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Stigma, status, and population health

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ABSTRACT

Stigma and status are the major concepts in two important sociological traditions that describe related processes but that have developed in isolation. Although both approaches have great promise for understanding and improving population health, this promise has not been realized. In this paper, we consider the applicability of status characteristics theory (SCT) to the problem of stigma with the goal of better understanding social systemic aspects of stigma and their health consequences. To this end, we identify common and divergent features of status and stigma processes. In both, labels that are differentially valued produce unequal outcomes in resources via culturally shared expectations associated with the labels; macro-level inequalities are enacted in micro-level interactions, which in turn reinforce macro-level inequalities; and status is a key variable. Status and stigma processes also differ: Higher- and lower-status states (e.g., male and female) are both considered normal, whereas stigmatized characteristics (e.g., mental illness) are not; interactions between status groups are guided by "social ordering schemas" that provide mutually agreed-upon hierarchies and interaction patterns (e.g., men assert themselves while women defer), whereas interactions between "normals" and stigmatized individuals are not so guided and consequently involve uncertainty and strain; and social rejection is key to stigma but not status processes. Our juxtaposition of status and stigma processes reveals close parallels between stigmatization and status processes that contribute to systematic stratification by major social groupings, such as race, gender, and SES. These parallels make salient that stigma is not only an interpersonal or intrapersonal process but also a macro-level process and raise the possibility of considering stigma as a dimension of social stratification. As such, stigma's impact on health should be scrutinized with the same intensity as that of other more status-based bases of stratification such as SES, race and gender, whose health impacts have been firmly established.

Introduction

One goal of this special issue is to consider novel conceptualizations of stigma that help us understand systemic aspects of stigma and their relationship to health. In this paper, we pursue that goal by considering the applicability of status characteristics theory (SCT) (Berger, Fisek, Norman, & Zelditch, 1977) to the problem of stigma and health. SCT represents a useful perspective from which to consider stigma and health for several reasons. First, SCT focuses on macro-level bases of social stratification such as those based on race, socioeconomic status (SES), and gender and on how those inequalities are created and reproduced at the micro level of interpersonal interactions. In contrast, conceptualizations of stigma typically do not fully explore the systemic or structural level aspects of stigma (but see Corrigan, Markowitz, & Watson, 2004; Link & Phelan, 2001). Consequently, to the extent that we find parallels between stigma and SCT, our ability to conceptualize and investigate stigma as a macro-level phenomenon will be enhanced. Second, the axes of stratification upon which SCT focuses have been shown in large empirical literatures to be strongly connected to health outcomes (Berkman & Kawachi, 2000; Link & Phelan, 1995; Read & Gorman, 2010). There is also a large literature addressing the impact of social status *per se* on health inequalities (Marmot, 2004). Although SCT has not been connected to these literatures, doing so may elucidate some pathways through which status-related characteristics influence health, and this in turn may help us understand stigma's impact on health. Third, SCT is a rigorous theory supported by a large and systematic empirical

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literature that describes processes very similar to those involved in stigma. Translating the well developed theory to stigma may provide new insights and systematic propositions to test. Empirical results from SCT research may also be applicable to the problem of stigma. Finally, SCT has generated interventions to alter existing status hierarchies, and these approaches may be useful in developing stigma-reduction interventions.

Although stigma and status involve similar processes, they have until recently (Link & Phelan, 2001; Lucas & Phelan, 2012) been conceptualized and studied independently of one another. We first describe the two traditions, then review what appear to be common and divergent features of the social processes at work in each. Finally, we assess what is gained by bringing the two literatures in contact with one another for understanding the social processes involved and their implications for health.

Status characteristics theory

Research on status characteristics has shown how status hierarchies based on characteristics such as gender, race, or education are maintained through social interactions, as well as how those hierarchies can be created (Ridgeway & Erickson, 2000) and altered (Berger et al., 1977; Ridgeway, Johnson, & Diekema, 1994). *Status characteristics theory* (Berger et al., 1977; Berger, Rosenholtz, & Zelditch, 1980) relates characteristics of an individual to that person's rank in a status hierarchy based on the esteem in which the person is held by self and others. The theory proposes that members of a group form expectations about each other's competence to contribute to group goals based on their status characteristics. Individuals expected to make greater contributions are more highly valued by the group (Berger et al., 1977).

A status characteristic is defined as a characteristic of an actor that has two or more states that are differentially evaluated in terms of honor, esteem, or desirability, each of which is associated with distinct performance expectations. For example, gender is a status characteristic in U.S. society with higher (male) and lower (female) states (Pugh & Wahrman, 1983). Status characteristics theory distinguishes two types of status characteristics: specific vs. diffuse. Specific status characteristics produce expectations for competence in limited settings, while diffuse status characteristics create expectations that are unbounded in range. That is, a *specific* status characteristic involves two or more states that are differentially evaluated, and each state is associated with a distinct and specific expectation state. For example, high musical ability is evaluated more positively, and we expect people with high musical ability to perform better on musical tasks. *Diffuse* status characteristics involve two or more states that are differentially valued. Associated with each state are distinct sets of specific expectation states, each itself evaluated, and a similarly evaluated general expectation state. Gender is an example: (1) Males are more highly evaluated; (2) being male is associated with more highly valued specific status characteristics such as mathematical, managerial and problem-solving abilities; and (3) men are assumed to be more competent than women in general (Pugh & Wahrman, 1983).

Two scope conditions limit the domain of status characteristics theory—task orientation and collective orientation (Berger et al., 1977). Task orientation means that the group is formed for the purpose of solving some problem. Collective orientation means that group members consider it necessary to take into account the input of every group member in solving the task. For all groups that meet its scope conditions, the theory makes predictions about the process through which observable status characteristics lead to behavioral inequalities.

In status characteristics theory, status characteristics produce rank in a status hierarchy through a chain of four logically connected assumptions. First, the theory assumes that any characteristic will become salient to group members if it is know or believed to be related to the task or if it differentiates among group members. Second, the burden-of-proof assumption states that all salient characteristics (e.g., gender) will be treated as relevant by group members unless they are specifically disassociated from the task. Third, the aggregated expectation states assumption holds that when group members are confronted with more than one relevant characteristic, they act as if they combine together the expectations associated with each characteristic. In the theory, members do so according to the principle of organized subsets, that is, individuals act as though they aggregate positive and negative expectations for group members and combine them to form overall performance expectations for self and others. The fourth assumption is the basic expectation assumption, according to which a member's rank in the group's status hierarchy will be a direct function of the group's expectations for that member's performance. With this assumption, the status order of the group will be determined by the aggregated expectation states that each group member has for herself and for other group members.

Research in the SCT tradition has consistently demonstrated that members of collectively goal-oriented groups use status characteristics to form expectations about each other's competence to contribute to group goals. Individuals with higher status are expected to contribute more. Those who are expected to make greater contributions are more highly valued by the group, are held in higher esteem, have more opportunities to perform, have more influence in the group, and have their performances evaluated more highly than individuals with positions lower in the status order. For example, those with higher status tend to speak more, have their ideas accepted by others, and be elected group leader (Berger et al., 1980). This is true even if the diffuse status characteristics by which their positions are determined have no relevance to the task at hand.

These differently evaluated states of status characteristics and their associated differential performance expectations are part of a society's culture, learned and thus shared by most societal members, so both high and low status interactants expect lower status group members (e.g., women or non-whites) to have lower competence, and all parties act in ways to make that expectation more likely to come true. Importantly, these processes often take place outside of the conscious awareness of group members (Berger et al., 1980).

Research in status characteristics theory is primarily carried out in a standard experimental setting (for a review, see Kalkhoff & Thye, 2006). The setting involves participants at computer terminals being told information about partners on computers in different rooms. The partners in these studies are typically fictitious, and characteristics of partners are controlled by the researcher. The participants and "partners" complete a task together in which the partner has opportunities to influence the participant. Most commonly, the task is a "contrast sensitivity" exercise in which participants determine whether the black or white shaded areas of rectangles are larger. Participants make initial guesses, see their partners' initial guesses (again, typically controlled by the researcher), and then make final decisions, which are not shared with the partner. Partner influence is treated as an indicator of the consequences of status. If, for example, participants with male partners were influenced more than participants with female partners, it would provide evidence that gender acts as a status characteristic that advantages men. This prototype has been employed by many studies that have reliably found status effects for gender, age, race, ethnicity, occupation, and physical attractiveness (Berger et al., 1980; Webster & Foschi, 1988).