actually ask something like the following:

"Do you have problems seeing?"

"Forgot your glasses at home, huh?"

"What's wrong with your eyes?"

"Are you too vain to wear glasses?"

"What are you looking for?"

"Are you inspecting that for something?"

She smiled a somewhat bitter smile as she recalled her personal favorite:

"Are you smelling the paper?"

These questions were actually logical. After all, when she read something, she was forced to hold the paper close enough to her eyes so that it touched her nose or to use some kind of a magnification device. She delivered her usual response to these questions in a calm, unemotional voice, sometimes out of rote habit, and other times in an attempt to be as blunt and uncaring as her inquisitors. She smiled again as she recalled her unusual response to the smelling paper question. On that particular occasion her calm demeanor was overtaken by a cynical, sarcastic expression as she responded, "Yeah, you can get high off of smelling paper. You should try it sometime."

She completely understood human curiosity. In fact, she had on occasion asked a person in a wheelchair, or with some other physical deformity, what had happened to them. But she always attempted to ask in a very polite, non-critical manner. Thus, it never bothered her for someone to say, "I noticed you are holding the paper very close to your face, why is that?" She knew that she would always have to explain these odd actions because no visible explanation existed.

Yes, she was legally blind, but given the incurable nature of her eye disease, wearing any type of glasses was pointless. She often wondered whether people's responses to her would be any more understanding if she wore dark sunglasses and walked with a cane, even though these were physically unnecessary.

In the midst of her contemplation, her friend arrived and they headed to the car. When they reached her apartment, she thanked her friend for taking her out and then headed in. Once in her apartment, she casually put away her purchases and then decided to get ready for bed. It had been a long day.

She went through her nightly face-washing routine: first take off the make-up, then cleanse, now the eyes. The eyes. She stared at the pale blue-gray-green spheres reflecting in the mirror. She was never sure what color they were - they were always changing. She smiled recalling how many times both men and women had complimented her on her eyes. She did not receive many compliments on any other physical feature, but people seemed to think her eyes were unusually pretty. "You have the prettiest eyes. Look at her eyes, aren't they beautiful?" a sales lady at a shoe store had commented, drawing the attention of another sales lady.

Then there was the ophthalmology medical student who examined her eyes at a low vision clinic. As he stared into her eyes with a blinding bright light, he said, "You have the most beautiful blue eyes. They look like my mother's." Of course, in addition to their color, he was excited about what he saw behind her eyes. "There's the scarring. This is really neat. It looks just like the textbooks, but I've never seen it in person." She remembered how this statement had piqued her curiosity - what did the textbook pictures look like?

When the exam was completed, the medical student led her out to be billed and

then returned a few seconds later with a thick hard bound book. "Here you go," he said. She stared at the picture before her, not really understanding what she saw, but fascinated by it nonetheless. "So that's what my eyes look like?" she queried. His enthusiastic positive response made her glad that she was able to bring this textbook to life for him, but this pleasure was mixed with the strange sensation resulting from her realization that she was a "textbook case". She was special in many ways, but in none of these other unique attributes or abilities could she claim to be the prototype - perhaps poster child would be more appropriate.

As she recalled this memory, a thought occurred to her: perhaps if that textbook picture with its lesions and scarring was evident to others when they looked at her, then she would not constantly be forced to explain herself. She was stigmatized either way, except now no physical explanation for her unusual behavior was apparent. Her momentary contemplation activated another memory.

Recently she and her mother had been preparing to leave for a wedding on a cruise ship at which she was to sing. Running some last minute errands, they had gone into a coffee shop in the mall. Here her mother had pulled a sampler box from a high shelf and all the individual packets had fallen from the box. She bent down to help her mother, but on her way down she was met with the corner of the coffee box going the other direction and this meeting occurred at the inside corner of her left eye. She closed her eye immediately, even as streams of tears poured down her cheeks. She wiped her face with a tissue and they headed back to the car. The eye smarted a little, so she administered some eye drops, and assumed that it would be fine.

That assumption was false. As they traveled the four hours to their destination, the eye began to hurt more, but only when the eyeball rotated a certain direction. It felt like something would flip up and cause the eye to water. Then if the eye moved into a different position, the spasm would calm. She thought perhaps the inside of her upper lid had been cut slightly, and that a piece of still-attached tissue was causing this irritation.

However, the spasms continued to get worse, each time lasting longer and watering more uncontrollably. By the time they reached the hotel, the eye was red, swollen, and very watery. The clerk at the desk had even commented, "You're supposed to wait to start crying until the wedding."

She had hoped a good night's rest would help - it did not. By morning, she could hardly open her eye, and she had to stand in front of the wedding guests and sing. A warm shower helped a little and she was able to get dressed. She and her mother decided to call her eye doctor to see if he could recommend something over the counter. Finally, just an hour before the wedding, they were able to contact him; however, he was reluctant to prescribe anything other than regular eye drops, not knowing the nature of the injury. He offered to meet them in his office late that evening when they arrived back from the wedding.

So here she was, on a cruise ship, preparing to sing at this wedding, with one extremely swollen, red, watery eye (and a corresponding extremely watery nostril), and one normal eye (and nostril). When a spasm would strike, she was powerless - she could not keep her eye open and floods of tears poured from it. "Please, just don't spasm during my song," she beseeched the eye.

She did make it through the song and to the reception. Here, however, was an additional irritant - cigarette smoke - to which she was highly allergic. Now the spasms were occurring more often than not. She finally gave up any effort to be sociable and sat down with her mother to nurse the eye, moving only to other seating areas when smokers invaded her breathing space.

The friend, whose wedding this was, had informed the family that she had a non-apparent eye problem (her legal blindness) so that they would not make her feel uncomfortable. But now, she had an apparent eye problem as well (her swollen watery eye). Her

friend's grandmother walked over to where she and her mother were sitting and began a conversation. Right in the middle, her eye began to spasm again. The grandmother looked at her, smiled, and in a sweet, grandmotherly way said, "You have such pretty eyes, dear. It's such a shame they don't work well."

How could she help but chuckle at the comment now as she did when the grandmother said it. Her eye looked fine now. They had met the eye doctor when they returned, and he, upon flipping up her eyelid, had found a piece of coffee lodged in the corner. The coffee had been scraping the eye for about 36 hours, and the doctor commented, "No wonder your eye has been yelling at you!"

The recollection of the cruise, the eye and the grandmother brought her back to reality. Obviously, having something visibly wrong with her eyes had not reduced the stigmatizing effects of being different.

Now as she stared in the mirror, she was thankful for the beauty of her eyes, and that they worked as well as they did. After all, she had seen many breath-taking sunrises and sunsets over the sparkling blue water; she had seen the mountains in the fall with the vividness of autumn's colors displayed on trees alongside awe-inspiring waterfalls; she had seen the "amber waves of grain" in the Midwest; she had seen much of the beauty and wonder of God's creation. She could also see the loving faces of her wonderful and gracious family and friends. Yes, she did have days like today, filled with embarrassment and incompetence, but she also had many days when she performed her daily activities as flawlessly, sometimes more so, than the normally sighted people she sought to imitate. All in all, she could not complain about her life.

Someone has said, "The eyes are the window to the soul." "If this is true," she thought, "then anyone who cares enough to look into my eyes will see, not an embarrassed, incompetent, weak, visually impaired person, but rather, a strong, confident, talented and vibrant soul." With her perspective reconfirmed, she headed to her bedroom for a much needed night's sleep. As she snuggled beneath the warm blankets, her heavy eyelids shut easily concealing behind them the pale blue eyes, which now had a renewed vision - visual acuity: 20/20.

Discussion

The primary thread running throughout this story is the embarrassment associated with having a stigma - a major theme in Goffman's writings. Goffman (1963) conceived of stigma as falling into three categories: physical deformities, blemishes of character inferred from deviant behavior, and tribal stigma. My stigma does not fall neatly into one of these categories; it is a physical deformity, and yet, it is demonstrated through deviant behavior that may lead others to wrongful judgments about my character.

People have what seems to be an innate desire to categorize other people and events, perhaps as a means of allowing themselves to either identify with or distinguish themselves from others, or as a means of reducing their own uncertainties about appropriate social action. This curiosity seems to be especially potent when a disabled person is involved. Hastorf, Wildfogel, and Cassman (1979) discussed several possible explanations for the discomfort felt around persons with disabilities. The presence of a disabled person forces others to realize their own vulnerability, may cause the other to be stigmatized by association, creates uncertainty about appropriate and expected behavior, and violates expectations of wholeness.

I believe that much of the stigmatizing effect of my disability is due to others' inability to readily categorize me. If I were blind and walked with a cane or seeing eye dog, people would be able to categorize me on sight and would have at least some social script available for predicting my action: Alternately, if I wore glasses (and they actually helped), many of the embarrassing events in this story would not have happened. However, in my

reality, individuals observe my unusual behavior, and having no apparent explanation for it, are forced to wonder and create possible explanations, or ask.

Many individuals feel uncomfortable in the presence of people with disabilities, even when the people are performing competently. Fine and Asch (1988) suggested that when a person with a disability manages life competently and successfully adapts to the disability, others may tend to feel discomfort due to the contradiction between their expectations and reality. Thus, often performance of normal life activities by the people with disabilities will be responded to with surprise or undue admiration for the accomplishment. I have had many individuals respond with utter amazement to my revelation of being legally blind, especially when they have already interacted with me for any period of time.

Although Goffman's conception of stigma is considered a landmark work, it has been criticized on several counts. First, Goffman's definition of stigma is so broad, it is all inclusive - everyone could be considered stigmatized (Cahill, 1995; Murphy, Scheer, Murphy & Mack, 1988; Susman, 1994). In attempting to remedy the inclusiveness of Goffman, Murphy et al. (1988) discussed physical disability as uniquely distinct from other stigma. The people with physical disabilities are uniquely stigmatized because of the following: they are often blamed for a stigma beyond their control, they often require or need the assistance of others, prejudice against them serves no current or historical economic or social cause, their physical condition could happen to anyone causing others to recognize their vulnerability, and most are not raised by disabled parents and/or do not grow up disabled.

Because of these unique characteristics, Murphy et al. suggested that people who are physically disabled should be considered liminal rather than stigmatized. A "liminal" person is one who is in transition and marginal to society. People with disabilities qualify as liminal because they are on the border of categories - neither whole nor sick, neither normal nor deviant. Further, these individuals may not fall wholly into a commonly known category of physical disability (as in my case). Murphy et al. suggested the distinction between stigmatized and liminal to encourage the disabled to fight their way out of their marginal social state. Liminality, unlike stigma, is not a characteristic of people, but of social context (Cahill, 1995).

A second criticism of Goffman is that his treatment of stigma does not distinguish between the effects of stigma based on perceptions of controllability (Murphy et al., 1988). Although many researchers have studied the role of stigma in social interaction, according to Ellis (1998), few have focused on the voluntary or involuntary nature of such stigma. In fact, one such study by Rodin, Price, Sanchez, and McElligot (1989) found that perceived controllability of a social flaw was a crucial factor in justification of negative behavior toward the flawed individual. Further, people will often attribute characteristics to a stigmatized individual that will justify discriminatory behavior.

In my case, people typically attribute my behavior to some voluntary character flaw (pride or vanity) rather than to a completely involuntary physical disability, and, therefore, they feel justified in their sarcastic, negative responses toward me. However, as in the scene with the cashier, once people learn the true nature of my stigma, they often express verbal and nonverbal sympathy and shame for their inaccurate assumptions and insensitive responses.

Another mediating characteristic of stigma that has received little attention is the visibility of the stigma. In their research, Frable, Blackstone, and Scherbaum (1990) found that normal partners responded with a compensatory interaction style to individuals with visible and invisible stigma alike. To account for this finding, they suggested that individuals with invisible stigma must somehow reveal their stigma through their behavior. Further, these researchers focused on the degree of mindfulness exhibited by stigmatized and normal participants during interaction. "Mindfulness" is characterized by close attention to, and active cognitive processing of one's environment. Frable et al. found that the only mindless interac-

tants were the normal partners of the invisibly stigmatized. Thus, although the invisibly stigmatized took their partner's perspective, made frequent references to the conversation, and remembered their partner's comments, their normal counterparts did not take their perspective or attend to the situation. Frable et al. (1990) suggested that individuals with a visible stigma must focus on managing a spoiled interaction, while those with invisible stigma must manage information conveyed in conversation. More research should be directed specifically at describing the unique stigmatizing effects of invisible stigma.

Since I know that my stigma will evidence itself in my behavior, I typically inform individuals with whom I may interact regularly that I am visually impaired. This prior explanation seems to be a useful strategy in preventing misconceptions. Hastorf et al. (1979) found that individuals who acknowledged their disability were chosen as partners for future interaction more than those who disclosed other personal information. These researchers further suggested that for this strategy to be effective, the individual with a disability may need to convey that the issue is not an overly sensitive one and that it is a possible topic of conversation. In this study, evaluation of the person with a disability was based on anticipation of future interaction; thus, perhaps the acknowledgment strategy would not be effective with strangers with whom the individual with a disability would have no further interaction.

This latter consideration may account for why I did not explain my behavior to the class of strangers, but felt compelled to share the story with my own students. At the beginning of every semester, I attempt to conduct the first session without revealing my stigma, perhaps because I do not want to create an initial negative impression. However, realizing that my secret will soon become apparent, I conclude the first class period by explaining my condition and letting the students know what to expect (e.g., "I have problems reading, but don't think you can walk out during the middle of class and I won't notice."). However, strangers, I assume, do not need to know what to expect from me since there will be no future interaction.

Another criticism of Goffman's stigma conception is that it perpetuates a focus on the negative aspects of the characteristic (Cahill, 1995; Frank, 1988; Susman, 1994). Frank (1988) further asserted that Goffman's concept is only partially applicable because some stigmas do not remain the same over time, require continual adjustment, may not be the focus of the individual's existence, may not be viewed the same by the individual and society, and may not have negative effects in long term relationships. Although I do at times feel as if my visual impairment is a stigma, I normally do not view it as solely negative, nor do I hold it as central to my self-concept. In truth, my visual impairment has caused me to develop positive personality characteristics such as independence, determination, perseverance, thoroughness, sensitivity to others, etc. My visual impairment does give me daily struggles others do not have, but for the most part, the stigmatizing effect of the impairment is the least of those struggles. In addition, although my stigma may affect the development of some interpersonal relationships, once relationships are developed, the stigma has little impact (unless, of course, if I need assistance). Thus, although I view stigma as a useful construct, I also agree with Cahill, Frank, and Susman that use of the term can become overly confining for the stigmatized individual.

Ellis (1998) suggested that a minor bodily stigma is determined by the context, the degree of perceived deviance from some norm, the individual's self-perceptions, and others' reactions. In the present story, my degree of embarrassment also varied along these same dimensions. When the context involved a large number of people and my behavior was extremely unusual, I felt a very high degree of embarrassment. Further, since I assumed that my audience would not be sympathetic toward my problem, I did not offer my usual explanation for my unusual behavior. In contrast, when there was no audience to my knowledge and the behavior was more common (walking into the men's restroom), the embarrassment I felt was mild and fleeting. Similarly, when I knew that the person observing my action would

understand my stigma, I also felt less embarrassment.

But why did I feel embarrassment in these situations? Why was I not angry or frustrated? The answer to this question lies in the nature of embarrassment. According to Petronio (1990), embarrassment results from a failed public performance. For embarrassment to occur then, one must know appropriate standards of social behavior in a given public situation and fail to meet those standards. In every occurrence of embarrassment, one can trace from the emotion back to some normative rule that was broken (Petronio, 1990).

In each of the situations in the story, some degree of embarrassment was felt because some normative rule was broken; however, the intensity of the embarrassment depended on the importance of the rule and the degree to which it was broken. The general rule broken in the classroom and restroom scenes was intruding into a place where I did not belong. The embarrassment in the first case was more intense because the performance was more public and formal and the rule was broken by a high status person for a long period of time. In the bus and store scenes, the broken rule was not performing at a normative level of competency. I was embarrassed by my mistake on the bus, but the emotion was mitigated by the understanding response of the driver. In contrast, I had no sense of embarrassment at my performance in the store until the cashier pointed out my failure to meet the standard.

Petronio (1990) also discussed the reconstruction process following an embarrassing situation. Reconstruction strategies can be proactive or reactive. Proactive strategies are used when normative rules are unclear and include disclaimers and avoidance. Reactive strategies include the following: focusing on responsibility for the behavior publicly, escaping the situation, apologies, accounts, and humor (Petronio, 1990).

In all scenes of the present story, I used reactive strategies to manage my embarrassment. My primary strategy with the class was to escape, although I did attempt to give some account, albeit not a good one. However, once I was safely with my own students, I then resorted to humor as a strategy, even though they had not witnessed my public failure. I suspect that telling the story to my class was my attempt to manage the further embarrassment I felt from not handling the initial situation effectively. When I realized I was on the wrong bus, I knew that I was responsible for that mistake, but I also felt compelled to apologize for inconveniencing the driver. My response in the bathroom scene was also escape, accompanied by my attempt to account for the event. The primary strategy I used in the store scene was to account for my behavior while clearly noting my lack of culpability.

Conclusion

Although the issue of stigma is currently receiving a great deal of attention, some important aspects of the concept need to be addressed. The controllability and visibility of stigma appear to be important variables in the reactions of others to the stigmatized individual. Additionally, researchers should focus on the experience of stigma by the individual, rather than on providing general accounts of society's responses to various stigma (Fine & Asch, 1988). Focusing on the experiences of stigmatized individuals may help to balance the overly negative perspective which has dominated much of the literature (Cahill, 1995; Frank, 1988; Susman, 1994).

On a personal note - although my introspection and research for this project enabled me to gain a fuller understanding of some experiences, I found that focusing on the concept of stigma and responses to stigma heightened my attention to the negative aspects of my impairment. Life with an uncontrollable, invisible, physical disability is not easy, but then whose life is easy? Thus, I reiterate the importance of portraying both the positive and negative aspect of an individual's unique experience. I close with a quote I firmly believe and live by - "Anatomy need not be destiny" (Murphy et al., 1988).

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