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Rethinking the sociology of stigma

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Abstract

Stigma is not a self-evident phenomenon but like all concepts has a history. The conceptual understanding of stigma which underpins most sociological research has its roots in the ground-breaking account penned by Erving Goffman in his best-selling book Stigma: Notes on the Management of Spoiled Identity (1963). In the 50 years since its publication, Goffmans account of stigma has proved a productive concept, in terms of furthering research on social stigma and its effects, on widening public understandings of stigma, and in the development of anti-stigma campaigns. However, this introductory article argues that the conceptual understanding of stigma inherited from Goffman, along with the use of micro-sociological and/or psychological research methods in stigma research, often side-lines questions about where stigma is produced, by whom and for what purposes. As Simon Parker and Robert Aggleton argue, what is frequently missing is social and political questions, such as how stigma is used by individuals, communities and the state to produce and reproduce social inequality. This article expands on Parker and Aggletons critique of the limitations of existing conceptual understandings of stigma, through an examination of the anti-stigma campaign Heads Together. This high-profile campaign launched in 2016 seeks to end the stigma around mental health and is fronted by members of the British Royal Family. By thinking critically with and about this campaign, this article seeks to both delineate the limitations of existing conceptual understandings of stigma and to begin to develop a supplementary account of how stigma functions as a form of power. We argue that in order to grasp the role and function of stigma in society, scholarship must develop a richer and fuller understanding of stigma as a cultural and political economy. The final part of this introduction details the articles to follow, and the contribution they collectively make to the project of rethinking the sociology of stigma. This collection has been specifically motivated by: (1) how reconceptualising stigma might assist in developing better understandings of pressing contemporary problems of social decomposition, inequality and injustice; (2) a concern to decolonise the discipline of sociology by interrogating its major theorists and concepts; and (3) a desire to put class struggle and racism at the centre of understandings of stigma as a classificatory form of power.

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The Sociology of Stigma: **Sociological Review Monograph 2018**

Edited by Imogen Tyler and Tom Slater

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Introduction: Rethinking the Sociology of Stigma

Abstract

Stigma is not a self-evident phenomenon but like all concepts has a history. The conceptual understanding of stigma which underpins most sociological research has its roots in the ground-breaking account penned by Erving Goffman in his best-selling book *Stigma: Notes on the Management of Spoiled Identity* (1963). In the fifty years since its publication, Goffman's account of stigma has proved a productive concept, in terms of furthering research on social stigma and its effects, on widening public understandings of stigma, and in the development of anti-stigma campaigns. However, this chapter argues that the conceptual understanding of stigma inherited from Goffman, along with the use of micro-sociological and/or psychological research methods in stigma research often side-lines questions about where stigma is produced, by whom and for what purposes. As Simon Parker and Robert Aggleton argue, what is frequently missing from is social and political questions, such as 'how stigma is used by individuals, communities and the state to produce and reproduce social inequality' (2006, p. 17). This chapter expands on Parker & Aggleton's critique of the limitations of existing conceptual understandings of stigma, through and an examination of the anti-stigma campaign 'Heads Together'. This high-profile campaign launched in 2016 seeks to 'end the stigma around mental health' and is fronted by members of the British Royal Family (Heads Together, 2017). By thinking critically with and about this campaign, this chapter seeks to both delineate the limitations of existing conceptual understandings of stigma and to begin to develop a supplementary account of how stigma functions as a form of power (see Link and Phelan, 2014). It is the argument of this chapter that in order to better the role and function of stigma in society, we need to develop a richer and fuller understanding of stigma as a 'cultural and political economy' (Jessop, 2009). The final part of this introductory chapter, details the chapters to follow, and the contribution they collectively make to the project of rethinking the sociology of stigma. In rethinking the sociology of stigma this collection has been specifically motivated by: 1) how reconceptualising stigma might assist in developing better understandings of pressing contemporary problems of social decomposition, inequality and injustice; 2) a concern to decolonise the discipline of sociology by interrogating its major theorists and concepts; and 3) a desire to put class struggle and racism at the centre of understandings of stigma as a classificatory form of power.

Keywords

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Stigma, Power, Politics, Governmentality, Neoliberalism, Space, Racism, Capitalism, Mental Health

Heads Together (or Why We Need to Rethink the Sociology of Stigma)

In May 2016 three members of the British Royal Family, Prince William and his wife Catherine (the Duke and Duchess of Cambridge) and Prince Harry launched Heads Together, 'a new campaign to end stigma around mental health' (Heads Together, 2017) [i]. Heads Together is an umbrella organisation for eight existing UK based mental health charities[ii] who together have 'decades of experience in tackling stigma, raising awareness, and providing vital help for people with mental health challenges' (ibid.). Bringing these charities together under one organisational "brand", Heads Together seeks to harness the significant media power of the popular younger members of the Royal Family. The publicity for this campaign states that whilst there has been progress 'in recent decades' stigma remains a 'key issue' in preventing people with 'mental health challenges' in accessing the help and support they need (ibid.). As Prince William puts it, 'people can't and won't seek help because they are ashamed about what people might think' (CALM, 2017). To this end, Heads Together is focused on eradicating stigma as a barrier to help-seeking, through initiatives that centre on promoting individual disclosures of mental distress. As they put it, 'shattering stigma on mental health starts with simple conversations. When you realise that mental health problems affect your friends, neighbours, children and spouses, the walls of judgement and prejudice around these issues begin to fall' (Heads Together, 2017). To facilitate these conversations, Heads Together has mobilized an array of communications technologies, developing a website, harnessing social media platforms (Facebook, Twitter and Instagram), and devising hashtags, such as #oktosay and #thereforme, under which people can share their experiences. To illustrate the 'stigma shattering' potential of disclosure the Heads Together website has also published a series of short films, featuring celebrities and public figures in conversation with family and colleagues: these include the American pop star Lady Gaga discussing her mental health with Prince William (over Skype), the ex-footballer Rio Ferdinand talking about bereavement with his agent, and the ex-New Labour Communications Director, Alastair Campbell, discussing his cyclical depressions with his partner, the journalist Fiona Miller (ibid.). Alongside these well-known pubic figures, there are films featuring "ordinary" members of the public, such as ambulance driver colleagues talking about experiences of mental distress in the aftermath of stressful events at work. Through this accumulation and dissemination of individual conversations, Heads Together aims 'to help change the national conversation on mental health', effecting a transformation in British public attitudes (ibid.). Indeed, there is much to be admired about the values and ambitions of Heads Together, including Prince

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Harry and William's candour about their own struggles with mental distress following the death of their mother, Diana. As William Davies writes:

> Harry's admission that he had ignored his own emotional distress for several years before eventually having counselling was a valuable contribution, from a figure more commonly associated with laddish machismo. William's focus on male suicide statistics was also a good use of his celebrity (Davies, 2017).

All the existing evidence supports the claims of Heads Together that 'unresolved mental health problems lie at the heart of some of our greatest social challenges' (Heads Together, 2017). 'Shattering stigma' is certainly one step in meeting this challenge (ibid.). Indeed, negative attitudes around mental health problems are not only damaging and discriminatory but often exacerbate mental distress. As Clinical Psychologist John Read and his colleagues argue:

> Negative attitudes … lead to discrimination in many domains, including the workplace and housing, and to rejection by family and friends. They can also lead, via anticipated and actual discrimination and internalized stigma, to decreased life satisfaction and self-esteem, and to increased alcohol use, depression and suicidality (Read et. al, 2006).

However, while Prince William states that '[it's time] to feel normal about mental health, it's the same as physical health' psychologists like Read have begun to question the effectiveness of the "mental illness is an illness like any other" approach embraced by anti-stigma programmes (Heads Together, 2017). Indeed, research suggests that the embracing of biogenetic rather than social explanations of mental distress, risks amplifying the very negative attitudes and discriminations which these campaigns ostensibly seek to eliminate (see Read et.al, 2006; Corrigan, 2007; Holley et. al., 2012; Bonnington & Rose, 2014; McWade, 2016). So while, as Davies argues, the 'idea that one is simply "unwell"' might provide comfort 'to people wrestling with their own depression or anxiety', it simultaneously veils over '*a whole host of more fundamental cultural, political and economic questions regarding the distribution of distress in our society* – the sorts of questions that the Duke of Cambridge would be less likely to grapple with' (Davies, 2017, our emphasis; see also Davies 2015).

"Hands Off Our Stories"

There is also concern amongst mental health survivors and activists about the impact that anti-stigma campaigns that solicit, share and publicise, personal stories of mental distress might have on

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individuals given the facts of discrimination against people with diagnosed mental conditions. For example, in terms of potential consequences, there are substantive differences between a Prince or a pop star disclosing their struggles with mental health to the public, a precarious worker disclosing to an employer, or a mother disclosing to a social worker (on the latter, see Morriss this issue). In 2012, a group of Canadian scholar-activists affiliated with 'Mad Studies'[iii] published an account of a community event, 'Recovering our Stories: A Small Act of Resistance', which sought to trouble the 'appropriation' of personal experiences of psychiatric distress by mental health organisations and charities (Costa et. al, 2012, p.85). As they detail, while the sharing of testimonies has long been a central strategy of grassroots mental health activism, particularly in struggles against "psychiatric authority", what concerns them is the ways in which these strategies have been increasingly adopted (co-opted) by charitable and governmental bodies (ibid.). In particular, they are apprehensive about the commodification of personal stories of psychiatric distress and recovery in mental health and wellbeing 'marketplaces' that are increasingly dominated by powerful corporate actors (Costa et. al, 2012, p.89). As they argue, this market is often aligned with the interests of those organisations (state, commercial or third sector), rather than those of 'mad people themselves' (Costa et. al, 2012, p.89). In this context, personal stories of mental health, they write, 'function to garner support from authority figures such as politicians and philanthropists, to build the organizational "brand" regardless of program quality, and to raise operating funds during times of economic constraint' (Costa et. al, 2012, p.86). Further, they argue, there is a marked shift away 'from the history of psychiatric survivor storytelling' as means to critically question social norms and provisions, towards forms of storying which 'solidify hegemonic accounts of mental illness' (Costa et. al, 2012, p.87). This critique of mainstream anti-stigma campaigns, draws attention to how 'mad stories' risk being 'sanitised' in ways which 'do little to change the way that agencies function or to address broader issues such as poverty, unemployment and discrimination' (Costa et. al, 2012, p.90; see also McWade, 2016). In short, in focusing on individualised stories of disclosure and recovery, sociological questions about the causes of mental distress, are frequently airbrushed out of picture.

In order to alert 'the community to the dangers of storytelling', the Canadian scholars and activists devised a project entitled 'Hands off Our Stories', which included the production of a humorous button badge 'displaying the words *patient porn* stroked out by a red diagonal line' and information cards (Costa et. al, 2012, p.91, p. 96). Designed to caution people to the risks of freely giving their personal stories to mental health organisations, these information cards had the following 'tips' printed on them:

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- Participation is voluntary. You can always say no.
- Ask yourself, who profits from you telling your story?
- What purpose does personal story sharing serve?
- How do large organizations use stories to make material change?
- Story telling as an exercise of labour/work. Do you get paid?
- The internet lasts forever. Because of the technology available today, your interview or story will likely be accessible to the public for a very long time. That includes future employers and landlords. (Costa et. al, 2012, p.93)

The 'Hands off our Stories' project is a salient reminder that stigmatisation arises in contexts that are shaped by unequal relations of power, and that stigma *and* anti-stigma initiatives are the site of intensive social struggles. As the chapters in this collection variously elucidate, attempts to ameliorate social stigma (of any kind) are limited from the outset, if they fail to take account of 'the political economy of stigmatization and its links to social exclusion' (Parker & Aggleton, 2006, p.17)

The Political Economy of Stigma

In January 2017, the Heads Together campaign was lent political support of the highest order when the British Prime Minister Theresa May stated in a speech to the Charity Commission, that: '[f]or too long mental illness has been something of a hidden injustice in our country, shrouded in *a completely unacceptable stigma* and dangerously disregarded as a secondary issue to physical health' (May, 2017, our emphasis). Alongside tackling stigma, May made a specific commitment to addressing 'shortfalls in mental health services', which she described as 'plans to tackle the burning injustice of mental illness' (May, 2017). However, the promise that mental health funding would be a key priority of her premiership, her assurances of additional resources for mental health services, and her promise to create parity between state funding for mental and physical health conditions, was met with incredulity by many British health professionals. Mental health services in the UK are so 'notoriously underfunded' that they are 'often referred to as a "Cinderella service"' (O'Hara, 2017, p. 37; see also McWade, 2016). Further, at the time of this announcement May's Government was in the midst of "austerity driven" welfare reforms which include draconian cuts to the National Health Service (NHS), as part of a broader ideological commitment to gradual privatization. As Mary O'Hara details, '[m]ental health provision was hit hard and early by austerity measures and this pattern has continued' (O'Hara, 2017, p. 37 - 38). To take one example, in 2017, an investigation by *Pulse*, a news forum for UK General Practioners, found that:

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> increasing numbers of vulnerable children are being refused vital mental health treatment that is recommended by their GP. Figures obtained from 15 mental health trusts revealed that 60% of GP referrals to child and adolescent mental health services (CAMHS) lead to no treatment and a third are not even assessed (Wickware, 2017).

These cuts to services are taking place in a context of increasing need. For example, in 2017 several regional NHS trusts reported a 60% increase in the previous 12-month period in referrals to mental health crisis teams (a crisis referral is made in urgent cases when, for example an individual is in extreme distress and felt to be at risk of self-harm which may endanger their life or those of others). This surge in crisis referrals is likely, in part, due to people being unable to access essential services such as counselling at earlier stages of need.

One consequence of this marked increase in need, is that the police are becoming Britain's *de facto* front line mental health service. As Vikram Dodd notes, '[t]he number of calls handled by the Metropolitan police [London's regional police force] in which someone was concerned about a person's mental health hit a record 115,000 in the last year: on average 315 a day, or about 13 an hour. Volumes have grown by nearly a third since 2011-12' (Dodd, 2017). Dodd, a journalist, reports cases in which 'ill people struggling to find help commit crimes to obtain treatment', noting how one woman 'on crutches walked a mile to smash a shop window in Hereford, then called the police herself, believing that was the best way to get access to mental health services' (Ibid.).

If one of the aims of Heads Together is to eradicate stigma in order that people are willing and able to access services, the timing of this campaign inevitably begs the question what kinds and what quality of services actually exist for those in need, both now, and if current programmes of cuts continue, in the future. Further, it is important to note that whilst the charities supported by Heads Together lead important programmes of mental health support, the form this takes is largely the provision of information, helplines and online forums and not the kinds of intensive counselling and/or acute psychiatric health services that many people in Britain are currently having problems accessing. This isn't to say that talking about mental distress with friends and families can't lessen social stigma, but rather that anti-stigma initiatives which want to remove barriers to help seeking, but that don't simultaneously address *either* the erosion of public service provision *or* the deeper social causes of increased levels of mental distress will be limited in their impact.

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Let's unpack this a little further. In the UK, it is not only that mental health services have been historically underfunded, but that cuts to services are taking place in a period in which there has been a significant and sustained increase in anxiety, depression and suicides (see O'Hara, 2017; Stuckler & Basu, 2013; Cooper & Whyte, 2017). In *Politics Make You Sick: Neoliberal Epidemics*, Ted Schrecker and Clare Bambra detail the ways in which state adoption of neoliberal economic policies characterised by 'reductions in workplace rights, job security, pay levels and welfare rights', has 'led to large increase in chronic stress across large parts of the population of many countries' (2015, p. 42). This governmental production of chronic stress, is (unequally) distributed across the population, and 'gets under the skin', through multiple and 'well understood' psychosocial mechanisms (2015, p.43). Research such as Schrecker and Bambra's reveals in the starkest terms the limitations of anti-stigma campaigns around mental health which don't consider the role of social and economic policies which are, by design, actively promulgating mental distress.

The 'neoliberal epidemic of insecurity' has been exacerbated in Britain (and elsewhere) by political responses to the 2008 global financial crisis (Schrecker & Bambra, 2015, p.42). For example, the British Coalition Government (2010-2015) and the subsequent Conservative Government (2015 – current) responded to this crisis in the banking sector, by implementing 'the deepest and most precipitate cuts ever made in social provision' (Taylor-Goodby, 2013, p. viii; see also Shildrick; Scambler; Slater in this issue). Vickie Cooper and David Whyte have described this governmental response as 'an attempt to permanently dissemble the protection state' (2017, p. 1). A decade of austerity measures have seen those most affected by cuts, such as disabled people, 'not only struggling under the financial strain' but 'becoming ill, physically and emotionally' (2017, p.2). To paraphrase Davies, efforts to end the stigma around mental health conditions in the context of a political economy which actively produces depression, anxiety and other psychosomatic illnesses, is at best a forlorn attempt to ameliorate symptoms 'without confronting any serious political-economic questions' (Davies, 2015, p. 9-10).

Further, it is not only that austerity driven reforms have intensified an existing neoliberal epidemic of chronic stress, but that this programme of cuts to social provision *has been enacted and legitimated through strategies of (state sanctioned) stigma production*. As Tracey Jensen and Imogen Tyler (2015) have detailed, since 2010 the British elites, (including politicians, journalists and television producers), have engaged in an intensive programme of *welfare stigma production*, reanimating longer histories and figures of the undeserving poor, to justify austerity. In particular, the promotion of the idea that a large "underclass" of people are "trapped" in conditions of stupefying dependency on state hand-outs, has been central mechanism through which public

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consent for draconian cuts to services has been produced. In short, 'stigmatisation is intimately linked with neoliberal governance', that is with attempts to manage and/or change the behaviour of populations through deliberate *stigma strategies* which inculcate humiliation and shame (see Paton, this issue). Indeed, as Graham Scambler argues in this monograph, the governmental 'weaponisation of stigma', both in terms of intensification of stigma production from above, and in terms of the specific targets of stigmatisation (such as disabled welfare recipients), cannot be disentangled from the political and economic imperatives of financial capitalism (Scambler, this issue). The point we are making here, is that we require *more thoroughly sociological* understandings of stigma. This necessitates supplementing approaches focused primarily on the effects of stigma towards a consideration of the social causes and indeed the political function of particular modalities of stigma production.

Stigma as a practice of 'capital accumulation'

In her contribution to this collection, Paton urges us to examine the 'processes of power and profit', which might motivate stigma production, by 'gazing up' to ascertain where and by whom stigma is crafted, and to what ends. Following Paton's call 'to gaze up', it is interesting to note that alongside the eight charitable partners who are the major beneficiaries of funds raised by Heads Together, that this campaign has four corporate partners. These include the retail bank Virgin Money, Dixons Carphone 'Europe's leading specialist electrical and telecommunications retailer and services company', the global corporate giant Unilever, and BlackRock, 'a global leader in investment management, risk management and advisory services for institutional and retail client' (Heads Together, 2017). In short, Heads Together is bankrolled by some of the very corporate and financial organisations whom are the beneficiaries of neoliberal economic policies (and the austerity reforms) which are eroding state welfare and social care, and in doing are exacerbating mental distress amongst the poorest and most vulnerable members of society.

To take just one example from amongst the list of Heads Together's corporate partners: Virgin Money (UK) began life as a personal finance company which primarily sold debt, though credit card services. In 2008, the British bank Northern Rock collapsed in the wake of the US sub-prime mortgage crisis, and the British Government took the bank into national ownership. It then split the bank into two parts, Northern Rock plc., and Northern Rock Asset Management, with the bad debt (approx. £21bn) parcelled in the later. It later sold Northern Rock plc. to Virgin Money at an estimated loss to the taxpayer of an estimated £400m and £650m. The figures continue to disputed,

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but what we can say with certainty is that British citizens not only effectively subsided Virgin Money in their acquisition of the salvageable part of this bank, but also absorbed a massive amount of private financial sector debt – monies which could, of course, have be used to fund health and social services. Virgin Money is one part of Virgin Group Ltd., a multinational venture capital conglomerate. In 2010, Virgin set up a new arm, called Virgin Care, with which it sought to expand its interests into the private UK health services market, thus capitalising on the government's programme to privatise state health services, a process accelerated under the guise of austerity driven reforms. At the time of writing, Virgin Care had acquired NHS (state) contracts amounting to over £1billion. Services run by Virgin Care include Primary Care (GP services and hospitals), Adult Social Care (including Social Workers), Community Health, Prison Healthcare and Child Mental Health Services.[iv] Several whistle-blowers, among them the current Labour MP for Dewsbury, Paula Sherriff, have spoken out about 'unethical practices' and 'misconduct' within some of the health services Virgin now runs in place of the state (Stewart & Booth, 2016). In short, Virgin Group has been a key beneficiary of Government programmes of austerity driven welfare reforms since 2010, profiting from the privatisation of social provision. Given this, we might want at least question the claim of this predatory for-profit private health care provider that it shares the mission of Heads Together 'of ending stigma, changing the conversation on mental health and giving people the tools they need to help themselves and each other with their mental health' (Heads Together, 2017).

We began this introduction with the high profile British anti-stigma campaign, Heads Together in order to illustrate some of the restraints of current understandings of what stigma is, and to challenge some of the common-sense approaches to how stigma should be combatted. We have taken as inspiration in this endeavour Parker and Aggleton's claim that 'in order to move beyond the limitations of current thinking about stigma […] we need to reframe our understandings of stigmatization and discrimination to conceptualize them as social processes that can only be understood in relation to broader notions of power and domination' (2003, p. 16). One of the primary motivations of this collection, is precisely to expand sociological understandings of stigma as a form of power, and in the next section we will argue that this requires sociologists to move beyond Goffman's decidedly ahistorical and apolitical formulation of stigma.

Rethinking Stigma After Goffman

'Stigma is not a self-evident phenomenon but like all concepts has a history' (see Tyler, forthcoming on the long history of stigma). The conceptual understanding of stigma which underpins anti-stigma

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campaigns such as “Heads Together’, has its roots in 20th Century North American sociology and social psychology, which in turn largely has its roots in the formative understanding of stigma penned by Goffman in his best-selling book *Stigma: Notes on the Management of Spoiled Identity* (1963). It is difficult to overstate the influence of Goffman’s stigma-concept, both on scholarly research and on wider public understandings of what stigma is (see Tyler, this issue). As Stephen Hinshaw argues, ‘[t]here has been an explosive growth of research and theorising about stigma in the decades since Goffman’s conceptualisation’ (2007, p.25). Proceeding from a definition of stigma as ‘the situation of the individual who is disqualified from full social acceptance’ (1986 [1963], preface) Goffman in effect transformed stigma into ‘a remarkable organizing concept’ (Hacking, 2004, p.18), a way of seeing, classifying, and understanding a vast array of discriminatory social attitudes and practices.

Goffman made four important claims: Firstly, that stigma is *a perspective* which is ‘generated in social contexts’ (1986, p. 138). Secondly, that people learn to manage the potentially devastating effects of being socially stigmatized, by employing strategies of identity management, such as passing and concealment. Thirdly, and this remains more implicit in his account, that stigmatization is historically specific in the forms it takes; and finally, that stigma functions ‘as a means of formal social control’ (139). It is primarily the first two of these claims that have come to dominate and underpin research, policy-making and anti-stigma initiatives, while the third and fourth claims, neglected by Goffman himself (see Tyler, this issue), have been taken up within contemporary stigma research, but still remain somewhat marginalised. Indeed, in the wake of *Stigma*, since the mid-20th century, social scientists have become accustomed to thinking about stigma within a liberal framework as a problem of social norms that can be challenged and alleviated through what Goffman terms ‘benevolent social action’ (1986, p.5). It is our contention that this understanding of stigma as something that can be ameliorated, either through forms of social action which focus on ‘educating people’ about particular stigmatised conditions, or by “schooling the stigmatised” to better manage their stigmatised difference, frequently neglects to address structural questions about the social and political function of stigma as a form of power. Therefore, one of the aims of this monograph to rebalance research on stigma by precisely focusing on the function of stigma as a form of governmentality. In short, we seek to retain what is potentially most radical about Goffman’s account, in particular his understanding of stigma *as a relation* which emerges in social settings, but to further amplify the critical implications of this claim. In this regard, we also seek to employ Goffman’s relational understanding of stigma to trouble the more conservative and reactionary aspects of his own account. For example, in her contribution to this monograph,

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‘Resituating Erving Goffman: From Stigma Power to Black Power’, Imogen Tyler undertakes a critical rereading of Goffman’s theory of stigma by resituating it within the context of the civil rights movement, rereading *Stigma* in dialogue with a rich but largely marginalised lineage of stigma thinking within in the black sociological tradition.

To date, in terms of the discipline of sociology, Goffman’s stigma concept has been taken up most enthusiastically within the sociological subfield of symbolic interactionism. Developing the work of the early 20th Century sociologist and philosopher George Herbert Mead, his student Herbert Blumer, and the later contributions of Howard Becker, Goffman and others, sociologists working within a social interactionist tradition are concerned with researching how the relationship between the self and society is mediated via systems of communication. In brief, social interactionism is a form of “sociology from below” which is focused on producing micro-level studies of social interactions, and examining how meanings are produced (modified, challenged and transformed) in everyday contexts. Employing mainly observational, ethnographic and participative methods, this body of scholarship focuses on: 1) how stigma arises in social settings; and 2) how stigma clusters around specific “conditions”. Symbolic interactionism has been criticised for being ‘conservative’ because of its lack of concern with ‘explanations of people suffering’ and its tendency to over-state individual agency in terms of people’s ability influence or determine their own fates (see for example McNall, Johnson, 1975, p.49). From the point of view of the concerns of this monograph, the best examples of social interactionist work on stigma reveals not only how stigma is (re)produced within everyday interactions, but how what and who is stigmatised transforms across time and place. Indeed, Stacey Hannem’s and Chris Brucket’s edited book, *Stigma Revisited: Implications of the Mark* (2012), while working within a social interactionist tradition, share many of the concerns of this volume in precisely attempting to bring questions of how stigma is lived and resisted into dialogie with broader questions of power and structure.

An excellent example of how micro-sociological approaches has been used to extend and trouble Goffman’s original conceptualisation of stigma, is Abdi Kusow’s research with Somali immigrants in Canada. Focusing on racial stigmatisation, Kusow challenges one of Goffman’s primary assumptions, namely ‘the existence of a normatively shared understanding of the criteria for and the distribution of stigma’ (Kusow, 2004, p. 194). He does this by demonstrating how the presence of ‘mutually incomprehensible’ or conflicting social and cultural beliefs within one geographical space, transforms not only who and what is stigmatised, but how stigma is resisted and indeed in some cases reversed (Kusow 2004, p. 180; see also Tyler this issue). Kusow arrives at the conclusion that

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stigma is always already unstable, volatile and shifting, through a study of the social interactions of Somali migrants in Canada. He details how this group of migrants refuse the stigmas associated with being black, being African, being a migrant, and being Muslim in Canadian society, by enacting an alternative Somali value system. Indeed, the Somali's in his study reveal they had never heard of the word 'race', or experienced racism, before they interacted with (racist) white Canadian's. More specifically they had no prior knowledge of racist North American epistemologies of race, where racism frequently (but not exclusively) pivots around visible perceptions of skin colour. In Somali it is tribal affiliations within an ethnic clan system which is the primary driver of social stratification. Thus for Somali migrants, 'the use of skin color as a stratification device' is 'incomprehensible' (2004, p.182). Kusow explores the strategies through which Somali migrants reject the racist identity assessments of Canadian citizens. This includes the avoidance of interactions with White Canadians, a rejection as 'Canadianness as a possible identity', a persistent restating of 'separate systems of honor' and the 'reverse stigmatisation' of white Canadian racism (2004, p.188). As he notes:

> What I mean by "stigma reversal" is illustrated in the following comment by a respondent: "I kind of reverse it upon them [white Canadians]. I always reverse what they are thinking of another human being like that." According to some of the respondents, stigmatizing someone else on the basis of skin color is itself stigmatizing (2004, p.193).

Kusow concludes that 'while Goffman's concept of stigma has provided a powerful analytic category for understanding how stigmatized individuals manage the everyday problems attached to their spoiled identities, his treatment does not go far beyond the issues of identity management' (2004, p.195). In fact, Kusow's work is also a more radical application of Goffman's conclusion that stigma is a relational and contingent practice of social classification. However, while Goffman argues that the work of the micro-analyst necessitates a "bracketing off" of the economic and political imperatives that structure behavioural settings, Kusow argues that interactional forms of stigma research need to proceed by identifying 'the social and social structural conditions' that shape the relationship between self and society (2004, p.195, see Tyler this issue). In short, in trying to make sense of his empirical findings, what Kusow are the limits of micro-sociological approaches to stigma. As Hannem similarly concludes:

> Goffman's qualitative descriptions of individual struggles of identity management and shame need to be augmented not only with the experiences of "normals" who come into interaction with the stigmatized, but also with a genealogy of the social structures of

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> normalcy and difference that create generalized stigma and attitudes of prejudice (Hannem, 2012, p.27).

While some of the papers in this monograph draw on the kinds of methods and approaches familiar to the sociology of social interaction, this collection also highlights the limits of approaches which fail to take into account structural and structuring factors, such as history (time), geography (place), politics and economic conditions. In doing, it seeks to supplement the existing sociology of stigma by encouraging sociologists to "look up" to the forces which shape the emergence of stigma in everyday contexts (Hannem, 2012; Paton this issue; Tyler forthcoming).

Interestingly, most of the social scientific work on redefining stigma post-Goffman has not taken place in sociology but in cognate and neighbouring disciplines: primarily social psychology but also in medical and health research, and to lesser extent law and criminology. Unlike social interactionist approaches, whose methods are primarily qualitative and which tends to favour small scale studies, social psychology research on stigma has been driven by quantitative methods which seek to measure, classify and quantify stigma. One of the limits of quantitative approaches is that they have a tendency to produce an understanding of stigma as static attitudes, 'rather than a constantly changing (and often resisted) social process' (Parker & Aggleton 2003, p. 14). Alongside and/or in conjunction with quantitative methods, social psychologists have developed social-cognitive understandings of stigma, which focus on the mental processes involved in stigmatisation, and the interpersonal consequences of stereotyped perceptions. This research is motivated by a concern with changing attitudes and behaviours, through, for example, increasing peoples 'tolerance' for stigmatised conditions (Parker & Aggleton 2003, p. 15).

It is this social cognitive understanding of stigma that underpins many anti-stigma campaigns. For example, Heads Together offers a weak definition of stigma as the 'negative associations, experience and language' attached to mental health conditions and imagines that the way to combat these negative connotations, is by initiating face-to-face conversations which will (magically) change individual attitudes, and which in turn might cumulatively, when "scaled up" to the level of a "national conversation", transform wider social beliefs. In this understanding, stigma is conceived from the "bottom up", as primarily a problem of individual beliefs and actions—'as what some individuals do to other individuals' (Parker & Aggleton, 2003, p.16). This individualistic starting point rarely considers the 'political economy of stigmatization' (p.17), including macro-level structures and forces, from economic crisis, wars and international conflicts, which shape stigmatising attitudes and

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beliefs. So while social psychology might focus on understanding stigmatising beliefs or behaviours in order, ostensibly, to change people's behaviours, it often ignores the ways in which, for example, governments or corporations might deliberately *activate stigma* to "nudge" people into desired patterns of behaviour. As a consequence, the social psychology of stigma suffers from 'serious conceptual limitations' (Parker & Aggleton, 2003, p.15; see also Link & Phelan, 2001; Hatzenbuehler & Link, 2014). Indeed, there is now a general agreement within social psychology, that the previous failures of many anti-stigma campaigns to effect much in the way of meaningful or sustained social change 'is linked to the relatively limited theoretical and methodological tools available' (Parker & Aggleton, 2003, p.14; Pescosolido & Martin 2015).

The recognition within social psychology of the constraints of the 'excessively individualistic focus' of stigma research, has led to a new focus on 'macro-level factors that drive stigma processes' (Link & Phelan, 2014, p. 30).[1] Most significant in this regard has been Bruce Link and Jo Phelan's development of the concept of 'stigma power', which turns to sociology, and specifically draws on Pierre Bourdieu's account of 'symbolic violence', to better understand how stigma is exercised 'to keep people down, in and/away' (Link & Phelan 2014, p. 30). There is an important recognition in this turn that 'stigma arises and stigmatisation takes shape in specific contexts of culture and power' (Parker & Aggleton 2003, p. 17). This has led to attempts to 'expand and reorient stigma's theoretical lens to focus on meso and macro socio-cultural structures and power' (Bonnginton & Rose, 2014, p. 7). This new emphasis on traditional sociological concerns with structures, institutions, classification and power, and with the ways in which 'stigma feeds upon, strengthens and reproduces existing inequalities of class, race, gender and sexuality' has largely emerged out of grassroots initiatives to combat specific kinds of social stigma (Parker & Aggleton, 2003, p.13). Most notably, activism that has sought to reduce the social stigma of specific health conditions such as HIV and AIDS, body-positive feminism, disability activism, and more expansive social and political movements, such as queer pride. However, while research on stigma has started to critically engage with questions of power, it is still often hampered by a limited understanding of 'power': where power is still imagined primarily as a force exercised by individuals - 'the aims of stigmatizers' (Link & Phelan, 2014, p. 24) – rather than conceptualised vis-à-vis the motives of *institutions* and *states* within a broader political economy of neoliberal capitalist accumulation. In order to address these limitations, several of the papers in this issue further develop Link and Phelan's concept of 'stigma power' (2014) through a focus on stigma as a political apparatus: that is, stigma power as a productive and constitutive force which enables 'the structures, mechanisms, and justifications of power to function' (Foucault, 2008, p. 85).

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The “re-turn” to classic sociological concerns with “structure” in stigma research is evident in all the recent “state of the field” reviews around stigma literature. For example, in ‘The Stigma Complex’ (2015) published in the *Annual Review of Sociology*, Bernice Pescosolido and Jack Martin surveyed the existing literature on stigma (primarily social psychology and health research literature) in an attempt to produce ‘a more synergistic view’ of ‘the complicated nature and effects of stigma’ (2015, p,101). For Pescosolidio and Martin what they term ‘the stigma complex’, attempts to advance an understanding of stigma as a ‘heterogeneous system’ which involves ‘the individual to the society, and processes, from the molecular to the geographic and historical’ and ‘that constructs, labels, and translates difference into marks’ (2015, p.101). At the heart of their account is Goffman’s understanding of stigma as a ‘fundamentally a social phenomenon rooted in social relationships and shaped by the culture and structure of society’ (2015, p.101). The problem, as they identify it, is that research concerned with ‘understanding and changing’ stigma has focused on changing behaviours and beliefs rather than ‘changing the structures that shape social relationships’ (2015, p.101). While in general agreement with Pescosolidio and Martin’s approach to stigma as a psycho-social complex, we disagree with their claim that research focused on ‘changing structures’ ‘remains at an early stage’ or is ‘primitive in nature’ (2015, p.101). Indeed, we hope to illustrate that rich genealogies of stigma theorising --which are precisely focused on challenging structures --already exist but have been marginalised by mainstream social science. For example, research and writing within the long black sociological tradition, social history research on class struggle, postcolonial history and theory, feminist and queer theory, and more recently the theories of spatial stigma developed by critical human geographers (see Slater, this issue). We would also point to the ways in which “stigma struggles” have been explored within literature and the visual arts, and conceived in activist writing and political manifestos. What we seek to illustrate through this collection is some of the ways in which sociologists, geographers, political economists, media scholars and historians might fruitfully extend and supplement the ongoing reconceptualization of stigma as power, by bringing the expertise and theoretical resources of these alternative genealogies of stigma to bear on this field.

Neoliberal Stigma Power

The historical, geopolitical and theoretical context out of which our interest in stigma emerges is a very different one than that of the post-war society which confronted Goffman in the 1950s. In returning to stigma we were motivated by how reconceptualising stigma might assist in researching

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pressing contemporary problems of social decomposition, inequality and injustice which have emerged in the wake of neoliberalism. In *The Shock Doctrine: The Rise of Disaster Capitalism*, Naomi Klein details the ways in which 'the policy trinity' of neoliberalism, 'the elimination of the public sphere, total liberation for corporations and skeletal social spending' has been enabled through the invention and/or exploitation of crises, be they natural disasters, terrorist attacks (Klein, 2007, p.17). As Tyler has previously argued, 'in such a climate public anxieties and hostilities are channeled towards those groups within the population, such as the unemployed, homeless people, welfare recipients, irregular migrants, disabled people, ill and elderly populations who are imagined to be a parasitical drain upon scarce resources' (Tyler, 2013, p. 211). Indeed, what we precisely want to add to Klein's diagnosis, is that neoliberal modes of government operate not only by capitalizing upon 'shocks' but through 'the daily, pervasive production and mediation of stigma' (Tyler, 2013, p. 210). This understanding was inspired by Loïc Wacquant's argument that one of the major characteristics of neoliberalism is conditions of heightened stigmatization for minority subjects 'in daily life as well as in public discourse' (2008, p. 24–5). Drawing on Bourdieu's concept of symbolic power, Wacquant develops an account of stigma as a form of 'violence from above' (2008, p. 24) stressing 'the distinctive weight and effects of territorial stigmatization as well as the insuperable political dilemmas posed by the material dispersion and symbolic splintering of the new urban poor' (2008, p. 7). Of particular concern to Wacquant is the 'intensity of the stigma' and the 'virulence of its negative effects in the context of the mass unemployment and political marginalization' (Wacquant, 2008, p.174). Wacquant suggests that the patterns of stigmatisation evident today are not novel phenomena, but are 'more or less coextensive with the existence of the cities': we might think here of the revitalisation of 19th century distinctions between deserving and undeserving poor (see Crossley, 2017). However, Wacquant suggests that potency and weight of 'symbolic dispossession' has intensified under neoliberal conditions (Wacquant, Slater and Pereira, 2014). In *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain*, Tyler (2013) extended Wacquant's analysis, arguing that stigmatization is increasingly employed as a device to procure consent for punitive policies directed at those living at the bottom of the class structure. Through a series of case-studies, *Revolting Subjects* tracks how the production and mediation of stigma is 'not simply an effect of neoliberal ideologies and policies' but is 'a core organ' of neoliberal governmentality' (Tyler, 2013, p. 212). As she concludes: 'stigmatization operates as a form of governance which legitimizes the reproduction and entrenchment of inequalities and injustices' (Tyler, 2013, p. 212).

This claim, that there is a relationship between "stigma intensification" and neoliberal forms of government, is supported by social policy research on changing social attitudes towards poverty and

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welfare (Taylor-Gooby, 2013; Hill, 2015). While a recent multi-sited project, 'Shame, social exclusion and the effectiveness of anti-poverty programmes: A Study of Seven Countries' (2010-2012) led by Robert Walker, has identified a broader global shift from liberal welfare policies concerned with alleviating the shame of seeking relief, to forms of (neoliberal) policy making designed to activate stigma. Walker concludes that shame, (although we would argue this is stigma not shame), is 'a key mechanism in perpetuating the structures of self-interest that support the unequal distribution of resources in society' (Walker, 2015, p184). As Tracy Shildrick's contribution to this issue reveals, the amplification of poverty stigma has particularly potent effects in the context of consumer capitalism. Wacquant describes this as 'the curse of being poor in the midst of a rich society in which participation in the sphere of consumption has become a *sine qua non* of social dignity - a passport to personhood' (2008, p.30).

This Collection

In order to extend these initial attempts to rethink stigma sociologically in the context of neoliberalism, this collection brings together "classic" sociological research on poverty, racism, disability, stigma and shame, with geo-political perspectives on the activation of stigma at different scales (governmental, policy, media industries), scholarship on the stigma of place (territorial stigma) and historically orientated analysis of anti-stigma campaigns and activism. In doing, it draws together contributions from scholars across Europe and North America, variously concerned with rethinking stigma as a contemporary mechanism of disenfranchisement in numerous forms and locations, and on multiple scales.

Through a range of methodological approaches and drawing on different kinds of data (interviews, ethnographic, media analysis, policy documents, archival research), the chapters in this monograph together produce new insights into how stigma functions as a form of power, contributing to a much fuller understanding of stigma as a 'cultural and political economy' (Jessop, 2009). This approach to stigma is one which seeks to guard against a tendency in both Marxist and Weberian approaches to sociology to under-emphasize the importance of symbolic systems and especially media culture. This is achieved via the fusion of critical semiotic analysis with critical political economy, by emphasizing the role of institutions in shaping the movement from social construal to social construction and their implications for the production of hegemony (and its contestation in the remaking of social relations), and its commitment to the de-naturalization of economic and political imaginaries. Considered as a whole, the monograph demonstrates the importance of the role of

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symbolic structures and social mediating agencies in the production of inequality and marginality. Its overarching aim, is to demonstrate how a sociology of stigma might work to 'untie the threads of stigmatization and discrimination that bind those who are subjected to it' (Parker & Aggleton, 2003, p. 18). Indeed, the approach to stigma we want to encourage, is one which begins by calling 'into question the very structures of equality and inequality' which characterise contemporary societies (Parker & Aggleton, 2003, p. 18).

We have organised the papers in this special issue into two themed sections, *Living with Stigma* and *The Stigma of Place*. This reflects a clustering of interests in the papers in first part of this collection with how stigma is negotiated and resisted in everyday lives, often in interactions with the state, and a focus in the second half of this collection with the concept of "territorial stigma", namely how spatial taint is enacted and resisted.

Living with Stigma

The collection opens with Imogen Tyler's paper, '**Resituating Goffman: From Stigma Power to Black Power'** which offers a critical rereading of Goffman, to expose how many of limits of contemporary understandings of stigma, are embedded in Goffman's original account. In order to extrapolate a sociologically informed understanding of stigma as power, Tyler resituates Goffman's conceptualization of stigma within the historical context of Jim Crow and the black freedom struggles that were shaking "the social interaction order" to its foundations at the very moment Goffman crafted his book. It is the contention of her paper that these explosive political movements against the 'humiliations of racial discrimination' invite revision of Goffman's decidedly apolitical account of stigma (Robinson, 2000, p. 318). This historical revision of Goffman's stigma concept builds on existing body of critical work on 'the relationship between race, segregation and the epistemology of sociology within the United States' (Bhambra, 2014, p.472). Throughout, it reads Goffman's *Stigma* through the lens of 'Black Sociology', a field of knowledge that here designates not only formal sociological scholarship, but political manifestos, journalism, creative writing, oral histories and memoirs. It is the argument of Tyler's paper that placing Goffman's concept of stigma into critical dialogue with black epistemologies of stigma allows for a timely reconceptualization of stigma as a governmental technology of 'racialized capitalism' (Robinson, 2000; see also Loyd and Bonds this issue).

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As Tyler argues, one of the major limitations of existing understandings of stigma is the ways in which they have "bracketed off" key questions, such as where stigmatizing attitudes come from, how and by whom is stigma crafted, mediated, produced and why, what social, political, and economic functions stigmatization might play in particular historical and geopolitical contexts, and how has stigma been resisted. As we see it, the challenge for future sociologies of stigma is begin with these questions in order to better understand the role of stigma in the reproduction of social inequalities and injustices. To develop the conceptual tools adequate for this task, means moving beyond the influential understanding of stigma developed by Goffman and the understandings of stigma which have followed in his wake.

The political economy of stigma is the major concern of the next paper in this section, **'Heaping Blame Upon Shame: Weaponising Stigma for Neoliberal Times'**, where Graham Scambler focuses on the "weaponising" of stigma in the neoliberal era. After a critical exposition of major sociological works on stigma, where he observes (a) the distinctions between enacted and felt stigma (involving norms of shame) and enacted and felt deviance (involving norms of blame), and (b) the novel neoliberal dialectic between these two sets of norms, Scambler finds significant limitations to these literatures as they are inattentive to the dynamics of financial capitalism. With reference to changing social policies vis-à-vis disability, he argues that research on stigma too often neglects the social relations of class, oppression and power that make financial capitalism possible. Not only does this have implications for knowledge of how stigma is used as weapon by the powerful, it also has implications for modes of resistance to the neoliberal elites who exercise stigma as a weapon. He argues that an effective struggle against pernicious forms of social abjection requires combinations of alliances across multiple fields that challenge not only policy but the systemic conditions under which policies are made, or in his words, "the 'real' social structures" that are critical for the maintenance and deepening of stigma power.

In '**Lessons from Grenfell: Poverty propaganda, stigma and class power'**, Tracy Shildrick extends her remarkable body of work on the lived experiences and representations of poverty in the UK to dissect the production, diffusion and implications of what she terms 'poverty propaganda'. This is achieved by way of an analysis of the aftermath of the Grenfell Tower disaster in London in June 2017 (when a devastating fire tore through a high rise social housing block that had been 'regenerated' with cheap, combustible cladding solely to make it look visually more attractive to wealthy residents of the upscale district). Grenfell exposed the absolute political contempt for the

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rights and housing situations of working class Londoners, and also exposed the protracted disinvestment in social housing and the disregard for the repeated warnings by tenants of an impending disaster. This led lead to widespread disquiet and anger about the extent of inequality in London and beyond, but poverty propaganda, according to Shildrick, 'works to orchestrate confusion and muddies the waters, so clarity on issues of poverty and related disadvantages is never revealed'. As she demonstrates, poverty propaganda provides a critical resource for those with power in times of crises like Grenfell, as 1) its stigmatising messages are simple and far more likely to stick than arguments about causal complexity, and 2) it is malleable as it serves to divide the working class, fuelling mistrust of fellow citizens and neighbours, particularly in deprived neighbourhoods.

In **'Stigma, Housing and Identity after Prison'**, Danya Keene, Amy Smoyer and Kim Blankenship examine the power of stigma in their account of ways in which 'the enduring and discrediting mark' of being as an ex-offender shapes, and limits the ability of individuals to access decent and affordable housing on their release from prison. Drawing on interview data, they reveal the arduous processes through ex-offenders go through in their quest to secure a decent home. As they reveal, the stigma enacted not only by individuals (such as landlords) but also by the state, not only restricts access to housing but functions as a justification for the discrimination they face. They also show that the interconnected stigmas of prison and poverty are reinforced when former prisoners are denied the marks of decency and valorized self-sufficiency that access to a stable home can provide. Former prisoners' relegation to the streets, half-way houses, homeless shelters and other stigmatized places serves to strengthen the stigmas that are barriers to home in the first place. Their paper is a welcome contribution to our understanding of how the stigmatisation of poverty, race and place are not experienced in isolation from each other, but rather work together to compound and harden inequalities and marginalisation.

Lisa Morriss also examines the impact of state produced and/or sanctioned forms of stigmatisation in **'Haunted Futures: The Stigma of Being a Mother Living Apart from her Child(ren) Following State-Ordered Court Removal'.** Morriss' paper draws on her experience as a researcher working in court archives, a role which 'involved reading documents concerned with parents and children involved in care proceedings in the Family Court: namely, the legal bundles and the social work electronic case files'. This archival data contained 'numerous types of material: social work case notes; legal orders and Judgments; psychiatric and psychological reports; care plans; police interviews; and minutes of various statutory meetings.' By critically rereading this archive, she details how the stigma of having a child removed from their care leaves mothers in states of silent

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mourning. Silenced both through the shame of court-ordered removal and by court-ordered reporting restrictions—this is a stigma which often remains unspoken, and is largely invisible in the public domain. As she notes stigma operates here 'as a governmental form of classification and badging with the power to silence and constrain the (m)other'. There is though some resistance to stigma here, as the mothers continue to carry photographs of their children with them, and frequently have the names of their missing children tattooed on their bodies. Morriss also relates collective forms of resistance to this stigma, through the work of groups such as Mothers Living Apart from their Children, After Adoption's 'Breaking the Cycle', and the organisation 'MATCH Mothers' (Mothers Apart from Their Children), all of whom provide spaces where mothers can talk to others, and learn to express their experiences through creative practices such as writing poems and letters and making art.

In '**Repelling Neoliberal World-Making? How the Ageing-Dementia Relation is Reassembling the Social'**, Joanne Latimer tackles the pressing issue of the biomedicalisation of ageing vis-à-vis dementia, or what she calls the 'ageing-dementia relation'. In particular, she is concerned with the proliferating framing of dementia as something that can be prevented, transformed and managed – a framing that serves to stigmatise ageing. As she demonstrates, widely circulating media representations of older people with dementia are creating 'spectacles of "othering" that reaffirm the values and modes of ordering that underpin dominant forms of world-making.' Fusing Zymunt Bauman's theories of how communities cope with the "otherness' of others" with a body of work theorising the discursive creation of monsters, Latimer explains that the stigma of dementia relation is hardening because of neoliberal ideologies of "aging well". In short, dementia is increasingly portrayed as a moral condition (something that can be prevented through managing self and risk), rather than a neuro–degenerative condition. In relation to the political economy of stigma that is a major concern of this volume, Latimer argues that the so-called crisis of dementia is 'partly constructed around an idea that "we cannot afford dementia'" which in turn is intensifying the fear and stigma of this condition. From this perspective, the stigma associated with the dementia-ageing relation is not just the outcome of a political regime, but is helping 'to legitimate the biomedicalization of ageing, in general, and of dementia, in particular.' Through an exploration of alternative representations accounts of dementia Latimer explores how the neoliberal stigma power of dementia and ageing might be resisted.

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The Stigma of Place

The introductory essay to a stimulating recent special issue of *American Behavioural Scientist* entitled 'Understanding Social and Community Stigma' sets out to provide "an update of the state of stigma research" (Bresnahan & Zhuang, 2016, p.1283), so it is rather remarkable that it missed entirely a rich strand of research among urban scholars on *territorial stigmatization* going back more than a decade now (see Slater et al 2014 for a bibliography). Whilst the stigmatisation of certain parts of cities is not a new development, the concept of territorial stigmatisation comes from Wacquant, who argues that spatial taint is a distinctive feature of advanced marginality in the 21st century due its autonomization from other bases of stigmatization, to the point where it is 'arguably the single most protrusive feature of the lived experience of those trapped in these sulphurous zones' (Wacquant, 2008, p. 169). He highlights how certain areas of disrepute in advanced societies become renowned across class levels, racialized, and portrayed as emblems and vectors of disintegration, unlike, for example, the disreputable wards of the metropolis in the industrial era which were perceived as an organized counter-society. This conceptualisation has spawned a large body of work, and this vibrant literature is both extended and critiqued in this section of the monograph.

In ***Voices* in the Revolution: Resisting Territorial Stigma and Social Relegation in Porto's Historic Centre (1974-1976),** João Queirós and Virgílio Borges Pereira offer a study that city through a period of political revolution and social instability. Based on the close scrutiny of institutional archives, ethnographic work in several neighbourhoods, and semi-structured interviews with social actors involved in these processes, they reconstitute the main urban and housing properties of inner city Porto's working-class boroughs in the first three quarters of the 20th century and discuss the forms of political and social resistance developed by residents from the most degraded neighbourhoods following the revolutionary process of April 1974. The sociological analysis of the actions that gave origin to the *voice* of the residents in the historic centre of the city in this period is revealing of a significant mode of interaction with the processes of territorial stigmatization, that of organized collective resistance. This is a major step forward in the literature on territorial stigma, which has tended to focus on individual responses and coping strategies in the face of such stigma, rather than pay close attention to collective action at the neighbourhood level.

In '**The Invention of the 'Sink Estate': Consequential Categorization and the UK Housing Crisis',** Tom Slater explores the history and traces the realisation of a category that was invented by journalists,

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amplified by free market think tanks and converted into policy *doxa* (common sense) by politicians in the United Kingdom: the sink estate. This derogatory phrase, signifying social housing estates that supposedly create poverty, family breakdown, worklessness, welfare dependency, anti-social behaviour and personal irresponsibility, has become the symbolic frame justifying current policies towards social housing that have resulted in considerable social suffering and dislocation. Slater advances a conceptual articulation of agnotology (the intentional production of ignorance) with Bourdieu's symbolic power (the capacity for consequentional categorization) to understand the institutional arrangements and symbolic systems structuring deeply unequal social relations. Specifically, the highly influential publications on housing by a free market think tank, Policy Exchange, are dissected in order to demonstrate how the activation of territorial stigma has fed into housing policy agendas that are geared towards profit interests. The 'sink estate', Slater argues, is a semantic battering ram in the ideological assault on social housing, deflecting attention away from social housing not only as urgent necessity during a serious crisis of affordability, but as incubator of community, solidarity, shelter, and home.

Imogen Tyler's understanding of racism as 'a preeminent form of stigma' is developed in Jenna Loyd and Anne Bond's paper '***Where Do Black Lives Matter?: Race, Stigma, and Place in Milwaukee, Wisconsin'.*** Here Loyd and Bond analyse how the spatial metaphor of *53206*, a zipcode within the city of Milwaukee, connects with crises in the legitimacy of policing and politicians' claims to care about Black lives. In unpicking how "liberal and conservative rhetoric about *53206* largely obscures the roles that decades of deindustrialization and labor assaults, metropolitan racial and wealth segregation, and public school and welfare restructuring play in producing racial and class inequality", Loyd and Bonds produce new understandings of the political function of stigma, and in doing they challenge existing conceptual formulations of *territorial stigmatization* to take account of *'*historical and contemporary processes of racialized capitalism'. This is a striking challenge to Wacquant's argument that territorial stigma has become autonomised from other forms of stigmatization, for Loyd and Bonds insist that a politically relevant analysis of this movement must be alert to how different forms of stigmatization work together.

While many of the papers in this issue emphasize the intensification of stigma under neoliberal conditions Loyd and Bond emphasize the historical persistence, and indeed the *consistency*, of racial-spatial stigma in in the US. As they argue, the very idea of distinct historical shifts and breaks are often 'recounted in ideological ways that serve to isolate structures of white racial rule to the past, thereby disavowing the role that accumulated white wealth and power play in the persistence of

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racialized poverty and racial and class conflict'. In short, they caution against claims that the intensification of stigma is a *general characteristic* of neoliberal forms of government. Pausing here, we want to note that there remains much to be learnt from histories of struggle against stigma. Four of the papers in this collection take a *longer view* on stigma, power and resistance (Tyler; Queiros & Pereira; Slater; Loyd & Bond). Together they suggest a need for further fine-grained research on changing patterns of stigmatization over time as well as in place.

The collection ends with Kirsteen Paton's paper, '**Beyond Legacy: Backstage Stigmatization and 'Trickle-Up' Politics of Urban Regeneration'**, was is principally concerned with systems of local profiteering from the urban regeneration projects which accompanied the Commonwealth Games in Glasgow. As she argues, 'the political economy of the Games reveals a support for private finance and a simultaneous withdrawal of social welfare support, which transfers the burden of debt from the state to the individual and wealth from public funds to private funds.' In particular, her paper demonstrates how territorial stigmatisation and gentrification (resulting in displacement) are completely intertwined. The processes of value and devaluation which accompanied and facilitated the Games are a moral and economic class project which is realised in a distinctly spatial way. Extending her earlier work on working class lives under gentrification, she argues that the management of working-class places and people is of material importance to neoliberal practices of elite capital accumulation and, crucially, stigmatisation helps realise this value. What is perhaps most important about Paton's impressive contribution to this collection, is how directly she evidences stigma power to be a 'vital' and 'key form of exploitation integral to capital accumulation'. Paton's paper also underscores the need for sociologies of stigma which 'gaze up' to site of stigma production and are alert to the role and motivations of stigmatisers. Indeed, a theme which cuts across the papers in this collection is a concern with rethinking stigma as 'a bureaucratised form of violence' that is frequently activated from above (Cooper & Whyte, 2017, p. 3).

Stigmatisation is never a static nor a natural phenomenon, but rather a consequential and injurious form of action through collective representation fastened on people and on places. The contributors to this monograph advance our empirical, theoretical and conceptual grasp of the role of stigma in the production of inequality and marginality in the societies they analyse. They furnish us with rich materials for drawing more complex and nuanced pictures of the production and mediation of stigma; of the relationship between stigma and social classification; of the relationship between stigma and neoliberal forms of capitalism; of the deployment of stigma as a weapon of domination over populations; and of the ways in which stigma is negotiated and resisted. In doing so, they

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directly counter the portrayals of people and places as perpetrators of moral dissipation and national debility, and point to the possibilities for social justice in deeply unjust times.

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historically informed understandings of stigma (as) power. This collection is one outcome from this project.

Bios

Imogen Tyler is a Professor of Sociology at the Lancaster University. Her research is concerned with social inequalities (of multiple kinds), power, injustice and resistance and she has published widely on topics such as borders, migration, citizenship, class, racism and gender. Imogen's book, *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain* (2013) was shortlisted for the Bread and Roses Prize for Radical Publishing. A Philip Leverhulme Prize (2015-2018) is supporting her current research project on stigma, of which this collection is an outcome. She is currently completing a solo-authored monograph, titled *Stigma Machines,* which employs historical methods to trace the long penal genealogy of stigma power. i.tyler@lancaster.ac.uk

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[i] The decision to focus on stigma and mental health in this introduction came about because two of our original 'line-up' for this special issue where unable to submit chapters due to circumstances outside their control. Both of these contributions would have had a mental health and disability focus. We felt that mental distress was so central to understanding both the history of the concept of stigma, the effects of stigma, the neoliberal political economy of stigma and stigma as a form of power, that we decided to address this theme in the introduction. In doing, Imogen wants to note her debt to Brigit McWade, who had many hours of conversations with her about stigma, mental health and politics. Brigit worked as a researcher on Imogen's stigma research project, pointed us to much of the academic literature drawn on here, and has pioneered the development of 'Mad Studies' in the UK.

[ii] Charity partners include organisations such as The Campaign Against Living Miserably (CALM) a national charity dedicated to preventing male suicide and YoungMinds, 'the UK's leading charity championing the wellbeing and mental health of children and young people'

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[iii] For account of the emerging scholar-activist discipline of 'Mad Studies' see Costa (2014) and McWade (2016).

[iv] Gill Plimmer notes that 'the provision of community services and mental healthcare is one of the biggest growth areas for healthcare companies and accounts for about half of all NHS outsourcing deals put out to tender'. As she writes, 'according to LaingBuisson, the industry analysts, the market for out-of-hospital services could be worth £10bn-£20bn a year' (Plimmer, 2017).

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