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Rebecca J. Meisenbach

Despite increasing interest in the negative impact of stigma, a comprehensive theoretical frame to the discursive management of stigma is lacking. This paper advances stigma research by integrating disparate areas of stigma research and highlighting the co-constructed and materially influenced process of stigma management to create a theory and typology of stigma management communication. It is argued that stigma is shifting and determined by both the stigmatized and stigmatizers and that all stigma management communication can be organized into four quadrants based on individuals' acceptance/denial (a) of the existence of a stigma and (b) of the stigma's applicability to that individual. The result is a typology of stigma management strategies and a framework of propositions and directions for future applied research.

Keywords: Stigma Management; Dirty Work; Identity; Organizational Communication; Health Communication

A stigma is traditionally defined as an identity discrediting mark on someone of questionable moral status (Goffman, 1963), and scholars suggest that there are at least three types of stigma: physical, social, and moral (e.g., Ashforth & Kreiner, 1999). Who and what is stigmatized varies across time, place, and group, but the existence of stigmatization is constant and inescapable. Furthermore, marking these differences can be understood as a natural and necessary part of human communication; as Burke (1969) stated, "Identification is compensatory to division" (p. 22).

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Similarly, Falk (2001) argued that humans will always face stigma because it builds group solidarity through the distinction of insiders and outsiders. Thus, stigmatization is a process that humans are not able to eliminate, but must manage daily. However, research has been slow to generate successful and efficacious recommendations to help individuals with this management.

The need to enhance individuals' management of stigmatization stems from the range of negative outcomes linked to stigma, such as devalued social identities, prejudice, stereotyping, discrimination, and neglect (Crocker, Major, & Steele, 1998; Dahnke, 1982; Miller & Kaiser, 2001). Negative impacts also include lowered self esteem, academic achievement, and health, including increased anxiety, decreased memory capacity (Major & O'Brien, 2005) and even sustained illness (Markowitz, 1998). Occupational stigma can play a negative role in job commitment, performance, and turnover rates (Ashforth & Kreiner, 1999). For these and other reasons, researchers point to the need for more exploration of the factors and management strategies that make stigmatized individuals and groups vulnerable and resilient to stigma-based identity threats.

A communicative perspective can address vulnerability and resilience to stigma communication by focusing on how individuals encounter and discursively react to perceived stigmas. Smith (2007a) has energized communicative stigma research with her model of stigma communication, which she defines as "messages spread through communities to teach their members to recognize the disgraced (i.e., recognizing stigmata) and to react accordingly" (p. 464). These messages typically mark, label, assign responsibility, and indicate the level of peril represented by the stigma. Smith's model mentions some stigma management options, but focuses on strategies where the message recipient accepts the stigmatization, leaving other options unaddressed. Therefore, Smith's model offers a valuable starting point for communicative stigma research and invites further applied research and theory development about stigma assumptions, stigma management strategies, and the potential proactive role of the "disgraced" in discursively managing stigma communication.

Communication research on stigma issues has focused primarily on health and disability stigmas (e.g., Agne, Thompson, & Cusella, 2000; Smith, 2007b; Thompson, 2000) and to a lesser extent on occupational/workplace stigmas (e.g., Drew, Mills, & Gassaway, 2007; Lutgen-Sandvik, 2008). Interpersonal research on privacy, deviance, and the dark side of interpersonal relationships also touches on stigma issues (e.g., Cupach & Spitzberg, 1994; Petronio, 2002). Unfortunately these research streams rarely intersect. Thus, it is of no surprise that stigma literature lacks a comprehensive framework of strategy options, and that little consideration is given to how various stigma types might impact strategy choices and outcomes.

Organizational scholars researching occupational stigma have been following the lead of sociology and management scholars (e.g., Drew et al., 2007; Tracy & Scott, 2006). This occupational stigma ("dirty work") research offers a categorization of stigma or taint management strategies (e.g., Ashforth & Kreiner, 1999; Ashforth, Kreiner, Clark, & Fugate, 2007). Yet, this research has struggled to build support for focusing on the stigmatized individual's perspective as well as the stigmatizer's.

Furthermore, rather than starting with a framework of all possible (successful and unsuccessful) ways of managing stigma, the existing dirty work strategy schema includes categories that the researchers see as potentially helping manage the stigma, while excluding ones that individuals might use regardless of whether they eliminate the stigma (e.g., strategies that evade responsibility for the stigmatizing characteristic).

I propose that communicative stigma management theorizing can be enhanced by highlighting: (a) integrated research on stigma processes in addition to isolated research on individual populations, (b) stigmatized individuals' perceptions in addition to public perceptions, and (c) societal discourse and material factors in discursive and shifting constructions of stigma and stigma management strategies. Combining disparate research streams and addressing their current limitations organizes management strategies into an expandable framework that can be used to identify strategy options and determine how each may assist stigmatized individuals in managing their identities in applied contexts. In doing so I propose a theory of stigma management communication (SMC) and a strategy typology that can improve understanding of and can suggest paths for stigma management for many individuals who are suffering from moments and consequences of stigmatization.

I begin by developing theoretical assumptions based on conceptual problems across the stigmatization literature including: (a) who determines someone's status as stigmatized and (b) how permanent or changing the stigmatization is. Then I offer a model of SMC and develop an expandable framework of stigma management strategies, identifying origins and examples of the various strategies from existing research. This framework generates a set of propositions predicting strategy usage. Finally, I address implications of and future research directions stemming from this theory of SMC.

Who Determines Stigma Status: Stigmatized and Stigmatizers' Perceptions

Stigma is a human perception that seeks to communicate and justify negative responses to difference (Coleman, 1986). Different perceptions of stigma can generate or stem from distinct societal discourses (Kuhn, 2009) and stigma types (such as physical, social, and moral stigmas; see Ashforth & Kreiner, 1999; Hughes, 1958) and can impact SMC strategies. Miller and Kaiser (2001) pointed out that existing psychological stressor coping research has failed to consider fully how different stress types may impact coping strategy choices. Similarly, stigma research does not yet understand fully how, if at all, stigma types, physical realities, societal discourses, and perceptions impact SMC strategies.

Whose perception determines whether and in what way an individual is stigmatized goes unaddressed in much stigma research. Much of the existing research assumes that the stigma is perceived and determined by the non-stigmatized individual; see Hughes' (1951) discussion of occupations that are widely perceived as stigmatized or Ashforth et al.'s (2007) footnote discussion of disagreement over this assumption).

Second, other scholarship sidelines both non-stigmatized and stigmatized individuals' subjective perceptions by assuming that the presence or lack of a stigma is based on certain a priori, objectively observable characteristics (see Ashforth & Kreiner, 1999). This a priori assumption about stigma status is particularly prevalent in health related stigma research, where, for example, scholars assume that gays and AIDS patients are stigmatized (e.g., Chesney & Smith, 1999; LePoire, 1994). Yet, improvements and changes over time in the ways publics discuss and treat individuals suffering from physical taints may challenge this assumption. For example, some scholars argue that breast cancer among women has shifted from only being a stigmatizing disease to also being "an enriching and affirming experience" (King, 2006, p. x).

I assume that stigma management research should investigate stigmas that are perceived by publics, those that are only perceived by the stigmatized individuals themselves, and those that are perceived by both parties. For example, although individuals may disagree over whether firefighters are stigmatized (see Tracy & Scott's, 2006, classification of firefighters as dirty workers), if firefighters perceive themselves as stigmatized, their experience is worth investigating as such, particularly if the research seeks to help individuals who are managing stigma. Therefore, rather than limiting stigma research to situations where (non-stigmatized) publics openly acknowledge a stigma, SMC theory assumes:

> Axiom 1: Stigmas are discursively constructed based on perceptions of both non-stigmatized and stigmatized individuals.

As discursive construction refers to the creation of perception through talk, this assumption addresses by whom and how the designation of stigma is determined. Stigma has been defined often as based on the a priori existence and public perception of certain characteristics and behaviors. But it is more consistent with a communicative approach to understand stigma and its management as achieved through discursive action, in other words, by perception as revealed and managed through talk. Furthermore, SMC theory challenges assumptions that scholarly determination of stigma should depend solely on non-stigmatized individuals' perceptions. Individuals' perceptions of themselves as stigmatized are important to identity formation and stigma management theorizing, whether publics share that stigma perception or not.

Stigma as Permanent or Fluctuating and Varied by Degree

Discussion about who determines one's stigma status is tied to stances toward the permanence and degree of stigma and stigmatization. A belief that a stigma is materially inherent to a person, rather than determined by others, suggests a belief in stigma as a relatively permanent, decontextual state. Materiality here refers to physical conditions of the body and the world (e.g., lameness, HIV positive status, or contact with dirt). In contrast, viewing stigma as determined by individuals' perceptions and communication aligns with social constructionist assumptions in which discourse

does not reflect an objective world as much as it subjectively creates one. I argue that neither a reflective nor a constitutive stance is sufficient on its own. The earlier example of positive shifts in breast cancer perceptions (King, 2006) illustrates this point. The embodied experience of cancer is inherent to the person, and reproductive instincts may be involved in this stigmatization, yet societal discourses surrounding cancer have shifted as society's material ability to treat cancer has shifted. Stigma is a social construction of human perception of differences; differences may be material and permanent, but perceptions of them as meaningful and as causes for SMC are not.

Axiom 2: Stigmas shift and are shifted by discourses and material conditions.

This assumption concerns how stigmas are constructed by and construct ever-changeable perceptions and experiences. It invites studies, similar to those addressing discursive and material elements in identity negotiation (e.g., Ashcraft & Mumby, 2004; Meisenbach, 2008), which seek to understand the processes through which these discursive and material elements specifically interact in stigma creation and management.

Related to the issue of stigma permanence, current stigma research is expanding beyond stigmas that are central to an individual's identity. Scholars note that solely focusing on such centralized stigma ignores the wide range of degrees possible in stigma communication, along with stigma's highly contextual nature (Kreiner et al., 2006, Link & Phelan, 2001). In particular, Kreiner et al. have sought to broaden the range of occupations studied as stigmatizing by considering both the breadth and depth of a stigma. Stigma breadth refers to how much of the work is considered dirty, whereas stigma depth refers to the intensity of the "dirt" and how directly associated the dirt is with the work. The authors suggested that this classification encourages scholars to consider stigma in most occupations versus the limited subset that a public rates as stereotypically (centrally) tainted.

I support Kreiner et al.'s (2006) argument for researching stigma in more than just intensely stigmatized occupations, and expand their argument about occupational stigmas' breadth and depth to apply to all types of stigmatization, including health stigmas.

Axiom 3: Stigmas vary by degree in breadth and depth.

This assumption suggests a need for research on the range of stigma degrees. Kreiner et al., and Greene and Banerjee (2006) have begun addressing these issues in occupational, AIDS, and cancer stigma contexts. Similar conceptualizing and application needs to be done in other contexts. The usefulness of such knowledge resides in both determining how the degree of stigmatization relates to strategy choices and outcomes and in helping a wider range of individuals who may be struggling with stigmatizing processes.

In summary, I argue that stigmas are materially and discursively constructed based on non-stigmatized and stigmatized individuals' perceptions. I further argue that stigmas are transitory, and I agree with and expand application of Kreiner et al.'s (2006) suggestion that stigmas vary by breadth and depth. Conceptual consideration

of these issues leads to the development of a theory of SMC and a strategy typology that incorporates these stances and encourages improved practical research designed to assist individuals and groups as they manage stigmatization.

Existing Stigma Management Strategies and Typologies

The goal in this section is to use the preceding assumptions and existing strategy frameworks to generate a comprehensive and expandable framework of possible SMC strategies that fits within the proposed SMC model. With a few exceptions (Ashforth & Kreiner, 1999; Ashforth et al., 2007), most stigma management strategies have come from individual studies of particular stigmatized populations, such as strippers (e.g., Bruckert, 2002), HIV/AIDS patients (e.g., Chesney & Smith, 1999; Siegel, Lune, & Meyer, 1998), and the homeless (e.g., Roschelle & Kaufman, 2004). Although most of these individual population studies have not used an explicitly communicative perspective, the strategies they have found are highly communicative and contribute to the proposed typology.

Goffman-Based Strategies in Disability and Health Research

The first major exception to the tendency of stigma studies to focus on individual stigmatized populations comes from Goffman (1963). He considered a wide range of stigma types and asked "How does the stigmatized person respond to his [sic] situation?" (p. 9). Goffman was familiar with existing social psychology research on stigma and sought to integrate it with a sociological perspective. Although he did not articulate a stigma management strategy list, Goffman did discuss strategy options that he had seen in past individual studies, including: (a) directly correcting the stigmatized attribute, (b) mastering areas that others assume to be weaknesses/downfalls of those who have this stigma, (c) attempting an "unconventional interpretation of the character of [one's] social identity" (p. 10), (d) using the stigma for secondary gains such as an excuse for failures, (e) seeing stigma as a blessing that teaches someone, (f) reframing non-stigmatized individuals as actually needing help/sympathy, (g) voluntarily disclosing the stigma, (h) keeping the stigma from "looming large" in others' perceptions by restricting one's display of stigma failings (p. 102), (i) engaging in "sympathetic re-education of the normal" (p. 116), and (j) using levity to break tension in an awkward stigma situation. Thus, Goffman mentioned strategies that accept, avoid, reduce, and deny stigmas, but the strategies are unorganized and partial, omitting frequently found SMC strategies including social comparison, and only the re-education strategy suggests a proactive stigma management stance.

Communicative disability research particularly has addressed issues relating to Goffman's disclosure strategy in interability relations (Thompson, 1982; Thompson & Seibold, 1978). Disclosure theory suggests that stigma disclosure can improve an able-bodied individual's acceptance of a disabled individual, lessening tension and uncertainty. Braithwaite (1991) found that people with disabilities must manage requests or expectations that they will disclose information about their (already

observed) disability. The already observed element of the disability research is important because it highlights how disability stigma characteristics are often disclosed without any choice or explicit statement on the part of the stigmatized individual. The disclosure these researchers are studying is further disclosure and explanation of the stigmatizing characteristic, rather than an initial disclosure of the individual's association with a stigmatizing characteristic or behavior.

When considering stigma message effects on the "marked" individuals, Smith (2007a) noted that stigmatized individuals isolate themselves, may try to compensate, avoid uncomfortable stigmatizing situations, and make favorable social comparisons (see Miller & Major, 2000). She then noted Markowitz's (1998) suggestion that stigmatizable individuals cope through secrecy and social withdrawal, and she discussed how fear of social repercussions from the stigma can lead an individual to respond by denying the stigma's relevance or applicability. Thus, Smith's SMC discussion focuses mostly on strategies that accept and seek to avoid the stigma. She did not discuss strategies involving the stigmatized individual challenging the stigma's existence and did not address the potentially distinct consequences of different message strategies.

Dirty Work Typology

The most comprehensive stigma-management-related research comes from Ashforth and colleagues (2007). Ashforth and Kreiner (1999) reviewed existing sociological research on occupational taint and generated an initial set of stigma management strategies based on (a) reframing, recalibrating, and refocusing occupational ideologies or (b) selectively socially weighing and comparing outsider's views. In 2007, Ashforth et al. added to these initial categories by suggesting that stigmatized occupation managers seek to normalize occupational taint by: (a) reframing, refocusing, and recalibrating occupational ideologies, (b) creating social buffers, (c) confronting clients and publics about their taint perceptions and behaviors, (d) and engaging in behavioral, cognitive, and hybrid defensive tactics (see Table 1). This framework offers a useful starting point for SMC research (see Drew et al., 2007; Tracy & Scott, 2006). Yet, the framework's gradual development may have led to potential problems regarding category exclusivity that hinder its usefulness for generating predictive models of stigma management.

Ashforth et al.'s (2007) categories face exclusivity challenges across the four broad categories and within each category's substrategies. For example, both the *occupational ideologies* and *confronting client and public perceptions* categories describe trying to change perceptions of the work and stigma by discussing positive values associated with the work. A second similar issue is that the dirty work typology calls the fourth category defensive tactics, yet the second category of creating social buffers, which sounds like metaphorically creating a defense, is described as a separate (non-defensive?) category.

Moving the exclusivity discussion within the original three occupational ideology substrategies reveals further difficulties among scholars who have applied the

Table 1 Dirty work stigma management strategies

Tactic	Sub-tactic	Description
Occupational ideologies	Reframing	Infusing work with positive value
	Refocusing	Adjusting standards used to evaluate work
	Recalibrating	Emphasizing non-stigmatized parts of work
Social Buffers		In groups provide defense against identity threats
Confronting clients and public perceptions	Confronting public perceptions of taint	Extolling value of work, rebutting issues, using humor to soften
	Confronting client perceptions of taint	Extolling value, acting contrary to stereotypes
Defensive tactics	Behavioral: Avoiding	Evading attributions
	Behavioral: Gallows humor	Humor that acknowledges taint, relieves tension
	Cognitive: Accepting	Tolerating status quo
	Cognitive: Social comparison	Comparing self to those worse off
	Cognitive: Condemning condemners	Criticizing those who stigmatize them
	Behav/Cog: Blaming/Distancing from clients	Labeling clients as cause of stigma and distancing from them
	Behav/Cog: Distancing from role	Distancing self from stigmatized aspects

Note: Adapted from Ashforth, Kreiner, Clark and Fugate (2007).

categories to empirical data sets. For example, Mills (2007) suggested that truck drivers sometimes *refocus* on their occasional opportunity to be a "white knight" (p. 84). Yet the example also fits the *recalibrating* substrategy, as it shifts the parts of the job that are important. Indeed, Martinez (2007) labeled a very similar incident as *recalibrating* in her analysis of a residential community for those with AIDS and addictions, saying that workers engage in recalibrating when they suggest they are saving lives through their work. Thus, distinctions among reframing, refocusing, and recalibrating, while a useful starting point, have become muddied as the scholarship on dirty work and stigma management has developed.

In addition to the exclusivity issues, concerns exist about the exhaustiveness of the framework. Scholars using Ashforth and Kreiner's (1999) strategies have frequently added categories. For example, Sotirin (2007) discussed bitching as a coping strategy. In terms of strategy exhaustiveness, Ashforth et al.'s (2007) updated strategy list, which includes some of these new options, has narrowed in on (understandably, given their managerial communication focus) strategies that the authors see as successful. Furthermore, coverage of strategies that individuals use when accepting a stigma are under-addressed and labeled only as cognitive.

Thus, dirty work research has done much to generate possible successful occupational stigma management strategies. This research line can be enhanced by considering the discursive and material elements of all strategies in all stigma types and by developing a typology that addresses conceptual overlap and confusion among

categories while providing an opportunity to usefully incorporate additional strategies as they are discovered. Doing so will allow SMC research to improve and move beyond the descriptive level. To expand the framework to identify less successful and more accepting SMC strategies that may have been omitted from the dirty work and health stigma research, I next turn to communicative research on image repair and apologia.

Image Repair and Apologia Strategies

The structure of a SMC typology can be enhanced by recognizing that it shares certain commonalities with image repair and apologia discourse (e.g., Benoit, 1995; Hearit, 2001). The extensive studies on corporate and political image repair consider various rhetorical tactics that political figures and organizations employ when attempting to defend themselves publicly against negative accusations (e.g., Brinson & Benoit, 1999; Liu, 2007; Stein, 2008). Benoit generated a theory and typology of image repair strategies designed to address wrongdoing: denial, evasion of responsibility, reduction of offensiveness, corrective action, and mortification. In Benoit's theory of image repair, he openly acknowledged that he was seeking proactive and clearly discursive strategies. Thus, for example, he omitted from his typology the possibility of ignoring or avoiding accusations of wrongdoing (see p. 79). Yet, he included strategy categories such as evading responsibility and reducing offensiveness that offer possibilities for a reformulated and comprehensive typology of SMC strategies.

Overall, this review has pointed out the contributions and limitations of the current strategy frameworks. These limitations can be addressed through a reorganization and expansion of SMC strategies that will improve the theory's usefulness.

Developing a Theory of Stigma Management Communication

In this section, I offer a model of the SMC process (see Figure 1). This model of SMC begins with a stigmatizing message and ends with management outcomes. Stigma management can occur as a reaction and response to receiving a stigmatizing message. SMC theory incorporates Smith's (2007a) argument that a stigmatizing message typically marks something as stigmatized, creates a recognizable label for it, indicates who is responsible for the mark, and notes how much danger the mark carries for the marked and others. In addition, SMC theory argues that the stigma message also indicates the (potentially overlapping) type(s) of stigma (physical, social, and moral) being discussed. The message may or may not explicitly label a receiver as embodying the stigma, creating options of the receiver under study as either discredited or discreditable by the message. The stigma message itself, the types of stigma, and the discursive and material situations surrounding the potentially stigmatized individual influence that individual's attitude toward (a) the public's perception of the stigma and (b) the applicability of the stigma to the individual.

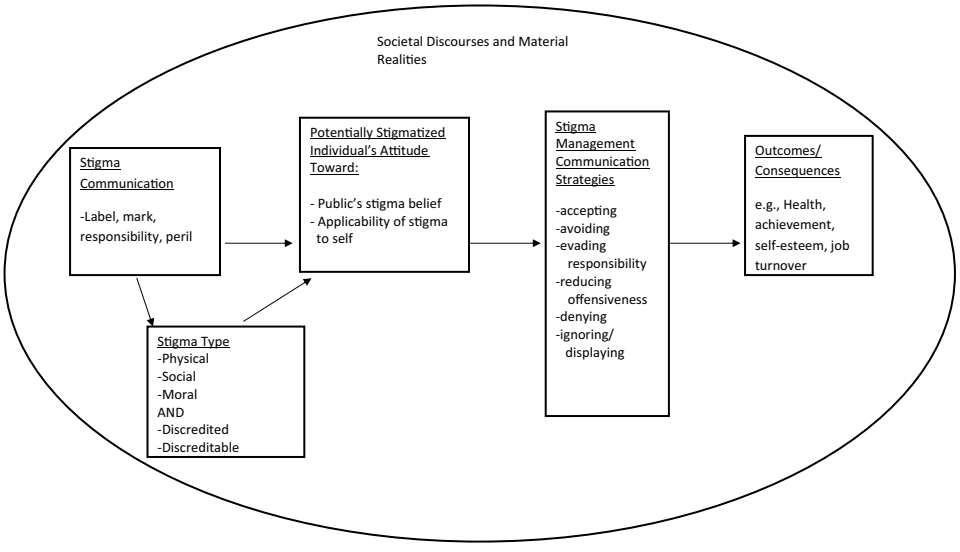

Figure 1. Model of Stigma Management Communication.

These attitudes and the context are predicted to influence the individual's choice of SMC strategies, which in turn relates to certain outcomes. The next section focuses on SMC theory's proposed framework for organizing SMC strategies and the resulting theory propositions.

A Stigma Management Communication Strategy Typology

The mapping of SMC strategies offered here builds on the preceding research and is organized along two criteria: (a) the individual's attitude about challenging or maintaining public perception of the stigma, and (b) the individual's attitude toward the stigma's public applicability to him or herself (see Table 2). The first criterion addresses the individual's attitude toward a stigma's existence. An individual may either accept the status quo or seek to challenge public understanding about a particular stigma's existence. The second criterion, which focuses on how applicable individuals perceive the stigma as being to them in particular offers similar choices; they may accept or challenge that the stigma applies to them. Both criteria suggest different discursive options for managing stigma communication, referred to as SMC strategies.

> Proposition 1: Individuals will make SMC strategy choices based on their attitude toward the stigma's public applicability to them and on their attitude toward challenging or maintaining others' perceptions of the stigma.

The resulting strategy categories are: accepting, avoiding, evading responsibility, reducing offensiveness, denying, and ignoring/displaying. Each category, along with appropriate subcategories and propositions will be discussed next.

Table 2 Stigma management communication strategies

	Accept that stigma applies to self	Challenge that stigma applies to self
Accept public understanding of stigma (status quo)	I. Accepting —Passive (silent) acceptance —Display/Disclose stigma —Apologize —Use humor to ease comfort —Blame stigma for negative outcomes —Isolate self —Bond with stigmatized	II. Avoiding —Hide/deny stigma attribute —Avoid stigma situations —Stop stigma behavior —Distance self from stigma —Make favorable social comparison
Challenge public understanding of stigma (change)	III. Evading responsibility for —Provocation —Defeasibility —Unintentional IV. Reducing offensiveness of —Bolster/refocus —Minimize —Transcend/reframe	V. Denying —Simply —Logically —Discredit discreditors —Provide evidence/info —Highlight logical fallacies VI. Ignoring/Displaying

This typology offers a cohesive framework for SMC strategies, helping to address category overlap issues and allowing for the inclusion of new strategy options in the future. As the diverse examples below indicate, this typology is intended to apply to a wide range of stigmas, including those studied by disability, family, health, and organizational scholars.

Accepting: Accepting the Stigma and its Applicability to the Individual

Stigmatized individuals may accept public expectations regarding the stigma and its applicability to themselves, incorporating it into their sense of self. In other words, the accepting stigmatized individual determines that the stigmatized aspect is part of their identity (occupational or personal). Strategies based on accepting the status quo include many of the categories that Ashforth and colleagues (2007) described as defensive tactics. Similarly, all of the stigma message effects that Smith (2007a) discussed (developing a stigma attitude, isolating the stigmatized, and sharing the stigma communication with others) fit into this overall category.

First, stigmatized individuals may engage in *passive acceptance* when faced with stigma communication. This strategy has been omitted from most stigma management frameworks. However, it is present in the "no comment" stance that organizations sometimes use in response to accusations. This option is problematic and is rarely recommended in crisis communication scholarship. An individual-level example is when someone in a small group makes a comment that stigmatizes women and the women present do not address the comment or verbally (dis)agree with the stigmatization. In such situations, they may be passively accepting the stigma.

Second, an individual who accepts a stigma's presence may choose to openly *display/disclose the stigmatized attributes*, thereby matching public expectations. This display would mean engaging in the stigmatized behavior and discursive activities. For example, a stigmatized gay might openly display his sexual preference for other men in public. Service workers (who experience social taint) are often required to wear stigmatizing uniforms, but may also wear these uniforms outside of paid work hours. Fund raisers might choose to ask near strangers for money. This displaying represents a route of coping mentioned by Goffman (1963) in which the stigmatized demonstrate that they are at ease with the stigma. It also matches the disclosure strategy seen by Thompson and Seibold (1978) in their lab study of stigma management. They found little support for this strategy's ability to improve a non-stigmatized individual's acceptance of the stigmatized. However, the authors noted a problem with the operationalization of their acceptance variable, and they did determine that disclosure impacted uncertainty, tension, and attraction levels of non-stigmatized individuals when interacting with stigmatized individuals. Furthermore, by displaying ease with their stigma, the stigmatized may ultimately help publics move toward seeing the attribute as non-stigmatized, showing the potential for this technique to ultimately change public opinion and become a way of denying the stigmatization, which will be discussed below. Finally, the potential lack of choice about displaying a stigma means that not every stigma display is a strategic SMC example.

In addition to displaying the stigma, an accepting individual might *apologize* to others for embodying the stigma. In Christian terms this strategy suggests that the sinner is asking for forgiveness for a sin (see Benoit, 1995; Burke, 1969, 1970). This admission of wrongdoing, coupled with a request for forgiveness, is known as mortification. An example of this discursive practice might involve a telemarketer apologizing for calling someone at home as part of her work or a disabled person apologizing to those assisting him with his needs in public.

The stigmatized might also *use humor* (particularly self-deprecating humor) to indicate to others that she accepts the stigma's existence (Goffman, 1963; Martinez, 2007). The individual might repeat or preemptively finish a joke that highlights the stigma status. For example, after an ambulance flies by, an accident lawyer might say to her companions, "I know, I know, you're surprised they didn't stop for me."[1] Goffman (1963) suggested that this kind of humor is used to help reduce tension for non-stigmatized individuals, allowing for easier interactions among stigmatized and non-stigmatized individuals. In essence, this humor indicates to others that they are right to stigmatize the individual, with the idea that once that agreement is known, everyone can focus on other things. Acceptance humor can also enhance stigmatized individuals' comfort with their work. For example, Tracy and Scott (2007) found correctional officers joking about the well below-average life expectancies of correctional officers.

Fifth, accepters may cope by *blaming the stigma for negative outcomes* that they experience (Major & O'Brien, 2005). An example of this coping strategy is when a 60 year-old job applicant argues that it is age that kept him from getting a job. In this

substrategy, the individual accepts the stigma's existence and applicability and uses it to his or her advantage or at least as a source of comfort. By placing the blame for an unpleasant outcome on something out of one's control, in this case on the stigma, individuals can protect their self-esteem (Major, Kaiser, & McCoy, 2003).

Smith (2007a) suggested that individuals that accept and internalize a stigma are also likely to *isolate themselves* from society. This coping strategy is minimally discursive in its nature since it involves limiting communication with others, yet this project includes a lack of communication as a discursive strategy. Individuals who internalize and perhaps blame themselves for the stigma (Goffman, 1963) may decide that isolation is the easiest way to live.

Isolating also sometimes leads to stigmatized individuals *bonding* or socializing only with other stigmatized individuals (Goffman, 1963; Roschelle & Kaufman, 2004). Ashforth et al. (2007) described this strategy as creating social buffers. LeBel (2008) noted how stigmatized individuals might engage in providing mentoring and peer support for others suffering from the stigma as a way of coping with their own stigma. In summary, all seven substrategies (passively accepting, displaying, apologizing, using humor, blaming the stigma, isolating, and bonding) are classified as accepting strategies since they are likely to be used when an individual accepts both society's understanding of the stigma and its applicability to the self.

> Proposition 2: Individuals who accept a societal stigma perception and its applicability to themselves will engage in accepting SMC strategies, including: passively accepting, displaying, apologizing, using humor, blaming stigma, isolating, and bonding.

Avoiding: Accepting Stigma Exists, but Denying it Applies to the Self

The second SMC strategy category stems from the distinction between accepting the existence of a stigma and accepting that it applies to oneself. If individuals accept the existence of a particular stigma, yet challenge that the stigma applies to them specifically, then they may engage in avoiding the stigma. This strategy probably is most appropriate when the individual is discreditable, but not yet discredited (Goffman, 1963). Avoiding substrategies include: hiding the stigma attribute, avoiding stigmatizing situations, distancing self from the stigma, eliminating the stigma behavior or attribute, and making favorable social comparisons. Many of these substrategies can be called passing strategies (Spradlin, 1998).

First, an individual may attempt to *hide the stigma attribute*. Goffman called this strategy restricting the display of stigma failings. Link, Struening, Neese-Todd, Asmussen, and Phelan (2002) referred to the strategy as secrecy. An example is a blind person wearing sunglasses outside during the day, thus hiding the eyes that might construct a stigma. This strategy might also involve individuals engaging in renaming or lying to avoid stigmatization. For example, workers once called strippers may refer to themselves as dancers, and fund raisers are increasingly known as development or institutional advancement officers. In other cases an individual may explicitly deny membership in a stigmatized group (Spradlin, 1998).[2]

Second, and closely related, an individual may try to *avoid stigmatizing situations*. This strategy is separate from isolating the self, since here someone might avoid the stigma without publicly accepting it applies to them.[3] Again though, the avoider is someone who accepts public belief in the stigma's existence. Therefore, avoiders may discursively and physically choose to avoid situations, behaviors, and discussions that might involve public attribution of this stigma to them. The individual may end efforts in domains where the stigma becomes visible (Herek, 1996; Link et al., 2002; Major & O'Brien, 2005), such as when someone with a learning disability quits attending classes. Other examples include HIV patients not taking medicine in front of others (Rintamaki, Scott, Kosenko, & Jensen, 2007) and homeless students avoiding free student lunch programs (Harter, Berquist, Titsworth, Novak, & Brokaw, 2005).

If an individual accepts a stigma's presence and tires of apologizing and avoiding situations that would reveal the stigma, he or she might attempt to *stop or eliminate the stigma attribute*. This elimination of a stigma is similar to Benoit's (1995) discussion of how people and organizations might engage in corrective action. First, individuals (who are able) might choose to stop the behavior (e.g., smoking), end the communication (e.g., public speaking), or even quit the job (e.g., garbage collector) that is most closely associated with the stigma. In physically tainted jobs, the person could stop involvement with the dangerous and dirty activities. Someone getting a nose job in order to remove a stigmatized facial feature would also fit within this category. In socially tainted situations, such as those experienced by correctional officers, it would mean ceasing service to others who are already seen as tainted for other reasons. In morally tainted situations, the individual would stop the questionable behavior. The elimination of the stigma attribute allows the individual to manage stigma by proclaiming the self as ex-stigmatized (e.g., Brown, 1991; LeBel, 2008). The eliminations discussed above do not challenge the stigma's broader existence; rather, they focus on changing one individual's relationship to an accepted stigma. Yet, material realities, such as having cancer or needing the money from a job, mean that this strategy is often not an option for the stigmatized.

Alternately, individuals may turn to practices that work to *distance the self* or depersonalize the self from the stigma. Ashforth et al. (2007) described this strategy as behavioral and cognitive and suggested that it is occurring when dirty workers go on auto-pilot. In this way, doing the dirty work is separate from one's identity. Beyond occupational stigma, a stigmatized person might tell herself or others to remember during a stigmatizing encounter that "it's not personal." Spradlin (1998) talked about how as a lesbian she would physically distance herself from others who openly displayed their stigmatized lesbian status. Another example of distancing the self from the stigma occurs when an individual, such as an AIDS caregiver, highlights that the stigma applies more to an associate (e.g., the patients) than to him.

Finally, a frequently found strategy in stigma research involves avoiders denying that a stigma applies to them as individuals by *making favorable comparisons* between themselves and others (Miller & Major, 2000; Roschelle & Kaufman, 2004). Ashforth et al. (2007) noted that such comparisons may be made between organizations,

occupations, subgroups, individuals, and even one's own past. In this management strategy, individuals pick a group or individual that is enough like them that the connection is meaningful, and discursively make clear that this other is somehow lesser than they are. Examples of this strategy abound in the occupational research, including call girls describing their status as higher than streetwalkers (Bryan, 1965) and truckers and strippers clearly indicating that they personally are not like certain "bad" members of their occupations (Bruckert, 2002; Mills, 2007). It is also worth noting that these "bad" members might not even exist, that is, they may be discursively constructed straw persons. Here again, the individual is more focused on avoiding the stigma's applicability to them individually than on changing public acceptance of the stigma's existence. In summary, I argue for an expandable category of avoiding strategies:

> Proposition 3: Individuals who accept that a public stigma perception exists, but do not accept that it applies to them, will engage in avoiding strategies, including: hiding stigma attributes, avoiding stigma situations, stopping stigma behavior, distancing self, and making favorable social comparisons.

Evading Responsibility and Reducing Offensiveness: Accepting the Stigma Applies to Self, but Challenging Public Understanding of Stigma

The first two major categories discussed above involve strategies that make sense among those who generally accept public perceptions of the stigma. This third section considers strategies that are useful when individuals accept that a current stigma applies to them, but are working toward altering public perceptions of that stigma. The two major strategies discussed here are pulled directly from Benoit's (1995) image repair typology: *evading responsibility* for the stigma and *reducing the offensiveness* of the stigma. Ashforth and Kreiner's (1999) occupational ideology strategies are folded into this section; however, Benoit's categories are the guiding framework in order to address the exclusivity issues of the ideology strategies.

Evading Responsibility

Evading responsibility for the stigma acknowledges the stigma's applicability to an individual, but seeks to change public understanding of the stigma by deferring agency or control away from the stigmatized individual. This strategy can involve claiming provocation, defeasibility, and/or unintentionality. Examples of this evasion of responsibility include a child molester saying that she engages in the stigmatized behavior because of abuse by her own parents (provocation), or someone who is accused of spreading a sexually transmitted infection might point out that he used protection (unintentional). By saying she was just doing what one was told to do, an employee suggests she did not have information or ability to avoid this stigma (defeasibility). Thus, this strategy focuses on changing public opinion about the characteristics of the stigma (primarily the control the stigmatized has over the stigma), while accepting that the person is marked by the stigma.

Reducing Offensiveness

Reducing the stigma's offensiveness also is a valuable option for stigmatized individuals who accept that a stigma applies to them, but wish to change how the stigma is perceived by others. This strategy, which is mentioned by virtually every study discussing stigma management, warrants separation into substrategies: *bolstering/refocusing, minimizing, and transcending.*

First *bolstering/refocusing* involves shifting the focus from the stigmatized part of an individual's identity to a non-stigmatized part (e.g., Ashforth & Kreiner, 1999; Benoit, 1995). For example, Scott and Tracy (2007) noted how firefighters highlight the manly aspects of their work, drawing attention away from how they are at the beck and call of street bums. This bolstering may also be accomplished by working to develop a non-stigmatized aspect of the self, a form of stigma compensation. Major and O'Brien (2005) discussed how overweight individuals may build up above-average people skills to draw attention away from and thus reduce the offensiveness of their stigmatizing weight.

The *minimization* substrategy works to reduce the stigma's offensiveness by highlighting how the stigma attribute does not inconvenience or harm others (Ashforth et al., 2007; Benoit, 1995). For example, disabled individuals may show others how independent they are, and salespeople may point out how the potential customer only has to say no to the sales pitch.

Finally, *transcendence* reduces a stigma's offensiveness by calling attention to how the stigma attribute can be a means that leads to a valuable end. This method acknowledges that the stigma attribute applies to the individual, but reduces its sting by identifying it with a higher purpose. A woman fighting breast cancer might highlight how her cancer helps her and others focus on more important things in life. Strippers have been found to focus attention on how their work provides food for their families (Bruckert, 2002). Thus, transcendence incorporates Ashforth and Kreiner's (1999) reframing and confronting strategies of infusing work with a positive value; as a means to a higher end, the stigma can become a badge of honor. Transcendence also incorporates their recalibrating strategy in which individuals change the standards by which the occupation is judged or create a new value hierarchy that lessens the stigma part. In other words, they are transcending the focus on the stigma.

> Proposition 4: Individuals who accept that a stigma attribute applies to them, but who wish to alter public perception of that attribute, will engage in SMC strategies that evade responsibility for and/or reduce the offensiveness of the stigma.

Denying: Challenging Public Opinion and Denying Any Stigma Applies

Finally, some individuals challenge both public understandings of the stigma and the stigma's applicability to the individual by denying or ignoring the stigma. These strategies are primarily proactive in nature and represent what scholars have referred

to as social activism, challenging, and public education techniques (Corrigan & Penn, 1999; Herman, 1993; LeBel, 2008; Link et al., 2002). Potentially stigmatized individuals are sometimes asked how they handle the stigma. One way of responding that has been overlooked in much of the previous research is a *simple denial* (Benoit, 1995) where the individual simply states that there is no stigma. This straightforward response challenges both the existence of the stigma and its applicability to the individual.

I am calling more complicated forms of denial, which rely on rhetorical argumentation techniques, *logical denials*. First, individuals may work to deny the stigma's acceptability by questioning the credibility of those promoting the stigma. This discrediting of the discreditor, also known as condemning the condemners (Ashforth et al., 2007) and attacking the accuser (Benoit, 1995), challenges a stigma communicator's ethos in order to deny a stigma. For example, Mills (2007) found truck drivers criticizing publics as being ignorant in order to manage public stigmatization of truck driving.

Stigmatized individuals might also logically deny a stigma by providing specific evidence that refutes the stigma. This evidence might take the form of displaying behavior and traits that contradict assumptions associated with a stigma. In other cases it might take a more discursive format. For example, a person in a wheelchair might ask people why they think wheelchair use is stigmatizing. This strategy can open the door for a refutation of the logic being employed by the non-stigmatized, and thus it focuses on their (re)education. Of course, getting people to articulate their reasoning is not always feasible. Yet, the stigmatized individuals also may articulate the argument *for* the stigma themselves and then show the flaws in the argument and its assumptions.

A specific way of logically denying a stigma involves stigmatized individuals showing how some stigma communicators are engaging in logical fallacies. For example, Ashforth et al. (2007) described how when an ambulance flies by a personal injury lawyer, he preemptively tells his friends, "No, I don't have to chase the ambulance. I've got it where they just drop them off at my doorstep now" (p. 161). The authors argued that this preemptive and self-deprecating humor highlights the logical problems with the lawyer's friends' stigma assumptions. In this way, the stigmatized can be understood as articulating a slippery slope argument that is being used by nonstigmatized individuals. And by carrying the fallacy out to its slippery and false end, the stigmatized individual works to refute the stigma.

Finally, stigmatized individuals may seek to deny and challenge public perceptions of a stigma by ignoring (or appearing to ignore) moments of stigma communication and continuing to display the stigma. This strategy may appear similar to the passive acceptance or accepting display strategies, but it stems from a desire to challenge rather than passively accept public stigma perceptions. An example of this strategy is if a new sanitation worker complains to co-workers that "people think we are like the garbage we pick up" and her co-workers only look at her and continue working, displaying their stigmatized behavior. This strategy also relates to purposeful,

disclosing contact between stigmatized and non-stigmatized individuals, which is predicted to lessen perception of the stigma (Corrigan & Penn, 1999; Herek, 1996).

> Proposition 5: Individuals who challenge public perception of the stigma and its applicability to them as individuals are likely to engage in denial strategies, including: simple denials, logical denials, ignoring stigma communication, and displaying stigma.

In conclusion, both the denial and reducing strategies can be seen as proactive, in that they are changing public understanding of the stigma, but the denial strategies go further by trying to eliminate the stigma and its applicability to members who share the stigmatized attribute, whether it is a health, economic, social, or occupational condition. This proactive stance is in contrast to the accepting and avoiding strategies that do not seek to alter public opinion of the stigma. Together these strategies offer a comprehensive treatment of the options a stigmatized individual has for managing stigma communication, which can in turn be tested for their links to various consequences, including health and self-esteem.

Discussion

This SMC theory and strategy typology incorporates previous stigma research in order to develop conceptual assumptions about stigma, model stigma communication processes, and arrange SMC strategies in a comprehensive, yet, expandable format that sets an agenda for future research. SMC theory assumes that: (a) stigmas are discursively constructed and managed via both non-stigmatized and stigmatized individuals' perceptions, (b) stigmas shift and are shifted by discourses and material conditions, and (c) stigmas vary by degree.

These stances suggest a framework for organizing strategies that stigmatized individuals use to manage encounters with what Smith (2007a) called stigma communication. By recognizing the roles of the stigmatized and non-stigmatized individuals' perceptions, material realities, and societal discourses in SMC, the theory organizes strategies according to the stigmatized individual's acceptance/denial (a) of public perceptions of a stigma's existence and (b) of the stigma's applicability to them individually, generating four overarching categories of strategies. This framework suggests SMC strategy categories based on accepting, avoiding, reducing offensiveness of, evading responsibility for, denying, and ignoring/displaying moments of stigma communication and stigma. The theory proposes that individuals' SMC strategies will align with their acceptance and denial stances toward the stigma in a given moment. As such, the theory raises a number of theoretical and applied issues for future research.

Theoretical Implications

In terms of theory implications and agendas, SMC theory has value for stigma-focused research in organizational, health, interpersonal, intercultural, and family communication, as well as interdisciplinary research. An important contribution of

this piece is its applicability to a wide range of stigma attributes that have previously been studied in separate research lines. Whereas previous strategy typologies have focused on either "dirty" occupations or specific health stigmas, this typology bridges these and other boundaries. In so doing, it compensates for previously identified weaknesses in each of the previous typologies. Goffman (1963) has been criticized for focusing on defensive strategies; Smith's (2007a) model similarly underaddressed attempts to reject stigma communication, while Ashforth et al. (2007) overlooked strategies used when accepting stigmas. By combining the work of these scholars and others, the current typology enhances existing stigma research.

Furthermore, because of its reliance on the dual axes of public and individual stigma perceptions, this framework enhances the explanatory power of stigma theorizing and can generate predictive research. Certainly those experiencing different stigmas may have more access to or tendency to use certain strategies with distinct outcomes (e.g., Falk's, 2001, difference between existential and achieved stigmas may prove fruitful). Having all of the options in one typology sets the stage for research that identifies useful differences and similarities in the relations among various attitudes, situations, strategies, and outcomes.

Third, by relying more on the stigmatized individual's perception of stigma, the typology avoids marginalizing certain people or groups as being stigmatized or not according to a dominant public and perhaps political assessment of someone's stigma status. Acknowledging the role of one's own stigma perception in their stigma management patterns can assist scholars in theorizing and finding ways of helping everyone who is experiencing stigma.

Finally, viewing stigmas as shifting expands the applicability and utility of this typology. Whereas early stigma studies focused on highly stigmatized groups such as strippers, morticians, gays, and AIDS patients, SMC research can extend to include less clear examples of stigmatization, such as breast cancer patients and lawyers. This element of SMC theory also highlights the contextual and processual nature of stigma management.

Practical Implications

SMC theory can be used to improve the daily experiences of individuals as they encounter stigmatizing processes. First, the current typology can be translated and presented to individuals who frequently encounter negative consequences of stigma communication. Reputation management sessions could be offered to workers entering a profession that frequently encounters stigmatizing communication. Similar sessions could be offered to populations working with frequently stigmatized groups and, through support groups, to those diagnosed with HIV and other potentially stigmatizing conditions. By educating these individuals about the SMC process and a wide range of strategy options, scholars and practitioners may assist stigmatized individuals in finding new ways of managing stigma.

Once knowledge is built about the self esteem, achievement, and health outcomes of various strategies for various types of stigma, scholars may offer more prescriptive

strategy recommendations to these stigma populations. Realizing this opportunity means developing the outcome-focused research begun by scholars such as Thompson and Seibold (1978), who focused on stigma disclosure outcomes. By determining the outcome of individual and combined SMC strategy use for a variety of stigma types and situations, individual lives may be improved. For example, if researchers determine that denying strategies are linked to better physical health and job turnover rates, then both individuals and organizations may work together to increase individuals' skills and comfort with such strategies.

In addition, those interested in practical applications of this stigma research should continue to consider the ethical implications and potential negative public reactions to the use of various SMC strategies. Both choosing to display and attempting to hide one's potential stigma status can be dangerous and may open the individual up to further discursive and physical attacks. For example, Kosenko (in press) found transgender individuals expressing concern about potential violent repercussions of both disclosing and not disclosing a gender transition. Overall, the potential practical outcomes and consequences of stigma management offer strong motivation for scholars to engage in applied SMC research.

An Agenda for Research and Limitations

In order to make prescriptive recommendations, empirical and particularly post-positivist research is needed to develop and strengthen knowledge of the causal mechanisms at work in SMC processes. Each of the relationships among the variables in Figure 1 should be empirically tested. While experimental studies, such as Thompson and Seibold's (1978) study on non-stigmatized individuals' reactions to one SMC strategy, are valuable, directing stigma communication toward individuals in a laboratory setting (in order to measure their attitudes, SMC strategies, and outcomes) creates ethical dilemmas about the comfort of participants. As an alternative, researchers might use stimulated recall and hypothetical scenarios to investigate the relationships among the variables. Researchers should consider whether certain stigma types and attitudes lend themselves to use of a particular strategy or category of strategy (see Brashers, Haas, Neidig, & Rintamaki, 2002, on interaction between an activist attitude and coping strategies). As suggested above, scholars then should investigate how specific SMC strategies interact with variables such as self-esteem, achievement, and health outcomes. This research also needs to address the stigmatized individual's perception of the strategy's success or failure in managing the stigma. Finally, research should consider how successful stigma management and outcomes may not reside in the use of any one strategy, but rather in one's ability to shift among and combine various context-responsive strategies (Meisenbach, 2008). Overall, similar to work that is being done currently on *apologia* and image repair discourse (e.g., Ihlen, 2002), scholars can test SMC theory and identify the most (and least) beneficial SMC strategies and combinations.

Contributions also need to be made from interpretive, critical, and poststructuralist perspectives. These perspectives may particularly offer insight into how

individuals use multiple and potentially contradictory strategies. Researchers can pursue participant-observation opportunities among frequently stigmatized populations, such as that done by Harter et al. (2005), to observe the management of stigma in real time. Other qualitative methods (e.g., case studies, journaling, and in-depth interviews) may increase understanding of the process and experiences of stigma management, helping to answer questions such as: What are the essential elements of the experience of being stigmatized and of being someone who engages in stigma communication? How does power or control function in the various strategies for managing stigma? And how do discourses and identities shape and get shaped by SMC?

The theory has several limitations. SMC has not incorporated intercultural and co-cultural theories addressing identity threat management (e.g., Imahori & Cupach, 2005; Orbe, 1997), though future research may find that these theories align well with SMC theory. In particular, scholars should explore the connections of co-cultural theory's assimilation, accommodation, and separation outcome goals to the acceptance and challenge stances in SMC theory. Second, a potential bias in the theory toward assuming that most stigmas are inappropriately and problematically attached to individuals should be noted. However, the current typology can assist in the study of all stigmas, regardless of perceived stigma appropriateness. For example, Henson and Olson (in press) analyzed convicted serial killers' stigma management strategies, a group whose stigmatization seems appropriate and can be linked to others' desire for self-preservation. Such analyses can provide valuable insight into the recent growth in fan sites supporting serial killers and other stigmatized behaviors. In addition, researchers interested in getting individuals to stop engaging in certain behaviors such as drunk driving or unprotected sex may wish to focus more on how stigma messages can lead individuals to choose to employ the stopping stigmatized behavior strategy option.

Finally, this piece has focused on how (potentially) stigmatized individuals perceive and respond to stigma communication. Future research also should develop how non-stigmatized individuals and organizations engage in SMC strategies. For example, how does the friend (or enemy) of a stigmatized individual communicate in ways that accept or challenge stigma communication? How do their SMC strategies match or differ from those of the stigmatized and with what consequences? Along these lines, Corrigan and Penn's (1999) research has addressed how advocacy groups use protest, education, and interability contact strategies to attempt to manage stigma, with contact generating the most positive outcomes.

Conclusion

Overall, SMC theory continues Smith's (2007a) theory of stigma communication. She ended her stigma communication model with the stigmatizing message's effects on the stigmatized. SMC theory develops those message effects and the factors that might lead to distinct strategy choices, and calls for scholars to research the consequences of those choices. Similar to Benoit's (1995) image repair typology, part

of the work in SMC is balancing simplicity and clarity with thoroughness. SMC's four major quadrants and the six major strategies within them represent the lynchpins of the strategy typology element of this theory: accepting, avoiding, evading responsibility, reducing offensiveness, denying, and ignoring/displaying. This theory of SMC and its strategies call for applied research that can assist those managing stigma. As scholars work with this theory, new propositions, strategies, and applications will be developed that can be used to improve the lives of individuals as they interact with moments of stigmatized identity.

Notes

[1] Ashforth et al. (2007) shared an example similar to this one when they discussed confrontational strategies, but their example may challenge the stereotypes and stigma, whereas the type of joke that would fit this internalization category would not clearly challenge the stigma.

[2] This form of denial does not deny or challenge public belief that the group is stigmatized, only that this one individual belongs in this stigmatized group.

[3] Distinguishing between an accepting isolator and a stigma situation avoider may prove difficult in the field.

References

Agne, R. R., Thompson, T. L., & Cusella, L. P. (2000). Stigma in the line of face: Self-disclosure of patients' HIV status to health care providers. *Journal of Applied Communication Research*, *28*, 235–261.

Ashcraft, K. L., & Mumby, D. K. (2004). *Reworking gender: A feminist communicology of organization*. Thousand Oaks, CA: Sage.

Ashforth, B. E., & Kreiner, G. E. (1999). "How can you do it?": Dirty work and the challenge of constructing a positive identity. *Academy of Management Review*, *24*, 413–434.

Ashforth, B. E., Kreiner, G. E., Clark, M. A., & Fugate, M. (2007). Normalizing dirty work: Managerial tactics for countering occupational taint. *Academy of Management Journal*, *50*, 149–174.

Benoit, W. L. (1995). *Accounts, excuses, apologies: A theory of image restoration discourse*. Albany: State University of New York Press.

Braithwaite, D. O. (1991). "Just how much did that wheelchair cost?" Management of privacy boundaries by persons with disabilities. *Western Journal of Speech Communication*, *55*, 254–274.

Brashers, D. E., Haas, S. M., Neidig, J. L., & Rintamaki, L. S. (2002). Social activism, self-advocacy, and coping with HIV illness. *Journal of Social and Personal Relationships*, *19*, 113–133.

Brinson, S. L., & Benoit, W. L. (1999). The tarnished star: Restoring Texaco's damaged public image. *Management Communication Quarterly*, *12*, 483–510.

Brown, J. D. (1991). The professional ex-: An alternative for exiting the deviant career. *Sociological Quarterly*, *32*, 219–230.

Bruckert, C. (2002). *Taking it off, putting it on: Women working in the strip trade*. Toronto, Ontario: Women's Press.

Bryan, J. H. (1965). Apprenticeships in prostitution. *Social Problems*, *12*, 287–297.

Burke, K. (1969). *A grammar of motives* (3rd ed.). Berkeley, CA: University of California Press.

Burke, K. (1970). *The rhetoric of religion* (2nd ed.). Berkeley, CA: University of California Press.

Chesney, M. A., & Smith, A. W. (1999). Critical delays in HIV testing and care: The potential role of stigma. *American Behavioral Scientist*, *42*, 1162–1174.

Coleman, L. M. (1986). Stigma: An enigma demystified. In S. C. Ainlay, G. Becker, & L. M. Coleman (Eds.), *The dilemma of difference: A multidisciplinary view of stigma* (pp. 211–232). New York: Plenum Press.

Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, *54*, 765–776.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.),*The handbook of social psychology* (4th ed., Vol. 2, pp. 504–553). New York: McGraw Hill.

Cupach, W. R., & Spitzberg, B. H. (1994). *The dark side of interpersonal communication.* Hillsdale, NJ: Lawrence Erlbaum.

Dahnke, G. (1982). Communication between handicapped and nonhandicapped persons: Toward a deductive theory. In M. Burgoon (Ed.), *Communication Yearbook 6,* (pp. 92–135). Beverly Hills, CA: Sage.

Drew, S. K., Mills, M., & Gassaway, B. M. (2007). *Dirty work: The social construction of taint.* Waco, TX: Baylor University Press.

Falk, G. (2001). *Stigma: How we treat outsiders.* Amherst, NY: Prometheus Books.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* Englewood Cliffs, NJ: Prentice Hall.

Greene, K., & Banerjee, S. C. (2006). Disease-related stigma: Comparing predictors of AIDS and cancer stigma. *Journal of Homosexuality*, *50*(*4*), 185–209.

Harter, L. M., Berquist, C. B., Titsworth, S., Novak, D., & Brokaw, T. (2005). The structuring of invisibility among the hidden homeless: The politics of space, stigma, and identity construction. *Journal of Applied Communication Research*, *33*, 305–327.

Hearit, K. M. (2001). Corporate apologia: When an organization speaks in defense of itself. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 501–511). Thousand Oaks, CA: Sage.

Henson, J. R., & Olson, L. N. (in press). The monster within: How male serial killers discursively manage their stigmatized identities. *Communication Quarterly.*

Herek, G. M. (1996). Why tell if you're not asked? Self disclosure, intergroup contact, and heterosexuals' attitudes toward lesbians and gay men. In G. M. Herek, J. J. Jobe, & R. Carney (Eds.), *Out in force: Sexual orientation and the military* (pp. 197–225). Chicago: University of Chicago Press.

Herman, N. J. (1993). Return to sender: Reintegrative stigma–management strategies of ex-psychiatric patients. *Journal of Contemporary Ethnography*, *22*, 295–330.

Hughes, E. C. (1951). Work and the self. In J. H. Rohrer & M. Sherif (Eds.), *Social psychology at the crossroads* (pp. 313–323). New York: Harper & Brothers.

Hughes, E. C. (1958). *Men and their work.* Glencoe, IL: Free Press.

Ihlen, Ø. (2002). Defending the Mercedes A-Class: Combining and changing crisis response strategies. *Journal of Public Relations Research*, *14*, 185–206.

Imahori, T. T., & Cupach, W. R. (2005). Identity management theory: Facework in intercultural relationships. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 195–210). Thousand Oaks, CA: Sage.

King, S. (2006). *Pink ribbons, Inc.: Breast cancer and the politics of philanthropy.* Minneapolis, MN: University of Minnesota Press.

Kosenko, K. (in press). Meanings and dilemmas of sexual safety and communication for transgender individuals. *Health Communication.*

Kreiner, G. E., Ashforth, B. E., & Sluss, D. M. (2006). Identity dynamics in occupational dirty work: Integrating social identity and system justification perspectives. *Organization Science*, *17*, 619–636.

Kuhn, T. (2009). Positioning lawyers: Discursive resources, professional ethics and identification. *Organization*, *16*, 681–704.

LeBel, T. P. (2008). Perceptions of and responses to stigma. *Sociology Compass*, *2*, 409–432.

LePoire, B. (1994). Attraction toward and nonverbal stigmatization of gay males and persons with AIDS: Evidence of symbolic over instrumental attitudinal structures. *Human Communication Research*, *21*, 241–279.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*, 363–385.

Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2002). On describing and seeking to change the experience of stigma. *Psychiatric Rehabilitation Skills*, *6*, 201–231.

Liu, B. F. (2007). President Bush's major post-Katrina speeches: Enhancing image repair discourse theory applied to the public sector. *Public Relations Review*, *33*, 40–48.

Lutgen-Sandvik, P. (2008). Intensive remedial identity work: Responses to workplace bullying trauma and stigmatization. *Organization*, *15*, 97–119.

Major, B., Kaiser, C. R., & McCoy, S. K. (2003). It's not my fault: When and why attributions to prejudice protect self-esteem. *Personal Social Psychology Bulletin*, *29*, 772–781.

Major, B., & O'Brien, L. (2005). The social psychology of stigma. In S. T. Fiske (Ed.), *Annual review of psychology* (Vol. 56, pp. 393–421). Chippewa Falls, WI: Annual Reviews.

Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of Health and Social Behavior*, *39*, 335–348.

Martinez, S. P. (2007). Crack pipes and T cells: Use of taint management by HIV/AIDS/addiction caregivers. In S. K. Drew, M. Mills, & B. M. Gassaway (Eds.), *Dirty work: The social construction of taint* (pp. 133–145). Waco, TX: Baylor University Press.

Meisenbach, R. J. (2008). Working with tensions: Materiality, discourse, and (dis)empowerment in occupational identity negotiations among higher education fund-raisers. *Management Communication Quarterly*, *22*, 258–287.

Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues*, *57*, 73–92.

Miller, C. T., & Major, B. (2000). Coping with stigma and prejudice. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 243–272). New York: Guilford Press.

Mills, M. (2007). Without trucks we'd be naked, hungry & homeless. In S. K. Drew, M. Mills, & B. M. Gassaway (Eds.), *Dirty work: The social construction of taint* (pp. 77–93). Waco, TX: Baylor University Press.

Orbe, M. (1997). *Constructing co-cultural theory: An explication of culture, power, and communication*. Thousand Oaks, CA: Sage.

Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany: State University of New York Press.

Rintamaki, L., Scott, A., Kosenko, K., & Jensen, R. (2007). Male patient perceptions of HIV stigma in health contexts. *AIDS Patient Care and STDs*, *21*, 956–969.

Roschelle, A. R., & Kaufman, P. (2004). Fitting in and fighting back: Stigma management strategies among homeless kids. *Symbolic Interaction*, *27*, 23–46.

Scott, C., & Tracy, S. J. (2007). Riding firetrucks and ambulances with America's heroes. In S. K. Drew, M. Mills, & B. M. Gassaway (Eds.), *Dirty work: The social construction of taint* (pp. 55–75). Waco, TX: Baylor University Press.

Siegel, K., Lune, H., & &. Meyer, I. H. (1998). Stigma management among gay/bisexual men with HIV/AIDS. *Qualitative Sociology*, *21*, 3–23.

Smith, R. A. (2007a). Language of the lost: An explication of stigma communication. *Communication Theory*, *17*, 462–485.

Smith, R. (2007b). Media depictions of health topics: Challenge and stigma formats. *Journal of Health Communication*, *12*, 233–249.

Sotirin, P. (2007). Bitching about secretarial "dirty work". In S. K. Drew, M. Mills, & B. M. Gassaway (Eds.), *Dirty work: The social construction of taint* (pp. 95–111). Waco, TX: Baylor University Press.

Spradlin, A. (1998). The price of "passing": A lesbian perspective on authenticity in organizations. *Management Communication Quarterly*, *11*, 598–605.

Stein, K. A. (2008). Apologia, antapologia, and the 1960 Soviet U-2 incident. *Communication Studies*, *59*, 19–34.

Thompson, T. L. (1982). Disclosure as a disability-management strategy: A review and conclusions. *Communication Quarterly*, *30*, 196–202.

Thompson, T. L. (2000). Introduction: A history of communication and disability research: The way we were. In T. L. Thompson & D. O. Braithwaite (Eds.), *Handbook of communication and people with disabilities: Research and application* (pp. 1–14). Mahwah, NJ: Lawrence Erlbaum Associates.

Thompson, T. L., & Seibold, D. R. (1978). Stigma management in normal-stigmatized interactions: Test of the disclosure hypothesis and a model of stigma acceptance. *Human Communication Research*, *4*, 231–242.

Tracy, S. J., & Scott, C. (2006). Sexuality, masculinity, and taint management among firefighters and correctional officers: Getting down and dirty with "America's heroes" and the "scum of law enforcement." *Management Communication Quarterly*, *20*, 6–38.

Tracy, S. J., & Scott, C. (2007). Dirty work and discipline behind bars. In S. K. Drew, M. Mills, & B. M. Gassaway (Eds.), *Dirty work: The social construction of taint* (pp. 33–53). Waco, TX: Baylor University Press.