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**STIGMA BEYOND LEVELS: ADVANCING RESEARCH ON STIGMATIZATION**

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# STIGMA BEYOND LEVELS: ADVANCING RESEARCH ON STIGMATIZATION<sup>1</sup>

Rongrong Zhang  
University of Alberta  
rz5@ualberta.ca

Milo Shaoqing Wang  
University of Alberta  
swang7@ualberta.ca

Madeline Toubiana  
University of Alberta  
toubiana@ualberta.ca

Royston Greenwood  
University of Alberta  
University of Edinburgh  
rgreenwo@ualberta.ca

## ABSTRACT

Stigma has become an increasingly significant challenge for society. Recognition of this problem is indicated by the growing attention to it within the management literature which has provided illuminating insights. However, stigma has primarily been examined at a single level of analysis: individual, occupational, organizational, or industry. Yet, cultural understandings of what is discreditable or taboo do not come from the individual, occupation, organization, or industry that is stigmatized; on the contrary, they come from particular sources that transcend levels. As such, we propose that current silos within the literature may not only be preventing engagement with insights from different levels of analysis, but, importantly, may be preventing us from truly understanding stigmatization as a social process. To address this issue, we review the stigma literature and then present an across level integrative framework of the sources, characteristics, and management strategies. Our framework provides a common language that integrates insights across these levels and enables a shift in attention from how actors respond to stigma to broader processes of stigmatization.

**Keywords:** Stigma, Stigmatization, Dirty work, Taboo, Stigma Management

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## INTRODUCTION

Stigma as a topic has been paid growing attention within the management literature. Building directly upon Goffman's (1963) classic work, social psychology and organizational behavior scholars have studied the stigma facing *individuals*, often examining the consequences and implications of personal stigma in the workplace (Clair, Beatty, & Maclean, 2005; Jones & King, 2014; Ragins, 2008; Stone, Stone, & Dipboye, 1992). In a related stream of literature, scholars have investigated stigma at the *occupational* level, and explored how those within stigmatized occupations cope by making their "dirty" work meaningful and attempt to construct positive work identities (Ashforth & Kreiner, 1999; Bolton, 2005; Dick, 2005; Simpson, Slutskaia, Lewis, & Höpfl, 2012). Scholars have also sought to examine how *organizations* manage the risk or occurrence of stigma (Devers, Dewett, Mishina, & Belsito, 2009; Helms & Patterson, 2014; Hudson, 2008; Sutton & Callahan, 1987), and more recently, the coping strategies of organizations in *industries* characterized by stigma (Hsu & Grodal, 2020; Piazza & Perretti, 2015; Slade Shantz, Fischer, Liu, & Lévesque, 2019; Vergne, 2012).

Independently, these streams of stigma research have illuminated the impacts of stigma and how it can be managed at particular levels (individual, occupational, organizational, and industry). Such work is essential, because stigmatization<sup>2</sup> has become an increasingly problematic issue facing society. Its consequences range from murder and suicide to economic and social isolation (Lamont, 2018; Loyd & Bonds, 2018; Mueller & Abrutyn, 2016; Nature, 2020). However, our review reveals limited engagement between research conducted at different levels, resulting in conceptual redundancy and even confusion. Importantly, it has led to a missed opportunity to synthesize insights across levels to yield a more holistic consideration of stigmatization as a social

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<sup>2</sup> While stigma "is the mark, the condition or status that is subject to devaluation, stigmatization is the social process by which the mark affects the lives of all those touched by it" (Pescosolido & Martin, 2015: 91).

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3 process. We suggest that the social process of stigmatization involves (a) emergence, (b) potential  
4 transfer, (c) maintenance, and/or (d) removal, and that this takes place horizontally within levels  
5 and vertically across and between levels. We propose that more fully understanding stigmatization  
6 as a social process requires an integrative research agenda.  
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12 The purpose of this *Annals* article, thus, is two-fold. Our first goal is to put forward a  
13 common language that integrates insights across levels. To do so, we review the existing literature  
14 (Section I) and propose a framework of the (a) sources, (b) characteristics, and (c) management  
15 strategies for coping with stigma that apply to all levels (Section II). This framework enables us to  
16 meet our second goal: namely, setting a research agenda that moves the focus from the happenings  
17 at each level to the birds-eye view of stigmatization applicable at multiple levels. We outline this  
18 agenda for research in Section III.  
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## 28 I. STIGMA RESEARCH AT FOUR DIFFERENT LEVELS

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30 Goffman's (1963) groundbreaking analysis of stigma is often viewed as the major starting  
31 point for stigma research, and, as such, is the starting point for our literature review. We began by  
32 searching the *Web of Science* for articles that have published since 1963 in the top journals in  
33 management, sociology, and psychology with "stigma\*" or "dirty work" in their titles, abstracts,  
34 keywords, or automated indexed keywords. We also consulted existing reviews to ensure that we  
35 did not omit important work (Jones & King, 2014; Pollock, Lashley, Rindova, & Han, 2019;  
36 Summers, Howe, McElroy, Ronald, Pahng, & Cortes-Mejia, 2018). Thus, our coverage is much  
37 broader than that of previous reviews that focused on one specific level. Table 1 summarizes the  
38 journals selected and the number of articles collected from each one.  
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55 We classified articles according to their primary levels of analysis. These efforts resulted in  
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3 a total of 239 articles: 138 at the individual level, 52 at the occupational level; 25 at the  
4 organizational level; and 24 at the industry/category level. The distribution of these articles over  
5 time is shown in Figure 1. We conducted an in-depth review of each paper and our overview of  
6 these papers is available as a supplementary document. In reviewing the literature, we discovered  
7 that researchers classified stigma in many different ways and highlighted a variety of management  
8 strategies, and that these classifications and strategies overlapped with each other across levels of  
9 analysis.<sup>3</sup>

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24 Below, we offer a brief summary of the stigma literature, categorized by level of analysis:  
25 individual, occupational, organizational, and industry. This type of multi-level overview is  
26 important because, as mentioned above, the siloed nature of the literature has unintentionally  
27 resulted in conceptual redundancy and some confusion. By reviewing studies based on the level  
28 of analysis, we can systematically present how scholars have approached stigma and clarify the  
29 conceptual language deployed across levels, thereby creating an integrative framework that  
30 connects insights from each level of analysis.

### 31 32 33 34 35 36 37 38 39 40 **Individual level**

41 As the earliest and the most dominant stream within the field (see Figure 1), studies at the  
42 individual level largely build upon Goffman's (1963) original typology of stigma as a discrediting  
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47 <sup>3</sup> To confirm whether the literature was as siloed as it appeared in our reading, we cross-checked references to identify  
48 which studies cite each other. We selected a sample of all articles published between 2017 and 2019, and, following  
49 the approach of Haveman and Gualtieri (2017), checked the references cited therein. We discovered that the 49 articles  
50 published between 2017 and 2019 disproportionately cited studies at the same level. Individual-level studies are three  
51 times more likely to cite other individual-level studies than those at the occupational or organizational levels; and  
52 organizational-level studies are six times more likely to cite studies at the same level. The only exceptions are studies  
53 at the organizational and industry levels, which equally cite each other—which makes sense, given that organizations  
54 and industries are highly related and both employ a macro lens. Furthermore, as Figure 1 shows, much of the early  
55 work on stigma focused on individuals. Although an individual lens still dominates the field, more recently, scholars  
56 have begun to focus on occupations, organizations, and industries in an increasing number of studies.  
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3 attribute or “mark” that can be bodily, character-based, and/or tribal.<sup>4</sup> A large portion of this  
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5 research is focused on illuminating the negative consequences of having a mark and being  
6  
7 stigmatized. For example, studies show that physical stigma disrupts social interactions (Kleck,  
8  
9 1968, 1969), such that job applicants with scars or port-wine stains on their faces received lower  
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11 ratings because the interviewees’ attention was distracted by the facial stigma (Madera & Hebl,  
12  
13 2012; McElroy, Summers, & Moore, 2014). Bearing a character-based stigma, such as having a  
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15 criminal record or being involved in practices that violate social norms, also was found to decrease  
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17 future employment opportunities and income (Ali, Lyons, & Ryan, 2017; Harding, Morenoff,  
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19 Nguyen, & Bushway, 2018; Konrad & Yang, 2012), or even reduce the likelihood of receiving  
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21 prompt service in a public emergency room (Lara-Millán, 2014). Being a member of a stigmatized  
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23 racial group (e.g., African Americans), negatively impacts morale, performance appraisals, and  
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25 salaries (Hernandez, Avery, Tonidandel, Hebl, Smith, & McKay, 2016; Heslin, Bell, & Fletcher,  
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27 2012; Perrigino, Dunford, & Wilson, 2018).

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33 In the above studies, stigma is seen as a “thing” that you do or do not have; thus, a  
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35 secondary focus in the literature has been on how actors manage or cope with being stigmatized.  
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37 The majority of studies build on Jones and colleagues’ (1984) notion of whether or not a stigma is  
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39 concealable. A concealable stigma provides the bearer with opportunities to hide (Clair et al., 2005;  
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41 Ragins, 2008) or disclose the stigma only in the “right” place at the “right” time (Follmer, Sabat,  
42  
43 & Siuta, 2020; Jones & King, 2014). Researchers have sought to predict or better understand when  
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45 actors with concealable stigmas might disclose, highlighting factors such as organizational support,  
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47 professional norms, and legal protections (Chaudoir & Fisher, 2010; Clair et al., 2005; Jones &  
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55 <sup>4</sup> Several review and conceptual articles summarize this body of work (Crocker, Major, & Steele, 1998; Jones et al.,  
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57 1984; Jones & King, 2014; Kurzban & Leary, 2001; Link & Phelan, 2001; Major & O’Brien, 2005; Stone et al., 1992;  
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59 Pescosolido & Martin, 2015; Summers et al., 2018).  
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3 King, 2014; Ragins, 2008).  
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5           Although a large portion of the literature is focused on disclosure, other studies have  
6 examined more general coping responses. For example, individuals might disengage from  
7 stigmatized others to contain contamination (Lynch & Rodell, 2018; Jiang, Cannella, Xia, &  
8 Semadeni, 2017). Alternatively, people who belong to a stigmatized group might protect the  
9 boundary between the stigmatized and stigmatizers so that they can stick together and support each  
10 other (Gray, Johnson, Kish-Gephart, & Tilton, 2018; Moon, 2012). Individuals also may infuse  
11 positive values into stigmatized identities (Petriglieri, 2011; Slay & Smith, 2011).  
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22           The disproportionate emphasis on concealable stigma and its management reveals several  
23 blind spots for studies at this level. First, scholars have primarily assumed that stigma only has  
24 negative implications (as pointed out by Roulet, 2020, but for an exception see Cha & Roberts,  
25 2019). Second, most research at this level treats stigma as a “mark” or a thing (Jones et al., 1984).  
26 When treating stigma as a “mark” that only has negative implications, the focus on a stigma’s  
27 concealability is understandable. Stigma, however, leads to stigmatization, which is a process not  
28 a thing; and this process has been underexplored (Link & Phelan, 2001; Lyons, Pek, & Wessel,  
29 2017). Third, the lack of research on stigmatization as a process is partly explained by the fact that  
30 71 studies at this level relied on experiments and cross-sectional survey data. Only 23 studies used  
31 interview and observation data to understand experiences of stigma. Although experimental  
32 methods are useful in building causality (i.e., testing how different stigmatizing conditions impact  
33 the consequences of stigma), longitudinal studies are likely needed to better decompose the  
34 stigmatization process.  
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### 51 **Occupational level**

52           Research at the occupational level is often referred to as the “dirty work” literature  
53 (Ashforth & Kreiner, 1999; Ashforth, Kreiner, Clark, & Fugate, 2007; Kreiner, Ashforth, & Sluss,  
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3 2006). This literature connects to Goffman's (1963) early work, but also builds on the work of  
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5 Douglas (1966) and Hughes (1951, 1958). The notion of "dirt" stems from Douglas's (1966)  
6  
7 distinction between "purity" and "pollution." Hughes's (1958) classification of "taints" explained  
8  
9 different types of stigma. Specifically stigma is seen as originating from "physical" taint, e.g.,  
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11 work involving refuse, death, or effluents (Courpasson & Monties, 2017; Soni-Sinha & Yates,  
12  
13 2013); "social" taint, e.g., work involving a servile relationship to others (Roca, 2010; Shantz &  
14  
15 Booth, 2014) or membership in a particular social group (Fernando, Reveley, & Learmonth, 2020);  
16  
17 or "moral" taint, e.g., work seen as sinful or of dubious virtue (Dick, 2005; Gonzalez & Pérez-  
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19 Floriano, 2005), or involving a combination of these taints (Baran, Rogelberg, Carello Lopina,  
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21 Allen, Spitzmüller, & Bergman, 2012; Benjamin, Bernstein, & Motzafi-Haller, 2011).  
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26 Stigma is attached to workers as soon as they engage in dirty work, and can lead to devalued  
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28 identities and other negative social consequences (Ashforth & Kreiner, 1999; Ruebottom &  
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30 Toubiana, 2020). Importantly, this literature has uncovered strategies by which dirty workers cope  
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32 with the stigma associated with their occupations (Johnston & Hodge, 2014; McMurray & Ward,  
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34 2014). They can reframe the meaning of their work as having positive value (Dick, 2005; Jensen,  
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36 2017), change the standards that are used to assess their jobs (Hamilton, Redman, & McMurray,  
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38 2019; Johnston & Hodge, 2014), focus their attention on the relatively "clean" aspects of the work  
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40 (Grandy & Mavin, 2012; Tracy & Scott, 2006: 32), make favorable social comparisons (Brewis &  
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42 Godfrey, 2018; Slutskaya, Simpson, Hughes, Simpson, & Uygur, 2016), and/or develop strong  
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44 occupational ideologies and/or support communities (Ashforth et al., 2017; Bolton, 2005).  
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49 Dirty work scholars almost exclusively adopt ethnography, interview and archival data (41  
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51 papers at this level), and document the diverse ways in which individuals attempt to manage stigma  
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53 and construct positive occupational identities. Similar to studies at the individual level, studies of  
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3 occupational stigma have largely left processes of stigmatization unexamined or treated them as  
4 implicit. Two forthcoming papers are exceptions: one discusses how coping may inadvertently  
5 maintain stigmatization for occupational members (Mikolon, Alavi, & Reynders, 2020), and the  
6 other examines the emergence of professional stigma after ethical transgression (Wang, Raynard,  
7 & Greenwood, 2020).

### 14 **Organizational level**

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16 At the organizational level, researchers have sought to purposefully differentiate  
17 organizational stigma from individual stigma (Devers et al., 2009; Hudson, 2008). For example,  
18 Devers and colleagues (2009) suggested that, although Goffman's (1963) work was applicable at  
19 the organizational level, most organizational stigma originates from "conduct" stigma related to  
20 organizations' deviant behaviors (somewhat comparable to Goffman's character stigma), whereas  
21 tribal and physical stigma occur much less frequently. Hudson (2008: 252–253) further elaborated  
22 this distinction, and differentiated "event" stigma ("discrete, anomalous, episodic events" such as  
23 an industrial crisis) from "core" stigma (the "nature of an organization's core attributes—who it  
24 is, what it does, and whom it serves").

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37 Studies at this level have mostly focused on how organizations strategically manage stigma  
38 (Carberry & King, 2012; Elsbach, 1994; Helms & Patterson, 2014; Hudson & Okhuysen, 2009).  
39 An early study by Sutton and Callahan (1987) showed that, in response to bankruptcy, firms can  
40 adopt a variety of strategies such as concealing, redefining, or denying/accepting responsibility for  
41 a crisis. Hampel and Tracey (2017) summarized four generic approaches to managing  
42 organizational stigma: shielding misbehaving firms (Hudson & Okhuysen, 2009), straddling  
43 stigmatized and clean markets (Vergne, 2012), co-opting the meaning of stigma (Helms &  
44 Patterson, 2014), and destigmatization (Hampel & Tracey, 2017).

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56 At this level, scholars adopted a quantitative approach in 9 studies, a qualitative approach  
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3 in 10 studies, and mixed-methods in 1 study. Overall, scholars classified stigma as either core or  
4 event related, outlined the consequences of stigma for organizations, and, most predominately,  
5 revealed organizational responses to the attribution or risk of stigmatization. Again, less attention  
6 has been given to processes of stigmatization. One exception is Hampel and Tracey (2017), who  
7 outlined a process of destigmatization by Thomas Cook's travel agency and how it manipulated a  
8 key audience's perceptions to do so.  
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### 17 **Industry level**

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19 Following Devers and colleagues (2009), Vergne (2012: 1028) indicated the categorical  
20 nature of certain types of stigmas and highlighted that stigma can be "a vilifying label that  
21 contaminates a group of similar peers" such as entire industries, categories, and markets. Slade  
22 Shantz and colleagues (2019) further suggested that an organization's core stigma actually is tied  
23 to its membership in a stigmatized industry, whereas an organization's event stigma may not be.  
24 At this level, stigma is classified as being core or event-based similar to the organization literature.  
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32 Our search yielded 9 quantitative, 12 qualitative, and 2 mixed-methods studies at this level.  
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34 Despite claiming to be different from "organizational level" studies, most studies in this stream  
35 still focus on how individual firms manage their stigma in an already stigmatized category. For  
36 example, Vergne (2012) found that firms in the arms industry diverted stakeholders' attention  
37 away from their stigmatized arms business by simultaneously operating in the civilian airline  
38 industry. Likewise, firms in Ontario's fine wine industry hide their history of producing wine from  
39 labrusca grapes and/or their use of cheap, low-quality sparkling water in order to manage the  
40 stigma associated with local winery practices (Voronov, De Clercq, & Hinings, 2013).  
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51 However, a recent turn points to the importance of understanding the ways in which stigma  
52 can be removed or lost (Aranda, Conti, & Wezel, 2020; Lashley & Pollock, 2020; Siltaoja,  
53 Lahdesmaki, Granqvist, Kurki, Puska, & Luomala, 2020). For example, Piazza and Perretti (2015)  
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3 reported how firms operating in the nuclear power industry abandoned their nuclear power units  
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5 in order to disassociate from the stigma associated with that source of energy. Lashley and Pollock  
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7 (2020: 452) found that in order to manage stigma, firms in the medical cannabis industry  
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9 collectively created and disseminated a positive public image of “healing” and “patients’ rights.”

## 12 **Summary**

14 Our examination of work on stigma reveals that the literature is largely siloed by levels of  
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16 analysis, a problem alluded to by Pescosolido and Martin (2015) and Pollock and colleagues  
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18 (2019). More specifically, our review reveals several surprising issues associated with these silos.  
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20 First, studies at different levels have proposed diverse ways of classifying stigma—from body,  
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22 character, and tribal (at the individual level) to physical, social, and moral (at the occupational  
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24 level), to conduct, event, and core (at the organizational and industry levels). Although some  
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26 scholars have begun to compare certain components of these typologies (e.g., Devers et al., 2009;  
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28 Slade Shantz et al., 2019), we still lack a comprehensive understanding of their commonalities and  
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30 distinctions, which in turn impedes scholars from constructing a more generalized understanding  
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32 of stigma and stigmatization.  
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37 Second, previous studies have unearthed a laundry list of stigma management strategies—  
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39 different means of responding to, managing, and coping with stigma. They are, of course,  
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41 invaluable in helping actors navigate the everyday realities of being stigmatized. However,  
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43 whereas some of the strategies are distinct from each other, others seem rather similar, causing  
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45 conceptual overlaps and confusion when we start to consider stigma beyond one level, and as we  
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47 seek to examine stigmatization more specifically. Moreover, as most scholars only investigate  
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49 level-specific effects of stigma management strategies, the scope conditions and cross-level effects  
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51 remain poorly understood even though we know that individuals are in occupations, which  
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53 typically are associated with organizations and industries. Ignoring how actions at one level impact  
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3 stigma and stigmatization across levels impedes our ability to fully understand stigmatization as a  
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5 phenomenon and as a social process.  
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8 Third, studies to date almost exclusively examine the impacts of stigma and various actors'  
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10 responses to it. Although these dimensions are very important, less understood are the dynamics  
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12 of the stigmatization process itself and how it unfolds across, between, and within these levels. We  
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14 know little about the emergence, transfer, maintenance, or removal of stigmatization.  
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17 To resolve these issues, we propose a framework that draws together the sources,  
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19 characteristics, and management strategies of stigma. This framework provides the basis for an  
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21 agenda for research on stigmatization, which we elaborate in the final section of the paper.  
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## 24 **II. AN INTEGRATIVE FRAMEWORK FOR STIGMA RESEARCH: SOURCES,** 25 **CHARACTERISTICS, AND STIGMA MANAGEMENT STRATEGIES** 26

27 Our purpose in reviewing the stigma literature across levels of analysis has been to identify  
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29 conceptual overlaps and redundancy within the literature by identifying commonalities across  
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31 levels. We integrate these insights into a framework based on three key dimensions—the sources  
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33 of stigma (i.e., what creates or causes stigma), the characteristics of stigma (i.e., features or  
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35 properties of a particular stigma), and stigma management strategies (i.e., approaches to respond  
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37 to stigma). Tables 2 and 3 define each source and characteristic and the various terms previously  
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39 used to describe these dimensions. Table 4 provides definitions, empirical examples, and the  
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41 effects of management strategies. In Section III, we will see how this framework allows us to better  
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43 examine processes of stigmatization.  
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### 52 **Sources of stigma** 53

54 If stigma is a “deeply discrediting” (Goffman, 1963: 3) mark that subjects a social actor to  
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3 devaluation (Pescosolido & Martin, 2015: 91), the *source* of a stigma is that which creates or  
4 causes the discrediting “mark” that classifies the social actor as “different ... of a less desirable  
5 kind” (Goffman, 1963: 3). From the literature, we identified six sources of stigma—physical, tribal,  
6 moral, servile, emotional, and associational.  
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12 *Physical stigma* refers to a defiling mark that is “physically disgusting” (Hughes, 1958:  
13 49), such as “abominations of the body” (Goffman, 1963: 4), physical waste, and effluents  
14 (Ashforth & Kreiner, 1999). Whereas physical stigma is often related to an individual’s physical  
15 appearance, such as facial deformities (Madera & Hebl, 2012), pregnancy (Hebl, King, Glick,  
16 Singletary, & Kazama, 2007; Jones, King, Gilrane, McCausland, Cortina, & Grimm, 2016),  
17 obesity (Shapiro, King, & Quinones, 2007; Tomiyama, 2019), and disability (Dirth & Branscombe,  
18 2018; Gonzalez, Tillman, & Holmes, 2019; Taub, Blinde, & Greer, 1999), it can also refer to  
19 associations with garbage, death, human orifices, or effluents (Grandey, Gabriel & King, 2019;  
20 Hughes, 1958; Levine & Schweitzer, 2015). Therefore, many scholars have studied physical  
21 stigma at the occupational as well as the individual level in contexts involving janitors (Soni-Sinha  
22 & Yates, 2013), slaughterhouse workers (Baran, Rogelberg & Clausen, 2016), funeral directors  
23 (Ashforth, 1999), and exterminators (Ashforth et al., 2007).  
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40 Given that organizations and industries do not have “true physical bodies” (Devers et al.,  
41 2009: 158), it is not surprising that physical stigma is less studied at these levels. Nevertheless,  
42 exceptions do exist. Helms and Patterson’s (2014) study of mixed martial arts (MMA) is an  
43 example of organizations contaminated by physical stigma (i.e., MMA fighters’ appearances, and  
44 the physical harm and blood caused during the fights). Physical stigma is also attached to strip  
45 clubs (Grandy & Mavin, 2012; Mavin & Grandy, 2013), brothels (Blithe & Wolfe, 2017; Wolfe  
46 & Blithe, 2015), and other sex-orientated organizations and industries (Coslor, Crawford, & Brents,  
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3 2018; Tyler, 2011; Voss, 2015). It is also linked to the niche market that sells cadavers and body  
4 parts (Anteby, 2010). Thus, organizations and industries dealing with garbage, death, orifices of  
5 the human body, and effluents can be stigmatized. At all levels, physical stigma generates negative  
6 affective responses such as disgust, and negative behavioral responses such as social exclusion  
7 and discrimination (Johnson, Sitzmann, & Nguyen, 2014; Li, Kokkoris, & Savanic, 2020; Madera  
8 & Hebl, 2012).

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17 ***Tribal stigma*** reflects membership in a group or category that is deemed inferior and  
18 discredited (Slutskaya et al., 2016). It tends to be genetically and culturally attached to individual  
19 traits, arising from one's race or ethnicity (Derous, Ryan, & Nguyen, 2012; Stewart & Shapiro,  
20 2000), gender (Byun & Won, 2020; Martell & DeSmet, 2001), class (Brand & Thomas, 2014;  
21 Gray et al., 2018), and sexual orientation (Mize & Manago, 2018; Tilcsik, Anteby, & Knight,  
22 2015). But tribal stigma can also impact occupations by association, wherein groups that are  
23 deemed "inferior" taint the entire occupation (Slay & Smith, 2011: 211). It also can be more  
24 fundamental, such as when caste membership determines the types of work an individual is  
25 allowed to perform; in such cases, stigma is linked both to the individual for being a member of  
26 the caste, and to the occupation/work opportunities available to that individual (Chrispal, Bapuji,  
27 & Zietsma, 2020; McDowell, Rootham, & Hardgrove, 2016; Zulfiqar, 2019). Tribal stigma also  
28 can be attached to a particular geographic market, such as that associated with the "made in China"  
29 label (Devers et al., 2009: 158). For example, local Italian grappa was stigmatized as compared to  
30 spirits produced by foreign competitors (Delmestri & Greenwood, 2016).

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49 The implications of tribal stigma can be devastating and long lasting, and contribute to  
50 systemic inequality, racism, and even mass genocide (Harris, Evans, & Beckett, 2011; Lamont,  
51 2018). During the Holocaust, approximately six million Jewish people were murdered, and  
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3 genocides of other tribal groups have been documented and continue to take place. In 2020, racism  
4 and inequality persist for people of color and for other racial minorities. The Black Lives Matter  
5 movement in the United States has sought to make the discrimination experienced by Black  
6 Americans visible. Indeed as the *Washington Post's* (September 17, 2020) real-time shooting  
7 database indicates, African Americans are disproportionately killed by police officers. This  
8 evidence resonates with the stigma literature, showing that racial stigma negatively affects  
9 culturally or historically underrepresented groups (Deitch, Barsky, Butz, Chan, Brief, & Bradley,  
10 2003; Harris et al., 2011).

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21 *Moral stigma* refers to “blemishes” of character (Goffman, 1963: 4) based on engagement  
22 in activities perceived as immoral or sinful. A moral source of stigma for individuals is engagement  
23 in activities that are seen as violating moral standards, such as cheating (Leavitt & Sluss, 2015;  
24 Premeaux, 2005), criminal activities (Toubiana, 2020), insider trading (Beams, Browns, &  
25 Killough, 2003), and acts of violence towards the self or others (Stuart & Moore, 2017;  
26 Timmermans, 2005). Similarly, at an occupational level, moral stigmatization occurs when “an  
27 occupation is generally regarded as somewhat sinful or of dubious virtue” (Ashforth & Kreiner,  
28 1999: 415)—for example, work involving the sale of sex (Blithe & Wolfe, 2017; Mavin & Grandy,  
29 2013; Meis, 2002), torture (Chwastiak, 2015), and euthansia (Baran et al., 2012).

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42 Studies of organizational stigma highlight that stigma often derives from perceptions of  
43 immorality. Hampel and Tracey (2019: 14) conceptualized stigmatization as situated at the  
44 “extreme negative end” of a moral evaluation continuum. Similarly, Pollock and colleagues (2019)  
45 regarded “the moral” as the primary element of organizational stigma. Perceptions of  
46 organizational immorality may arise from conduct such as being implicated in financial fraud or  
47 scandals (Piazza & Jourdan, 2018; Roulet, 2019), or adopting controversial practices (Chuang,  
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3 Church, & Ophir, 2011). Moral stigma can also be attached to industries that use toxic chemicals  
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5 (Diestre & Santaló, 2020), sell weapons (Durand & Vergne, 2015; Vergne, 2012), generate nuclear  
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7 power (Piazza & Perretti, 2015), produce and sell medical cannabis (Lashley & Pollock, 2020), or  
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9 engage in the slave trade (Ingram & Silverman, 2016).  
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12         Regardless of level, moral sources of stigma have often been found to trigger emotions  
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14 such as anger and outrage, and have been associated with ostracization, social sanctions, and a host  
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16 of negative outcomes (Ashforth, 2019; Toubiana & Zietsma, 2017). For example, practitioners in  
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18 the sex industry suffer from constraints such as undesirable market exchanges, identity devaluation,  
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20 and shaming because of the immorality and riskiness of the business (Ruebottom & Toubiana,  
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22 2020).  
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26         *Servile stigma* results from involvement in activities that are “degrading” through  
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28 subservience (Ashforth & Kreiner, 1999; Hughes, 1958: 319). In the dirty work literature, servile  
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30 stigma and tribal stigma have been subsumed into the “social” stigma category (Ashforth &  
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32 Kreiner, 1999). We differentiate the two because tribal stigma is about belonging to a group,  
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34 whereas servile stigma is related to one’s position and role relative to others. They can overlap, of  
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36 course, as one’s gender or class can increase the likelihood of being in a servile position relative  
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38 to others (Hanna & Gough, 2019; Larsen, 2017). However, servile stigma can also stand on its  
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40 own: taxi drivers are stigmatized for their servile relationship to clients (Phung, Buchanan,  
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42 Toubiana, Ruebottom, & Turchick-Hakak, 2020; Turchick-Hakak, 2014), as are domestic workers  
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44 and cleaners (Lucas, Kang, & Li, 2013; Orupabo & Nadim, 2020).  
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49         Although scholars most frequently have studied servile stigma at an occupational level,  
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51 organizations or industries that are subservient to others can also be tainted in this way. For  
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53 example, sex shops are “ancillary” within the sex industry, such that workers in these shops tend  
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3 to be ignored (Tyler, 2011: 1479); the hospitality industry likewise was stigmatized for its servility  
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5 at one point (Dyer, McDowell, & Batnitzky, 2010; Guerrier & Adib, 2003; Hampel & Tracey,  
6  
7 2017). Servile sources of stigma can lead to social exclusion and identity devaluation, and “wound  
8  
9 one’s dignity” (Ashforth & Kreiner, 1999; Fisher, 2003; Hughes, 1958: 49). Scholars have  
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11 documented how service workers receive lower wages, face demeaning treatment and are  
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13 perceived as less eligible (Dyer et al., 2010; McDowell et al., 2016).  
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17 *Emotional stigma* arises from engagement with burdensome and threatening emotions.  
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19 Interestingly, although stigma scholars have long noticed that emotion reflects responses towards  
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21 the stigmatized (Pescosolido & Martin, 2015), framing emotion as a source of stigma is a much  
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23 more recent development. Moreover, even though it has been introduced at the occupational and  
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25 organizational levels (Rivera, 2015; Rivera & Tracy, 2014; Tyler, 2011), it has not yet been studied  
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27 at the individual level.  
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31 Emotional stigma has been defined as “performances of emotion (or lack of emotion)” that  
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33 are perceived as negative, inappropriate for a certain situation, excessive, and showing  
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35 vulnerability (Rivera, 2015: 218). McMurray and Ward (2014), for example, studied Samaritans,  
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37 a UK organization which provides support for people who experience emotional stress. Whereas  
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39 janitors are classified as “dirty workers” because of their proximity to physical dirt, McMurray  
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41 and Ward proposed that distress line workers are classified as “dirty” because of their proximity  
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43 to toxic or negative emotions (i.e., “emotional dirt”) when working with people who are suicidal,  
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45 upset, or abusive. Other examples include workers in rape crisis centers (Zilber, 2002) and  
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47 slaughterhouses (McLoughlin, 2019), and border control agents (Rivera, 2015). Scholars have  
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49 shown that bearing an emotional stigma can negatively affects people’s wellbeing (e.g., workers  
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51 in slaughterhouses, see McLoughlin, 2019). In addition, while there is only limited research on  
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3 how emotional stigma impacts organizations or industries, it is reasonable to anticipate that  
4 organizations with an emotional stigma (e.g., toxic emotional culture, see Frost, 2007) would have  
5 lowered employee engagement, reduced productivity, or high levels of turnover.  
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10 *Associational stigma* arises from proximity, association, or contact with those who are  
11 stigmatized. Goffman (1963: 30) used the term “courtesy stigma” to describe people who do not  
12 possess stigmatizing attributes, but are stigmatized by their relationships with stigmatized others.  
13 They “are all obliged to share some of the discredit of the stigmatized person to whom they are  
14 related” (Goffman, 1963: 30). Social settings where people frequently and publicly interact and  
15 form relationships with others can be especially likely to facilitate this “stigma-by-association”  
16 (Kulik, Bainbridge, & Cregan, 2008). For example, employees have been stigmatized for working  
17 with blacklisted coworkers, and have lost job opportunities as a result (Pontikes, Negro, & Rao,  
18 2010). Members of teams with a high proportion of racialized members receive lower  
19 compensation than those who are not members of such teams (Hall, Avery, McKay, Blot, &  
20 Edwards, 2019). Even being proximate to someone who is obese has been shown to adversely  
21 affect the chances of being hired (Ruggs, Hebl, & Williams, 2015). Associational stigma can  
22 similarly impact occupations, organizations, and industries: Tracey and Phillips (2016) discussed  
23 how a social enterprise was stigmatized for working for refugees; Barlow, Verhaal, and Hoskins  
24 (2018) found that firms in the craft beer industry were stigmatized because of their association  
25 with mass-production breweries; and Slade Shantz et al. (2019) showed how clothing companies  
26 catering to plus-sized customers were stigmatized for their involvement with these customers.  
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49 Associational stigma is distinct for two reasons. First, it can originate from the other  
50 sources of stigma. Studies have shown how physical (Ruggs et al., 2015), tribal (Hernandez et al.,  
51 2016), or moral (Pontikes et al., 2010) sources of stigma can all cause associational stigma. Second,  
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3 it illuminates how stigma can be linked to non-stigmatized actors, even if such actors are at  
4 different levels. For example, customers or suppliers can become stigmatized for their involvement  
5 or interaction with stigmatized organizations (Hudson & Okhuysen, 2009). This reveals the  
6 importance of a multi-level perspective.  
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12 *Summary.* We have outlined six sources of stigma, each of which applies at the different  
13 levels of analysis. Importantly, the six sources are not mutually exclusive and are often combined.  
14 For example, the pornography industry's stigma is derived from physical, moral, and servile  
15 sources (Voss, 2015), and the stigma of MMA arises from a combination of physical and moral  
16 sources (Helms & Patterson, 2014). Most significantly, these sources provide us with a framework  
17 to consider the causes of stigma.  
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### 26 **Characteristics of stigma**

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28 Characteristics of stigma are the features or properties of a given "mark." Whether the  
29 source of a stigma is physical, tribal, moral, servile, emotional, or associational, all stigmas  
30 "involve a range of characteristics that evoke different reactions in different social settings" (Jones  
31 et al., 1984; Ragins, 2008: 206). Because certain characteristics shape and influence people's  
32 perceptions of, and responses to, stigmatization (Jones et al., 1984) and because not all stigma is  
33 equally contagious or contaminating (Summers et al., 2018), such characteristics need to be  
34 systematically considered.  
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44 During our review, we identified five characteristics relevant to all levels. The first of these,  
45 *concealability*, refers to the extent to which a stigma can be hidden or disguised (Clair et al., 2005;  
46 Jones et al., 1984; Newheiser & Barreto, 2014; Ragins, 2008). Individual level stigmas range from  
47 being very observable (e.g., race, gender, or physical disability) to being easily hidden (e.g., sexual  
48 orientation, religion, or mental illness). When a stigma can be hidden, actors may be able to avoid  
49 stigmatization. However, research suggests that concealing can result in a host of negative  
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3 consequences (Barclay & Markel, 2007; Mohr, Markell, King, Jones, Peddie, & Kendra, 2019).  
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5 For example, Ragins, Singh, and Cornwell (2007) found that, compared with those who had  
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7 disclosed their sexual orientation to everyone at work, those who had not done so were more likely  
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9 to experience negative attitudes, gain fewer promotions, and suffer more stress because of the  
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11 discrepancy between their “virtual” and “actual” social identities (Goffman, 1963: 41). Concealing  
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13 also results in “disclosure disconnects” when actors reveal in some settings and not in others  
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17 (Ragins, 2008).  
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19           The stigma of occupations, organizations, and industries can also be concealable (Hudson  
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21 & Okhuysen, 2009; Voronov et al., 2013). For example, gynecological nurses can simply refer to  
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23 their work as “nursing,” thereby avoiding the stigma associated with their specialty (Bolton, 2005:  
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25 173). Hudson and Okhuysen (2009) noted that men’s bathhouses disguise themselves, and Vergne  
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27 (2012) likewise revealed how firms in the global arms industry conceal their activities. Relative to  
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29 individuals, organizations and industries that conceal stigma incur lower psychological costs from  
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31 doing so, but, if discovered, face greater stigmatization and social sanctions (Zhang, Jiang, Magnan,  
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33 & Su, 2019).  
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38           The second characteristic, *controllability*, refers to the extent to which a stigmatized  
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40 individual, organization, occupation, or industry is perceived as responsible for causing, having,  
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42 or maintaining the stigma (Bruyaka, Philippe, & Castañer, 2018; Crocker et al., 1998; Gomulya &  
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44 Boeker, 2016; Jones et al., 1984; Ragins, 2008). Across all levels, research indicates that when  
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46 stigma is perceived as controllable, the resultant stigmatization is harsher, meaning that the  
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48 stigmatized face greater social sanctions and negative evaluations (Boyce, Ryan, Imus, &  
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50 Morgeson, 2007; Kibler, Mandl, Farny, & Salmivaara, 2020; Shepherd & Patzelt, 2015). A more  
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52 controllable stigma (e.g., dishonesty, organizational wrongdoings) usually generates blame and  
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3 anger (Rodell & Lynch, 2016; Sutton & Callahan, 1987), whereas an uncontrollable stigma (e.g.,  
4 disability, organizational accidents) is more likely to generate pity (Lyons, Volpone, Wessel, &  
5 Alonso, 2017; Weiner, Perry, & Magnusson, 1988). Such different emotional responses can  
6 influence attitudes and behaviors towards the stigmatized (Roulin & Bhatnagar, 2018, 2020;  
7 Schepker & Barker, 2018).

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10 Devers and colleagues (2009) proposed that organizational stigma is often perceived as  
11 controllable because it typically follows from organizational actors actively choosing to be  
12 involved in that which is stigmatized. One consequence, highlighted by Reuber and Fischer (2010),  
13 is that controllable event-based acts of misconduct are particularly stigmatizing for organizations  
14 (Devers et al., 2009; Harris et al., 2011). This observation also applies to industries (Desai, 2018;  
15 Roulet, 2015). In general, controllability is a characteristic that impacts the perceived culpability  
16 and responsibility for involvement with a particular source of stigma, and the greater the perceived  
17 controllability, the greater the stigmatization.

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20 The third characteristic, *centrality*, refers to the relative proximity of the stigmatized  
21 attributes or practices to the core identity of the actor(s) (Hudson, 2008; Law, Martinez, Ruggs,  
22 Hebl, & Akers, 2011; Ragins, 2008). Centrality can influence both the extent to which individuals  
23 are stigmatized and the extent to which such stigmatization is internalized and triggers feelings of  
24 shame (Helgeson & Zajdel, 2017; Ragins, 2008). For example, individuals with a physical  
25 disability or chronic illness can reject these attributes as core to who they are, and may be able to  
26 refute and negate the stigmatization directed at them (Goffman, 1963; Lyons et al., 2018). This  
27 also applies across levels. When a stigma is central to an occupation, it is an “enduring  
28 characteristic that typif[ies] the line of work” (Ashforth & Kreiner, 1999: 417; Van Maanen &  
29 Barley, 1984). A physician, for example, may only occasionally deal with dead bodies, whereas a  
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3 coroner must continually do so. In this case, the coroner is attributed with physical stigma, because  
4 dead bodies are central to the occupation, whereas this is not the case for the physician. At an  
5 organizational level, Hudson (2008: 253) attributed “core” stigma “to the nature of an  
6 organization’s core attributes—who it is, what it does, and whom it serves.” It also applies to  
7 industries, such as abortion centers (Augustine & Piazza, forthcoming; Hudson, Wong-Mingji, &  
8 Loree, 2000), tattoo parlors (Velliquette, 2000), and the gambling and tobacco industries (Galvin,  
9 Ventresca, & Hudson, 2004). Regardless of level, the more central the source of stigma to an  
10 actor’s identity, the greater the resultant stigmatization.  
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22 *Disruptiveness*, the fourth characteristic, is the degree to which stigma disrupts social  
23 interaction and/or is perceived as a threat to others in society (Jones et al., 1984; Liu, Campbell,  
24 Fitzsimons, Fitzsimons, 2013; Stone et al., 1992). Stigma can introduce uncertainty into social  
25 relationships (Kleck, 1968, 1969; Ragins, 2008) because the stigmatized are perceived as  
26 representing a form of disorder in, and danger to society (Douglas, 1966; Link, Andrews, & Cullen,  
27 1992), and thus can generate fear of contaminating others (Jones et al., 1984; Sitkin & Roth, 1993).  
28 Some stigmas, therefore, are seen as more disruptive than others. For example, mental patients  
29 (Caponecchia, Sun, & Wyatt, 2012; Hunter & Schmidt, 2010; Rosenfield, 1997), homeless people  
30 (Lee, Farrell, & Link, 2004; Lee, Tyler, & Wright, 2010), and people with criminal records (Ali et  
31 al., 2017; Pager & Quillian, 2005) have been associated with perceptions of risk, which intensify  
32 negative reactions (Juvonen & Graham, 2014; Pescosolido, Martin, Olafsdottir, Long, Kafadar, &  
33 Medina, 2015).  
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49 Disruptiveness likewise applies to organizations and occupations. Ragpickers in urban  
50 slums are avoided due to fear of contamination from disease and dirt (Bayly, 2001). Similarly, the  
51 police and the criminal system are feared due to the threat of violence (Lloyd & Bonds, 2018;  
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3 Mobasseri, 2019), as are organizations that use torture (e.g., the U.S. Central Intelligence Agency,  
4 see Chwastiak, 2015). Cannabis was once labeled the “killer weed,” thus the industry is perceived  
5 as a “danger” to society (Lashley & Pollock, 2020: 440). Regardless of the source of stigma, the  
6 greater the perceived disruptiveness, the greater the risk in interactions, and “the greater its  
7 tendency to evoke strong, negative reactions in others” (Stone et al., 1992: 390).  
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15 *Malleability* refers to the extent to which the nature of the stigma changes over time (Jones  
16 et al., 2016; Stone et al., 1992). Although stigma at an individual level has been conceptualized as  
17 a “persistent predicament” (Link & Phelan, 2001: 379), not all stigmas are similarly stable, and  
18 some stigmatizing conditions might change over time (Jones et al., 1984; Paetzold, Dipboye, &  
19 Elsbach, 2008). Even physical stigma, such as visible burn scars (Goffman, 1963), obesity (Levine  
20 & Schweitzer, 2015), or pregnancy (King, Mohr, Peddie, Jones, & Kendra, 2017) may not be  
21 permanent. Malleability matters, because, as Stone and colleagues (1992: 390) elaborated,  
22 “individuals who have stigmas that are viewed as irreversible (e.g., amputated limbs) or  
23 degenerative (e.g., multiple sclerosis) will typically engender more negative reactions from  
24 normals than individuals having stigmas that are considered alterable (e.g., acne-related skin  
25 problems, facial moles or warts, deficient social skills).”  
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40 Occupations, organizations, and industries may also have more or less malleable stigmas.  
41 For example, an organizational stigma stemming from the gender composition of its board of  
42 directors is malleable (Perrault, 2015), whereas the occupational stigma associated with the sale  
43 of sex is less so (Blithe & Wolfe, 2017). Accordingly, the relative malleability of a stigma  
44 determines the experiences and responses of stigmatized actors. Because actors with more  
45 malleable stigmas experience different degrees of stigmatization at different stages, they need to  
46 select different stigma management strategies over time (Johnson & Joshi, 2016; Jones et al., 2016).  
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3        **Summary.** We have presented five characteristics of stigma that, we suggest, are relevant  
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5 for individuals, occupations, organizations, and industries. Such characteristics may vary, and are  
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7 not mutually exclusive. For example, having chronic illness is a stigma that is concealable and  
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9 uncontrollable, and may be central to one’s identity, moderately disruptive, and malleable over  
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11 time (Helgeson & Zajdel, 2017). These characteristics shape the experiences of stigmatized actors  
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13 and thus are important to understand.  
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### 16 17 **Stigma management strategies**

18        Our literature review surfaced six overarching stigma management strategies—boundary  
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20 management, dilution, information management, reconstruction, cooptation, and emotion work—  
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22 by which individuals, occupations, organizations, and industries seek to manage or cope with the  
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24 attributions and consequences of being stigmatized.  
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27        **Boundary management** is an attempt by stigmatized actors to influence the boundary  
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29 between insiders (those who are stigmatized) and outsiders (those who are not). Using this strategy,  
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31 actors differentiate and determine who belongs to the stigmatized group and who does not  
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33 (Khazzoom, 2003). Individuals might craft narratives or outline differences in order to draw a  
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35 boundary between “us” and “them” (Link & Phelan, 2001: 370; Schwarz, 2015). The goal is to  
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37 provide a “safe haven and self-defense” from the threat of stigmatization (Moon, 2012: 1350). For  
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39 example, Moon (2012) found that stigmatized American Jewish groups adopted a narrative of “we”  
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41 as the virtuous oppressed, and “they” as evil oppressors.  
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46        Similarly, at the occupational level, scholars have found that occupational members create  
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48 “social buffers” to define a distinctive in-group that provides a “bulwark” against the threat of  
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50 stigma (Ashforth et al., 2007: 160). For example, Soni-Sinha and Yates (2013: 737) found that  
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52 supportive in-groups provide “a space of resistance to the perception of their work as ‘dirty’ and a  
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54 means by which to reclaim pride in their work.” Within the group, those stigmatized are able to  
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3 protect themselves from stigmatization by outsiders (Ashforth & Kreiner, 1999; Ashforth et al.,  
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5 2017).  
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8 At the organizational level, Hudson and Okhuysen (2009: 143) showed how men's  
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10 bathhouses use a set of boundary management tactics, including "integration," whereby  
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12 organizations seek to make supportive suppliers "insiders." Similarly, Cook's Travel Agency  
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14 showed respectability towards users but attacked stigmatizers as a misguided minority who lacked  
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16 moral rectitude, honesty, and decency (Hampel & Tracey, 2017). At the industry level, such  
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18 boundaries can be protected by finding a "direct digital pathway to customers" (Slade Shantz et  
19  
20 al., 2019: 1269), and by avoiding outsiders or those who might be likely to stigmatize them (Sutton  
21  
22 & Callahan, 1987).  
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26 This strategy of boundary management has been shown to reduce exposure to stigmatizing  
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28 audiences, protect key stakeholders, and enable social support (Hudson & Okhuysen, 2009; Tilcsik  
29  
30 et al., 2015). Ashforth and colleagues (Ashforth & Kreiner, 1999; Ashforth et al., 2007) suggested  
31  
32 that social buffers are particularly important for workers who are morally tainted, because moral  
33  
34 stigma may carry some of the strongest reactions from outsiders. Social buffers may also be  
35  
36 particularly applicable and useful for tribal stigma, given its group-bound nature (Benjamin,  
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38 Bernstein, & Motzafi-Haller, 2011; Bolton, 2005). In general, boundary management may be most  
39  
40 relevant for stigma that is more central and more disruptive, but less malleable, because these  
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42 characteristics make the stigmatized more vulnerable to being excluded and thus more likely to  
43  
44 use boundary management to create a sense of "groupness" (Clair, Daniel, & Lamont, 2016).  
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49 ***Dilution*** involves severing, reducing, or altering ties to a source of stigma. Individuals with  
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51 physical stigma might alter their physical bodies through, for example, weight loss, skin lightening,  
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53 or cosmetic surgery (Goffman, 1963; Levine & Schweitzer, 2015). Individuals might also reduce  
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3 their association with, or even distance themselves from a stigmatized group (Johnstone & Tan,  
4 2015; Snow & Anderson, 1987). For example, after an event that triggers stigmatization, members  
5  
6 of an organization might “jump ship” by voluntarily leaving the firm in order to avoid the risk of  
7  
8 stigmatization (Jiang et al., 2017: 2601; Semadeni, Cannella, Fraser, & Lee, 2008).  
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12 Similarly, occupational members might withdraw from a stigmatized occupation through  
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14 absenteeism or resignation (Gonzalez & Pérez-Floriano, 2015). They may also engage in efforts  
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16 to detach themselves from dirtier objects, tasks, or contexts associated with their work (Baran et  
17  
18 al., 2016; Courpasson & Monties, 2017). In occupations stigmatized because of contact with  
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20 stigmatized others, those in the occupation can alter or minimize those contacts (e.g., police  
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22 officers or correctional officers can minimize interactions with criminals; see Courpasson &  
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24 Monties, 2017; Tracy & Scott, 2006).  
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29 At the organizational level, firms have been found to decouple their stigmatized activities  
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31 from their legitimate structures in order to minimize the appearance of belonging to a stigmatized  
32  
33 category (Devers et al., 2009). This can mean isolating or censoring particular guilty parties to  
34  
35 disassociate an organization from them (Elsbach & Sutton, 1992; Lamin & Zaheer, 2012). It can  
36  
37 also involve straddling, whereby organizations and/or industries engage in non-stigmatized  
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39 activities to distract attention from more stigmatized lines of business (Lynch & Rodell, 2018;  
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41 Vergne, 2012).  
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46 Overall, dilution can enable actors to avoid shame and/or social sanctions, and become  
47  
48 accepted by their audiences (Stein, 2019; Vergne, 2012). It is a strategy frequently adopted by  
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50 those facing associational stigma in order to avoid potential contamination from those who are  
51  
52 stigmatized (Gomulya & Boeker, 2016; Xia, Dawley, Jiang, Ma, & Boal, 2016; Zhang, George, &  
53  
54 Tan, 2006). Given that the essence of dilution is to weaken perceptions of stigma by distancing  
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3 from that which is “marked” and/or by attaching to something clean, this strategy is likely most  
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5 effective when the stigma is less central, less disruptive, and more malleable.  
6

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8 ***Information management*** involves actors actively managing the information shared or  
9  
10 disclosed about their stigmatized attributes. Key to this strategy is the ability to conceal stigma.  
11  
12 Like the other strategies, it can be used across levels. It can take many different forms, including  
13  
14 “hiding” by consciously and actively attempting to conceal and “pass as a member of the non-  
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16 stigmatized majority” (Clair et al., 2005: 90; Kang, DeCelles, Tilcsik, & Jun, 2016). For example,  
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18 LGBT individuals may hide their sexual orientation at work (Herek & McLemore, 2013),  
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20 prostitutes may lie about their occupation to others (Kong, 2006), and organizations, such as men’s  
21  
22 bathhouses, may pretend to be something else, such as gyms (Hudson & Okhuysen, 2009).  
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27 Alternatively, actors can “signal” by providing hints, clues, and implicit messages that  
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29 point to their stigma (Clair et al., 2005; Jones & King, 2014: 1471). Individuals with a concealable  
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31 stigma (e.g., sexual orientation), for example, have been observed “testing the waters” or “seeking  
32  
33 information about likely acceptance” (Clair et al., 2005; Jones & King, 2014: 1471; King et al.,  
34  
35 2017: 496). Actors can also “reveal” by purposefully disclosing their stigmatizing attributes to  
36  
37 others (Doldor & Atewologun, 2020; Elraz, 2018; Jones et al., 2016: 1532), including, for example,  
38  
39 accepting responsibility for organizational wrongdoing (Elsbach, 1994; Sutton & Callahan, 1987).  
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43 Scholars have proposed different, but overlapping conceptual models to explain when and  
44  
45 why certain information management strategies are chosen by employees (Chaudoir & Fisher,  
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47 2010; Clair et al., 2005; Jones & King, 2014; Ragins, 2008). One commonality across these models  
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49 is that they reveal the complexity of the information management process (Follmer et al., 2020),  
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51 which can be influenced by multiple individual, organizational, and situational factors (Clair et al.,  
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53 2005; Ragins, 2008). For example, employees who are more sensitive to potential rejection tend  
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3 to conceal their stigmatized identities, whereas those who have more social supports are more  
4 likely to reveal them (Grattet, 2011; Meyer, 2003; Pachankis, 2007). Similarly, Hudson and  
5 Okhuysen (2009) highlighted that an organization's choice of whether to hide stigmatizing  
6 attributes or not partly depends upon the level of hostility of the institutional environment.  
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12 Information management strategies may affect the extent to which actors are accepted in  
13 social settings, as well as personal outcomes (e.g., increased psychological distress when hiding  
14 and signaling, and decreased distress when revealing) (Hudson, 2008; Martinez, White, Shapiro,  
15 & Hebl, 2016; Toyoki & Brown, 2014; Vijayasingham, Jogulu, & Allotey, 2018). Such strategies  
16 can work effectively for many sources of stigma that are concealable. Moreover, the centrality of  
17 the stigma to an actor can influence decisions about whether to disclose or not: a stigma that is  
18 more central to an actor's identity may increase the likelihood of disclosure—especially if  
19 authenticity is rewarded by certain audiences (Lyons, Wessel, Ghumman, Ryan & Kim, 2014;  
20 Mohr et al., 2019). LGBT workers, for example, are more likely to express their sexual orientations  
21 at work if their sexual identities are central to them (Jones & King, 2014; Peplau & Fingerhut,  
22 2007), and organizations appear motivated to reveal their stigma to clients when it is “core” and  
23 central to who they are (Wolfe & Bliethe, 2015).  
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40 **Reconstruction** is used to reshape values, meanings, and/or interpretations of stigma. This  
41 strategy involves attempting to normalize stigma (Ashforth & Kreiner, 1999; Kreiner et al., 2006)  
42 by reframing stigma in a more positive light, or by negating the stigma (Browning & McNamee,  
43 2012; Caza, Vough, & Puranik, 2018; Lucas, 2015). Chwastiak (2015: 495) found that agents of  
44 the U.S. Central Intelligence Agency reframed torture as clean work by “attributing benign intent  
45 to the procedure,” “designating torture as legal,” and “embedding torture in mundane  
46 organizational practices.” Although Ashforth and Kreiner (1999) highlighted “reframing” as a key  
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3 to managing occupational stigma, it is also used by individuals, organizations, and industries to  
4 manage their stigma. King, Shapiro, Hebl, Singletary, and Turner (2006) found that individuals  
5 manage the physical stigma of obesity by wearing professional attire that demonstrates their ability  
6 to control their appearance, thereby challenging beliefs that the stigmatized lack self-control.  
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8 Tracey and Phillips (2016) found that Keystone, a social enterprise stigmatized for supporting  
9 migrants, reframed migration as good for the economy and essential for public service.  
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17 An alternative reconstruction tactic is “recalibrating,” or adjusting implicit standards of  
18 assessing stigmatized attributes (Ashforth & Kreiner, 1999; Hamilton et al., 2019; Johnston &  
19 Hodge, 2014). For example, organic farming was stigmatized when it was first introduced in  
20 Finland in the late 1970s and early 1980s; in response, organic farmers and journalists adjusted the  
21 standards for evaluating modern farming to include environmental benefits so that organic farming  
22 became understood as “a profitable and beneficial market category that served everyone’s interests”  
23 (Siltaoja et al., 2020: 16).  
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33 Stigmatized actors can also shift attention to non-stigmatized aspects of their identities,  
34 work, or organizations, sometimes referred to as “refocusing” (Ashforth et al., 2007: 150; Grandy  
35 & Mavin, 2012; Mavin & Grandy, 2013). For example, Tyler (2011) found that employees  
36 working in sex shops in London highlight the advice and guidance they provide to customers,  
37 rather than the morally tainted aspects of their work. Walsh, Pazzaglia, and Ergene (2019) describe  
38 how former members of a defunct technology company shared stories about the positive aspects  
39 of their former organizational identity in order to verify their own worth, regardless of the  
40 company’s failure.  
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51 Stigma management through reconstruction often results in improved identity outcomes—  
52 such as an improved sense of self (Levine & Schweitzer, 2015), a stronger organizational identity  
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3 (Tracey & Phillips, 2016), and enhanced occupational pride (Just & Muhr, 2020). Hence, it is more  
4 likely to be deployed when stigma is central to an actor's identity. Interestingly, unlike other  
5 strategies, this strategy enables actors to try to alter perceptions regarding the characteristics of  
6 stigma. For example, stigmatized actors can propose that a given stigma is not controllable or  
7 disruptive (Lamont, 2018; Lee et al., 2010; Spencer, Logel, & Davies, 2016), thereby potentially  
8 influencing reactions to the stigma.  
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12 *Cooptation* is a strategy whereby the stigmatized actor uses or manipulates stigma  
13 strategically. The underlying idea is that actors at all levels can “own” their stigma and benefit  
14 from it (Goffman, 1963; Tyler, 2011). For example, at the individual level, people can use stigma  
15 to differentiate themselves from others (Cha & Roberts, 2019; Clair et al., 2005; Steyrer, 1998)  
16 and to garner emotional, instrumental, and informational support from those who are similarly  
17 stigmatized (Norton, Dunn, Carney, & Ariely, 2012; Santuzzi & Waltz, 2016; Singletary & Hebl,  
18 2009). At the occupational level, dirty workers, such as gynecology nurses, exotic dancers, or  
19 police officers, have been found “doing gender” by exhibiting exaggerated forms of expected  
20 gendered behaviors—in effect, embracing stigma (Bolton, 2005: 171; Mavin & Grandy, 2013;  
21 Perrott, 2019). This strategy, in other words, points to the fact that workers can accept “dirtiness”  
22 as is, and celebrate the distinctiveness that it provides (Barros, 2018; Dick, 2005; Huising, 2015).  
23 Organizations and industries have also been found to create controversy around their stigma in  
24 order to appeal to, and attract, certain audiences (Helms & Patterson, 2014; Roulet, 2020).  
25 Compared to boundary management, which builds upon the separation of the stigmatized from the  
26 stigmatizer, cooptation places greater emphasis on the deliberate mobilization of neutral and  
27 potentially supportive audiences by highlighting the merit and distinctiveness of the stigma.  
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54 Outcomes associated with cooptation include increased attention and social validation from  
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3 preferred audiences, and the potential for increased disapproval and hostility from others (Helms  
4 & Patterson, 2014; Mavin & Grandy, 2011; Tracey & Phillips, 2016). Given that the strategy of  
5  
6 cooptation highlights the positive implications of stigma, it is particularly relevant for managing  
7  
8 stigmas that are moral, tribal, and physical, and that are less malleable but more central. The stigma  
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10 associated with sex workers, for example, is central to their identity but hard to change; thus, they  
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12 are more likely to use cooptation to solicit more supportive audiences.  
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17 *Emotion work* involves actors using or manipulating emotions to resist the negative influence  
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19 of stigmatization (Hochschild, 1979; McMurray & Ward, 2014; Tyler, 2011). It generally helps  
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21 actors cope by shifting the emotions associated with stigmatization from negative to positive (e.g.,  
22  
23 shame to pride) (Benjamin et al., 2011; Hamilton & McCabe, 2016; Levine & Schweitzer, 2015).  
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25 Emotion work can be applied to one's own emotions (Hatzenbuehler, 2009; Toubiana, 2020), or  
26  
27 may involve attempts to manipulate others' emotions (McMurray & Ward, 2014). For example,  
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29 individuals with physical stigma associated with obesity may exhibit friendliness and warmth in  
30  
31 an effort to reduce others' disgust, and by doing so, increase others' sympathy and intentions to  
32  
33 help them (Levine & Schweitzer, 2015). Hamilton and McCabe (2016) found that meat inspectors  
34  
35 expressed indifference, boredom, and sometimes pride rather than love, compassion, or upset in  
36  
37 order to resist their negative feelings about the mass-killing of chickens. At the organization and  
38  
39 industry levels, actors can work to activate certain emotions in order to garner appeal or acceptance,  
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41 and even to enhance emotional investment and ties with stakeholders (Lashley & Pollock, 2020;  
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43 Pontikes et al., 2010). For example, firms in medical cannabis industry used patients' testimonials  
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45 in marketing to build "emotional connections" with key audiences (Lashley & Pollock, 2020: 452).  
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51 Not surprisingly, emotion work is often used to address emotional sources of stigma, but  
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53 has relevance for all sources of stigma because stigmatization typically triggers feelings of shame  
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3 (Pescosolido & Martin, 2015). It appears to be more relevant when the stigma is less malleable  
4 and more controllable, as these characteristics are the most likely to trigger shaming efforts by  
5 external audiences. The fact that occupational stigma is often perceived as less malleable but more  
6 controllable (Kreiner et al., 2006) may explain why this strategy seems to be common at the  
7 occupational level (Benjamin et al., 2011; Hunter & Kivinen, 2016).  
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15 **Summary.** The six strategies we have outlined can be combined and are not mutually  
16 exclusive. Multiple strategies may be used, and certain strategies may be more relevant for certain  
17 sources and characteristics. Importantly, these strategies provide us with a common language to  
18 examine stigma management strategies.  
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### 23 24 III. PROCESSES OF STIGMATIZATION

25  
26 In summary, our integrative framework pulls together insights from diverse streams of the  
27 management literature on stigma, and provides a unifying language that can enable scholars to  
28 better understand and build on these insights. Our framework, however, does more than reduce  
29 conceptual clutter. In this section, we show how it contributes to an enhanced understanding of  
30 processes of stigmatization. Our framework is important, in other words, because it renders the  
31 sources, characteristics, and strategic management of stigma comparable across different levels,  
32 thereby laying the foundation for investigating stigmatization as a complex process of emergence,  
33 transfer, maintenance, and removal that can occur horizontally *within* a certain level and vertically  
34 *between* and *across* levels. Thus, it sets the stage for a new trajectory of research that shifts the  
35 focus from responses and impacts of stigma to stigmatization processes that transcend levels.  
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At the center of our framework sits a troika of the sources, characteristics, and management

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3 strategies described in the previous section. Our goal in this section is to understand how this  
4  
5 framework opens up new opportunities for studying four specific aspects of stigmatization: its  
6  
7 emergence, transfer, maintenance, and removal within, between, and across levels. By emergence,  
8  
9 we mean how stigmatization begins. By transfer, we refer to the process by which stigmatization  
10  
11 that occurs at one level spills over to other levels. Maintenance speaks to how through both  
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13 purposeful and inadvertent actions, stigmatization persists, and even become taken-for-granted or  
14  
15 institutionalized. Lastly, removal refers to how stigmatization can be reduced or even eliminated.  
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19 While the immense and valuable body of work on stigma has revealed much about the  
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21 sources and characteristics of stigma (135 papers in our sample) and how actors respond to stigma  
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23 and the impact it has on their lives (111 papers in our sample), surprisingly, we found that  
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25 significantly less attention has been paid to these four elements of stigmatization as a process (only  
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27 22 papers in our sample)<sup>5</sup>. We argue that having a common language for the sources,  
28  
29 characteristics, and stigma management strategies places us in a better position to study  
30  
31 stigmatization processes. To illustrate potential theoretical questions to be tackled, we not only  
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33 engage several pioneering studies, but also use the COVID-19 pandemic that was unfolding as we  
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35 wrote this paper as an empirical example.  
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### 39 **Emergence**

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41 In much of the literature, the question of where stigma comes from and how stigmatization  
42  
43 emerges remains unexplored. This is likely due to the fact that in many cases, stigma is already  
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45 institutionalized and systemically embedded in social structures (e.g., institutionalized racism)  
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47 (Lempert & Monsma, 1994; Loyd & Bonds, 2018). Yet, “stigmas reflect the fault lines in a society  
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49 at any one point and are as artificial and subject to change as national boundaries on a world map”  
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55 <sup>5</sup> These numbers do not perfectly add up to the number of studies included as some studies focus on more than one of  
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57 these elements.  
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3 (Pescosolido & Martin, 2015: 91). Indeed, stigmatization emerges more frequently than we expect,  
4 such as the recent stigmatization of the Catholic Church in the wake of sex scandals (Piazza &  
5 Jourdan, 2018) and of organic farming in Finland (Siltaoja et al., 2020).  
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10 We suggest that the ways in which the sources and characteristics of stigma interact can  
11 shape the potential trajectory of the emergence of stigmatization. First, there may be different  
12 baseline models of stigmatization—physical, tribal, moral, servile, associational, and emotional—  
13 each of which may have its own distinct trajectory, pace, and momentum depending on how the  
14 characteristics of stigma interact with these sources. Arguably, taking care of a family member  
15 with mental illness (i.e., a case of an emotional and associational stigma that is concealable and  
16 disruptive, but not controllable) may lead to slower and/or less intense stigmatization than that  
17 faced by individuals of certain races (i.e., a case of tribal stigma that is not concealable nor  
18 controllable, but is disruptive). We know, in general, that the more disruptive and controllable a  
19 stigma is perceived to be, the worse the potential stigmatization. We also know that concealability  
20 can shield actors from stigmatization. How might the source of stigma influence the impact of  
21 these characteristics on emergence? Thus, an interesting line of work for future research would be  
22 to compare the emergence of stigmatization from different combinations of sources and  
23 characteristics. For example, does the stigmatization of MMA (Helms & Patterson, 2014) more  
24 closely resemble that of nuclear power (Piazza & Perretti, 2015) than of men’s bathhouses (Hudson  
25 & Okhuysen, 2009), given that the former stigmas originate from physical sources (i.e., violence  
26 and death) as opposed to the moral source associated with bathhouses (i.e., sexual preference)?  
27 How might the respective characteristics of each stigma influence the emergence process?  
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51 Our aspiration is also to expand the current scope of stigma research by exploring how the  
52 emergence of stigmatization at one level shapes or is shaped by the dynamics of stigmatization at  
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3 other levels. This raises another line of important research questions that attempt to trace and  
4 follow stigmatization across levels. If stigmatization emerges at the individual level or the  
5 organizational level, for example, how long might it take to trickle up or down? Are there specific  
6 management strategies that will accelerate or slow this process? An excellent example of the type  
7 of work we imagine is a paper by Wang and colleagues (2020). In the paper they discovered that  
8 in China while the government attempted to publically shame individual physicians for profit-  
9 seeking behaviors, it unintentionally catalyzed stigmatization at the profession level as a whole  
10 leading to occupational and categorical stigma (Wang et al., 2020).

11  
12 To further illuminate our framework, and the type of research it encourages, we reflect on  
13 the global COVID-19 pandemic as an example. During the first few months of the outbreak,  
14 individuals of Chinese descent were stigmatized as were those wearing masks (McCullough, 2020),  
15 particularly in North America. If scholars were to adopt the lenses of past research, they likely  
16 would focus on the implications of stigmatization for the actors involved, or how these actors  
17 coped with this stigmatization, which are indeed important. However, we call attention to the  
18 emergence of stigmatization itself. For example, with COVID-19 the source of the stigma was  
19 physical—a contagious virus—that was highly disruptive yet concealable. However, this physical  
20 source of stigma became associated with a tribal source. Specifically, because the first known cases  
21 were reported in China, “race” became tied to COVID-19, as it made the stigma visible. Similarly,  
22 wearing a mask became stigmatized, as it too made the stigma visible. Several months after the  
23 virus’s global spread, individuals who contracted the virus were pitied, while those of Asian  
24 descent without the virus were vilified in many settings, and even attacked, as were businesses  
25 such as Chinese restaurants. Our framework helps illuminate that the “disruptiveness” of the  
26 stigma (i.e., virus contagiousness and dangerousness) as well as its “concealability” may be core  
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3 elements contributing to the tribal stigmatization of people of Asian descent because of their  
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5 “association” with the location where the outbreak was first identified. It is likely that the existing  
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7 stigmatization of visible minorities (tribal source) accelerated and contributed to the stigmatization  
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9 surrounding COVID-19. It also seems possible that as countries later attempted to contain the  
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11 spread of virus by lockdowns and physical distancing (i.e., dilution strategy) and/or blame or  
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13 associate the virus with regions where the first outbreaks occurred (i.e., boundary management),  
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15 they may have unintentionally fueled the stigmatization of people of Asian descent. That is, sigma  
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17 management strategies can shape the emergence of stigmatization. However, as we explore below,  
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19 the emergence of stigmatization can transfer, be maintained or removed, which happened as  
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21 COVID-19 unfolded.  
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26 Understanding the ways in which stigmatization emerges as a social process is crucial for  
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28 understanding its implications and management. As such, we encourage scholars to begin to  
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30 examine nascent and emergent stigmatization, and how sources, characteristics, and management  
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32 strategies influence this emergence, as well as how emergence at one level may influence other  
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34 levels. The result, we believe, will be a more complete understanding of stigmatization, and of  
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36 opportunities to trace the trajectory of stigmatization processes.  
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### 40 **Transfer**

41 Stigmatization can transfer across levels (Avery, McKay, & Volpone, 2016; Pozner, 2008;  
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43 Wiesenfeld, Wurthmann, & Hambrick, 2008; Wurthmann, 2014). As Thomson and Grandy (2018:  
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45 235) put it: “stigma at the organizational level can ‘move’ from the organizational level to the  
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47 occupational level and to the individual level.” Beyond acknowledging that this can happen,  
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49 however, we have not extensively theorized or studied the process by which stigmatization  
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51 transfers. While it is possible that stigma can transfer as a result of association (e.g., an accounting  
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53 firm may be stigmatized for working with individual sex workers), the transfer of stigmatization  
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3 is more than a contamination process from a stigmatized actor to a non-stigmatized actor within a  
4 certain level. The transfer of stigmatization speaks more generally to how a given stigma at a  
5 certain level can be generalized and diffused by certain audiences to another entity at a different  
6 level (Hsu & Grodal, 2020; Vergne, 2012). Understanding the ways in which stigmatization moves  
7 is thus crucial for understanding the implications of stigmatization and how to manage them. Again,  
8 our framework points to important, yet underexplored directions.  
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10  
11 We propose that the source of stigma can impact whether and how stigmatization transfers  
12 across levels. For example, previous studies suggest that moral stigmas (e.g., financial fraud) may  
13 transfer from an organization to its leadership (Cowen & Marcel, 2011; Gomulya & Boeker, 2016;  
14 Wiesenfeld et al., 2008) or to the entire industry (Roulet, 2015). Tribal stigma (e.g., racial minority)  
15 may also transfer from a corporate leader to the entire company (Mikolon, Kreiner, & Wieseke,  
16 2016; Rider & Negro, 2015) or spill over to a category of organizations whose leaders share the  
17 same ethnicity (Yenkey, 2018). Will physical and/or emotional stigma transfer as easily?  
18 Moreover, can the characteristics of a given stigma also exert an effect on the transfer of  
19 stigmatization? For example, previous studies have implicitly suggested that controllable stigmas  
20 (e.g., corporate failures caused by ethical transgressions) may be more likely to transfer across  
21 levels than uncontrollable stigmas (Lee, Peng, & Barney, 2007; Wiesenfeld et al., 2008). Highly  
22 disruptive stigmas may also be more likely to lead to transfer as people closely scrutinize any  
23 potential relationship with stigmatized individuals when they are driven by fear (Granter, McCann,  
24 & Boyle, 2015; Pontikes et al., 2010). Importantly, characteristics may interact with the sources  
25 of stigma in ways that can shape its transference. Might moral stigmas that are disruptive, as in the  
26 case of financial fraud (Marcel & Cowen, 2014), transfer more quickly across levels than  
27 disruptive physical stigma, as in case of contagious disease or facial markings (cf. Ruggs et al.,  
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3 2015)? In sum, we still know very little about the effects of such interactions on the transfer of  
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5 stigmatization.  
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8 Furthermore, stigma management strategies may render the transfer across levels even  
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10 more complex. Arguably, information management (e.g., concealing) may prevent the transfer of  
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12 stigmatization across levels, whereas cooptation of stigma at one level may encourage or expedite  
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14 its transfer to other levels (e.g., celebrating the transgressive nature of sex shops may more readily  
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16 stigmatize the industry or workers; Tyler, 2011).  
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20 Because our framework enables comparisons across levels, it provides an opportunity to  
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22 observe and compare how the transfer of stigmatization between certain levels might vary. For  
23  
24 example, is the transfer of stigmatization between individuals and organizations the same or  
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26 different from that between industries and occupations? Recent work provides some hints.  
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28 Mikolon et al. (2016) examined how stigmatization initially transferred from homeless employees  
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30 to organizations, and then contaminated non-homeless employees, which decreased customers'  
31  
32 willingness to reward the non-homeless employees. Similarly, Yenkey (2018) depicted a dynamic  
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34 process of how leaders' involvement in misconduct interacted with their racial stigma, and  
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36 transferred first to their organization, and then to an entire market category, which discouraged  
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38 customers from future transactions within that market category. The transfer of stigmatization in  
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40 these cases followed different trajectories: in the former study, stigmatization negatively  
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42 implicated individuals inside an organization, whereas in the latter study, stigmatization extended  
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44 beyond the boundary of the organization and contaminated the entire market category. Did the  
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46 trajectories differ because the two stigmas originated from different sources? And/or, did the  
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48 trajectories differ because the stigma associated with homelessness was perceived as  
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50 uncontrollable, whereas that associated with misconduct was perceived as more controllable,  
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3 thereby compounding the stigmatization trajectory? By examining how stigmatization transfers,  
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5 we can begin to identify what may aid or abet stigmatization processes.  
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8 Again, we reflect on the global COVID-19 pandemic as an example. As the stigmatization  
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10 emerged in response to COVID-19, it transferred from patients in China to Chinese restaurants in  
11  
12 North America (McCullough, 2020). While the lens of past work helps us understand how Chinese  
13  
14 restaurants might strive to avoid associational stigma, perhaps through dilution (e.g., changing the  
15  
16 type of cuisine) or boundary management (e.g., only serving Chinese customers), our framework  
17  
18 surfaces other underexplored questions. Why and how did the original stigma spill over from a  
19  
20 particular group of people to a category of organizations? Is it due to the concealability and  
21  
22 disruptiveness of the highly contagious virus, as well as the low concealability of Chinese  
23  
24 restaurants? What factors or characteristics might be buffers against the transfer of stigmatization?  
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26 Expanding on existing work, how might different management strategies by government officials  
27  
28 and regulators (e.g., Trump calling COVID-19 the “China Virus”) facilitate or stall the transfer?  
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30 Moreover, was the process of transfer from patients to Chinese restaurants the same as that from  
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32 patients to people who wear masks?  
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### 37 **Maintenance**

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39 Stigma is often “persistent” (Link & Phelan, 2001: 379), yet stigmatization is not an  
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41 automatic process. Stigmatization is maintained through both purposeful and inadvertent actions  
42  
43 and inaction, which contribute to a stigma’s persistence, taken-for-grantedness and  
44  
45 institutionalization. While much work has implicitly uncovered factors that might contribute to  
46  
47 maintenance, less has been done to understand the actual mechanisms underlying it.  
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51 We know from existing insights that actors can cope with stigmatization by employing  
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53 various strategies. Recent work has begun to suggest that these strategic responses can actually  
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55 contribute to the persistence of the stigma and reinforce stigmatization in a broader environment.  
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3 For example, Mikolon et al. (2020) showed that frontline workers' stigma management tactics  
4 inadvertently reinforce the occupational moral stigma perceived by customers. Notably, five of the  
5 six management strategies in our framework (i.e., boundary management, dilution, information  
6 management, cooptation, and emotion work) could potentially contribute to the maintenance of  
7 stigmatization. When is this likely to happen? Furthermore, how is the maintenance of  
8 stigmatization influenced by distinct sources and characteristics? For example, is maintenance  
9 more likely to occur when a moral stigma is concealable and malleable (e.g., investing in or  
10 working behind the scenes of the adult film industry as actors are able to conceal) than if a moral  
11 stigma is characterized by high disruptiveness and centrality, but low concealability (e.g., using  
12 medical marijuana or injection sites)? Furthermore, given the sources and characteristics of stigma,  
13 are certain types of coping strategies more likely to maintain stigmatization across levels? While  
14 information management allows actors to avoid disclosure this strategy may contribute to  
15 maintenance, but reconstruction may not (Lashley & Pollock, 2020; Lawrence, 2017). Few  
16 scholars have systematically examined the dynamic relationships between the sources and  
17 characteristics of stigma and management strategy decisions, and how these relationships  
18 contribute to the maintenance of stigmatization. Detailing specific sources, characteristics, and  
19 management strategies will enable a better understanding of maintenance processes.

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22 While recent contributions point toward ways that stigmatization might persist, we have a  
23 much less developed understanding of how the maintenance of stigmatization at one level might  
24 influence maintenance at other levels, even though the maintenance and persistence of  
25 stigmatization at a given level is often influenced by the coping and management strategies used  
26 at other level(s), both *intentionally* and *unintentionally*. For example, researchers have shown that  
27 when occupational workers use "gender" as a mechanism to cope with stigma at the individual  
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3 level, doing so reinforces gender stereotypes that contribute to the maintenance of gender as a  
4 higher-level tribal stigma (Bolton, 2005; Mavin & Grandy, 2013). Similarly, whereas the goal of  
5 affirmative action has been to reduce discrimination against individuals of certain groups, pursuing  
6 that goal has been found to inadvertently perpetuate tribal stigma by reinforcing perceptions of the  
7 inferiority of the entire group (Evans, 2003; Heilman, Block, & Stathatos, 1997; Heilman, Lucas,  
8 & Block, 1992; Unzueta, Lowery, & Knowles, 2008). Phung et al. (2020) discovered that although  
9 Uber as an organization attempted to avoid stigma transfer when it entered the taxi-driving industry,  
10 its stigma deflection strategy in fact worsened the stigmatization of taxi drivers. In contrast, some  
11 studies have shown that actors may intentionally maintain and coopt high-level stigmatization to  
12 achieve advantages at a lower level. In such cases, actors use and embrace stigmatization to garner  
13 attention and/or establish distinctiveness and appeal to particular audiences (Barros, 2018; Bolton,  
14 2005; Helms & Patterson, 2014; McElroy et al., 2014; Roulet, 2019; Slade Shantz et al., 2019;  
15 Tyler, 2011), and, in so doing, capitalize and reinforce existing perceptions of stigmatization at a  
16 higher level.

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19 To reflect again on the COVID-19 pandemic, the stigmatization of people of Chinese  
20 descent has been maintained to varying extents across communities in North America since the  
21 pandemic's inception (at the time of writing this was around 6 months). Tribal stigma is highly  
22 visible and particularly disruptive, given the current political tensions between the United States  
23 and China, and these two characteristics seem to be contributing to the maintenance of  
24 stigmatization. Likewise, stigma management strategies adopted at different levels might also be  
25 playing a role. For example, it is possible that Chinese immigrants are using boundary management  
26 to cope with the stigma (e.g., by restricting their social lives to Chinatowns or ethnic enclaves).  
27 This form of boundary management is more likely to be "competitive" rather than "collaborative,"

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3 meaning that actors try to “protect territory and exclude others” by highlighting the distinction  
4 between “us” and “them” (Langley, Lindberg, Mørk, Nicolini, Raviola, & Walter, 2019: 707). As  
5  
6 a result, geographic and social segregation may be contributing to stigma maintenance. In contrast,  
7  
8 if governmental officials exhibit less hostility towards or even explicitly emphasize the positive  
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10 value of Chinese immigrants, stigmatization in that region may be less persistent. Overall, there  
11  
12 are many questions yet to be explored regarding the maintenance of stigmatization.  
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### 16 17 **Removal**

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19 At the individual and occupational levels, destigmatization is often explained as “the  
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21 process by which low-status individuals or groups gain recognition and worth in society” (Lamont,  
22  
23 2018: 420). Such a process is not easy, and typically involves the mobilization of different social  
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25 actors (e.g., regulators, professionals, media, firms, and activists) who draw on cultural resources  
26  
27 (e.g., existing ideologies) and engage in purposeful destigmatizing actions (Chwastiak, 2015; Just  
28  
29 & Muhr, 2020; Lamont, 2018; Mavin & Grandy, 2013). As Hampel and Tracey (2017: 2175) put  
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31 it, destigmatization occurs when organizations or industries become “normal” and “legitimate in  
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33 the eyes of those who originally stigmatized them.”  
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38 We anticipate that the source of stigma may impact the trajectory of destigmatization. In  
39  
40 much of the existing literature, scholars have examined how moral stigma may be removed. For  
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42 example, researchers have investigated how priests who initially stigmatized life insurers for  
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44 challenging the sanctity of life later endorsed them for their role in securing the financial survival  
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46 of vulnerable families (Zelizer, 1978), and how the mainstream media, which originally tainted  
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48 online dating companies for promoting promiscuity, subsequently accepted such providers for  
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50 enabling social relationships (Hampel & Tracey, 2017). Perceptions of other sources, such as what  
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52 is considered servile or what is physically abhorrent and dangerous, also can change.  
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57 Although eliminating stigmatization is difficult and sometimes unsuccessful (Lamont,  
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3 2018; Tracy & Scott, 2006), it is reasonable to anticipate that some sources of stigma are harder to  
4 remove than others. Tribal stigmas appear to be particularly challenging to remove, as indicated  
5 by ongoing racism, sexism, and other tribal stigmatization in society, despite efforts to reduce them.  
6  
7 Associational stigma, in contrast, appears to be much easier to remove (Siltaoja et al., 2020).  
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9 Indeed, certain alcohol categories have been successfully destigmatized by distancing themselves  
10 from “lower class” customers and associating themselves with higher status practices (Delmestri  
11 & Greenwood, 2016; Pedeliento, Andreini, & Dalli, 2019).  
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19 In addition to the sources of stigma, our framework suggests that paying attention to the  
20 characteristics of stigma may be helpful in understanding removal. For example, the  
21 destigmatization of people with HIV/AIDS was achieved by manipulating perceptions of  
22 controllability via education on the mechanism of contagion, thereby removing perceptions of  
23 people who catch the disease as blameworthy (Lamont, 2018). Yet, while we can speculate on how  
24 certain combinations of characteristics, sources, and stigma management strategies may influence  
25 the process and effectiveness of destigmatization, these are empirical questions ripe for exploration.  
26  
27 For instance, is it easier to reduce stigmatization of employees working in a rape crisis center (an  
28 uncontrollable, emotional stigma; see Zilber, 2002) than that of individuals working in  
29 slaughterhouses or brothels (a controllable, moral stigma; see Baran et al., 2016; Voss, 2015)? And,  
30 if so, why?  
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44 Furthermore, the process of destigmatization often involves the use of particular strategies  
45 (Hampel & Tracey, 2017; Lamont, 2018). Compared to the strategies of dilution, information, and  
46 boundary management, each of which focuses on coping with the existing stigma, the  
47 reconstruction, cooptation, and emotion work strategies appear more relevant for removal (Levine  
48 & Schweitzer, 2015; Lyons et al., 2018). For example, Slay and Smith (2011) found that African  
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3 American journalists sought to destigmatize themselves via reconstruction (by generating new  
4 rhetoric and reframing their work as providing a distinctive perspective compared to that of white  
5 journalists). However, we still lack a comprehensive understanding of when and how  
6 reconstruction or cooptation may work, and how their successful implementation may depend  
7 upon the sources and characteristics of stigma.  
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15 Importantly, our framework also encourages consideration of how the removal of  
16 stigmatization at one level might shape or influence the removal of stigmatization at other levels.  
17 While some efforts and strategies at a given level might support destigmatization at other levels,  
18 others may worsen or enhance it (Helms & Patterson, 2014). For example, to destigmatize cannabis,  
19 stigmatized organizations emphasized the medical benefits of consuming marijuana (Lashley &  
20 Pollock, 2020). But what impact does this have on perceptions of recreational marijuana users? In  
21 a separate study, Aranda et al. (2020) showed that the legalization of medical marijuana shaped  
22 the destigmatization of alcohol, which shares the same health safety attribute as marijuana (e.g.,  
23 safe consumption), but not of tobacco, for which producers have failed to present evidence of  
24 similar potential health benefits. In this case, stigmatization removal in the medical marijuana  
25 industry, spilled over to the alcohol industry, but failed to curtail stigmatization in the tobacco  
26 industry. In the future, researchers can investigate whether tobacco consumers (i.e., smokers)  
27 became more stigmatized following the success of medical marijuana because smoking violates  
28 the “health safety” attribute disseminated by the medical marijuana industry.  
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47 In the case of COVID-19, we have seen that, although the stigmatization of individuals of  
48 Chinese descent still persists at the time of this writing in the United States, the stigma of mask  
49 wearing has been removed, if not reversed. Indeed those not wearing masks are now more  
50 stigmatized than those who do, as many governments have made masks mandatory in all indoor  
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3 public spaces. Our framework enables us to unpack the process of destigmatization in instructive  
4 ways. We can examine whether the source of the stigma—*tribal* versus *associational*—and its  
5 characteristics—i.e., mask wearing being more *malleable* and highly *visible*—may have affected  
6 the process. We can also investigate why and how the adoption of certain strategies might interact  
7 with sources and characteristics and lead to different outcomes. Mass media *reconstructed* the  
8 meaning of mask wearing from a signal of infection to one of protection. Further, we can explore  
9 how the dynamics of destigmatization at other levels may have shaped the process. Has the  
10 removal of stigma around the practice of mask wearing, which has been shaped largely by health  
11 professionals and regulators, reduced racial stigma, as face masks were encouraged in Asia but  
12 stigmatized in North America in the beginning of the pandemic (Leung, 2020)?

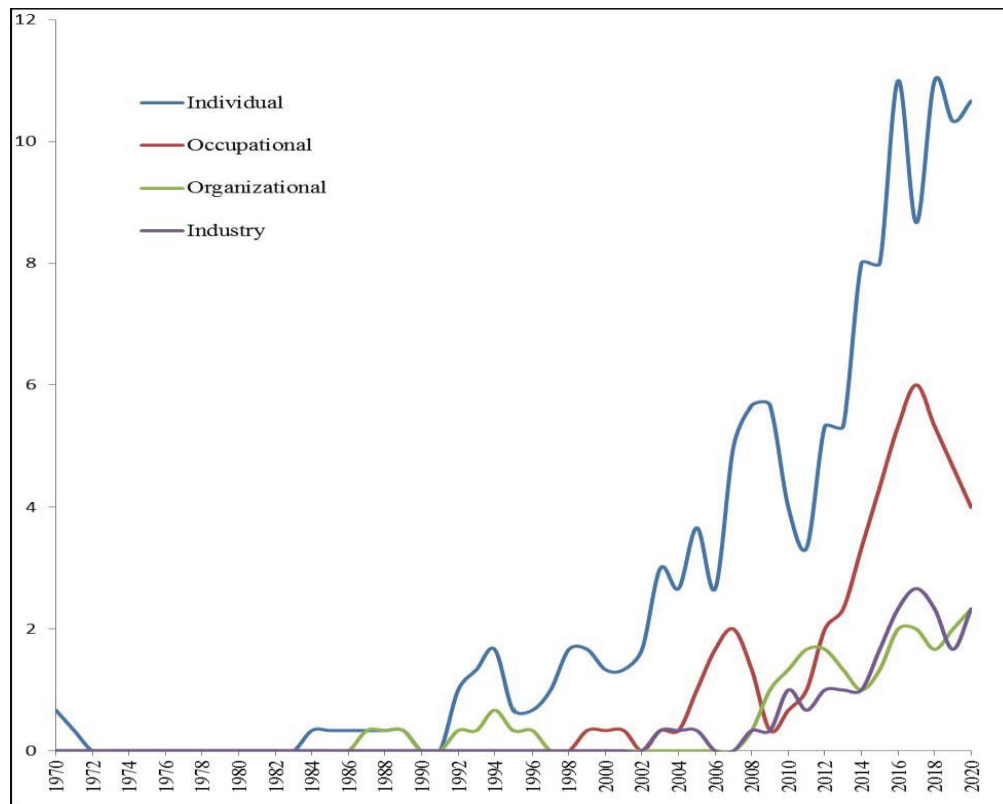
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26 The research agenda we have outlined points to potential new avenues of research focused  
27 on stigmatization processes, an agenda enabled by a common language for stigma scholarship.  
28 Studying processes has become one of the central features of organizational theorists (Langley,  
29 1999). More recently, scholars have suggested that there is room for further development and  
30 application of new methods (Langley, Smallman, Tsoukas, & Van de Ven, 2013). Our agenda also  
31 invites innovation and changes to extant methodologies within current silos. As we mentioned  
32 earlier, the methodologies deployed in stigma research have tended to be similar within a particular  
33 level of analysis. This is likely because a particular methodology was well suited for the types of  
34 questions they focused on—such as experiments for demonstrating the implications of stigma on  
35 individuals, or interviews for determining how dirty workers cope. When we push for research  
36 beyond particular levels and focus on stigmatization processes more broadly, we will inherently  
37 require more methodological diversity. Research designs will likely need to be more longitudinal  
38 and process oriented, but can combine a variety of methods that range from qualitative to  
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3 quantitative. Perhaps novel methods like topic modelling (Hannigan et al., 2019) can be used to  
4 collect more data and track patterns of stigmatization overtime? Or “netnography” (Kozinets, 2020)  
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6 to track emergent stigmatization processes in online enclaves and more hidden communities? We,  
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8 thus, encourage research to go beyond both the level and methodological silos as we develop this  
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10 new trajectory of research.  
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## 14 **Conclusion**

15  
16 Stigma matters, and is becoming ever more important as it increasingly threatens to  
17 fragment our society (Lamont, 2018; Loyd & Bonds, 2018). The importance of understanding  
18 stigma is reflected in the awarding by the OMT Division of Academy of Management of the 2020  
19 OMT Joanne Martin Trailblazer Award to Doug Creed, Bryant Hudson, Gerardo Okhuysen, and  
20 Maureen Scully for “starting and shaping our conversation about LGBT issues, stigma, shame,  
21 taboo, and power in organizational settings.” Our aspiration in this Annals paper is to advance that  
22 conversation. Our thesis is, that to address challenges wrought by stigma, we need to develop a  
23 better understanding of how stigmatization emerges, transfers, is maintained, or removed. Our  
24 review shows that the conceptual clutter in prior stigma research has provided important insights,  
25 but has restricted us from examining stigmatization processes. To address this problem, we have  
26 outlined an integrative framework that conceptualizes six sources, five characteristics, and six  
27 management strategies, thereby paving the way for scholars to integrate insights from different  
28 streams of literature across different levels. We have shown how this framework facilitates a shift  
29 in our research agenda from how a particular actor copes with a particular stigma at a particular  
30 level, to how individuals, organizations, occupations, and industries become stigmatized and how  
31 their stigmatization emerges, transfers, is maintained, or removed. Using this framework, we, as  
32 social scientists, can contribute to promoting equity, diversity, and inclusion across society.  
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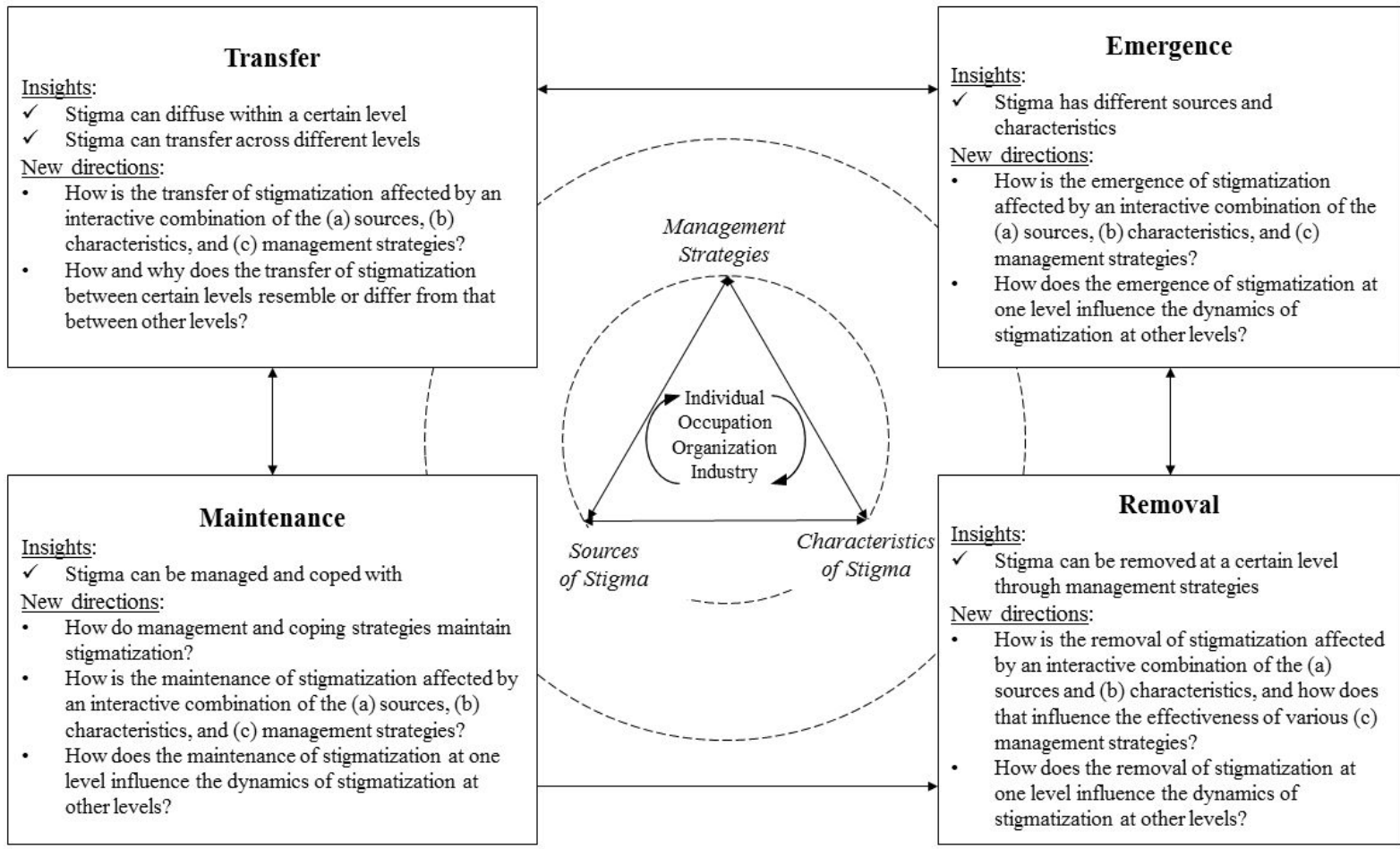
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3 **Figure 1: Number of Articles by Level of Analysis Studied**  
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34 \* We used a three-year moving average to show a clearer trend.  
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Figure 2. Integrative Framework of Stigmatization



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**Table 1: Summary of Articles**

Journal	Number of articles
<b>Management</b>	
Academy of Management Annals	2
Academy of Management Journal	19
Academy of Management Review	11
Administrative Science Quarterly	9
Gender, Work & Organization	19
Human Relations	26
Journal of Business Ethics	14
Journal of Management	11
Journal of Management Studies	9
Journal of Organizational Behavior	9
Organization	11
Organizational Behavior and Human Decision Processes	5
Organization Science	11
Organization Studies	6
Strategic Management Journal	7
Others	4
<b>Sociology</b>	
American Journal of Sociology	8
Annual Review of Sociology	5
American Sociological Review	14
<b>Psychology</b>	
Annual Review of Psychology	7
Journal of Applied Psychology	22
Psychological Bulletin	7
Others	3
<b>Total</b>	<b>239</b>

**Table 2: Sources of Stigma**

Source	Definition	Previous terms used to describe these sources
Physical	Stigma caused by a blemish of the body such as appearance and disability, and/or that which is associated with dirt, the effluent, physically disgusting, or dangerous environments.	Body, physical attractiveness
Tribal	Stigma caused by membership in a certain group, clan or category.	Cultural roots, group membership, social
Moral	Stigma caused by an attribute or behavior considered to be sinful or morally inappropriate.	Character, conduct, coalitional exploitation, criminal, lack of virtue, norm violations, sinful
Servile	Stigma caused by one's involvement in that which is perceived as degrading through subservience.	Social
Emotional	Stigma caused by involvement and need to engage with the burdensome and threatening emotions.	Affective stigma, emotional dirt, emotional taint
Associational	Stigma caused by proximity, association, or contact with actors who are stigmatized.	Communicability, courtesy, mere association, proximity

**Table 3: Characteristics of Stigma**

Characteristic	Definition	Previous terms used to describe these characteristics
Concealability	The extent to which a stigma can be hidden or disguised from others.	Discredited/discreditable, observable, salience, visibility
Controllability	The extent to which a stigmatized actor is perceived to be responsible for causing, having, or maintaining the stigma.	Attribution of blame, origin, responsibility
Centrality	The relative proximity of stigmatized attributes or practices to the core identity of the actor(s).	A matter of degree, breadth, core
Disruptiveness	The degree to which the stigma disrupts social interaction and/or is perceived as a threat to others in society.	Dangerousness, harm, peril, precarious, threat
Malleability	The extent to which the stigmatizing condition changes over time.	Course, stages, fluctuations, malleable, (non)recoverable, unstable

**Table 4: Stigma Management Strategies**

Strategy	Definitions	Levels	Empirical examples	General consequences
Boundary management	Actors attempt to construct boundaries between insiders (those who are stigmatized) and outsiders (those who are not).	Individual	<ul style="list-style-type: none"> <li>• Forming “peer support networks” (Gray et al., 2018: 1239)</li> <li>• Crafting narratives or outlining differences to draw boundary between “us” and “them” (e.g., Khazzoom, 2003; Moon, 2012: 1350)</li> </ul>	<ul style="list-style-type: none"> <li>• Protect and shield stigmatized actors from negative social evaluations</li> <li>• Enhanced group identity outcomes (sense of entitativity)</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• Social weighting: Selective social comparisons and differential weighting of outsiders’ views (e.g., Ashforth &amp; Kreiner, 1999; Mavin &amp; Grandy, 2013; Slutskaya et al., 2016)</li> <li>• Social buffers: Building distinctive in-group(s) to build a “bulwark” against identity threats (e.g., Ashforth et al., 2007: 160; Baran et al., 2012; Soni-Sinha &amp; Yates, 2013)</li> <li>• Occupational concentration (Tilesik et al., 2015)</li> </ul>	
		Organizational	<ul style="list-style-type: none"> <li>• Withdrawing: Avoiding interaction with audiences who know the firm’s predicament (Sutton &amp; Callahan, 1987)</li> <li>• Using isolation, integration, dramaturgy, associational, and conventional strategies to shield stakeholders (Hudson &amp; Okhuysen, 2009)</li> <li>• Highlighting the respectability of the users and attacking the stigmatizers (Hampel &amp; Tracey, 2017)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• Digital disintermediating by find a “direct digital pathway to customers” (Slade Shantz et al., 2019: 1269)</li> </ul>	
Dilution	Actors sever, reduce, or alter their ties to a source of stigma.	Individual	<ul style="list-style-type: none"> <li>• “Assimilating” (projecting favorable characteristics of another group) and “deategorizing” (removing references to the stigmatized group) (e.g., Fernando et al., 2020; Lynch &amp; Rodell, 2018: 1311; Lyons et al., 2017)</li> <li>• Surgical or physical alteration of stigma (e.g., Goffman, 1963; Levay, 2014; Levine &amp; Schweitzer, 2015)</li> <li>• “Jumping ship:” Voluntarily leaving the firm to avoid the risk of stigmatization (e.g., Jiang et al., 2017: 2601; Semadeni et al., 2008; Zhang et al., 2006)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce or alter stigma</li> <li>• Distance actor from stigma and improve social validation</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• Distancing or withdrawing from stigmatized work (e.g., Baran et al., 2016; Courpasson &amp; Monties, 2017; Gonzalez &amp; Pérez-Floriano, 2015)</li> <li>• Distancing from clients (e.g., Ashforth et al., 2007; Hancock, 2016; Hansen &amp; Kamp, 2018)</li> </ul>	
		Organizational	<ul style="list-style-type: none"> <li>• “Cleaning house:” Encouraging directors to leave (e.g., Cowen &amp; Marcel, 2011; Gomulya &amp; Boeker, 2016; Marcel &amp; Cowen, 2014: 927)</li> <li>• Physical or symbolic decoupling (e.g., Devers et al., 2009; Elsbach, 1994; Elsbach &amp; Sutton, 1992)</li> <li>• Partner defection (Bruyaka et al., 2018)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• Straddling by operating in multiple categories to dilute the stigma (e.g., Alexy &amp; George, 2013; Vergne, 2012)</li> <li>• Asset divestments (e.g., Durand &amp; Vergne, 2015; Piazza &amp; Perretti, 2015)</li> <li>• Being “discrete with signage and other tangible markers” (Slade Shantz et al., 2019: 1269)</li> <li>• Category contraction by diverting stigma as a feature of a subgroup (Siltaoja et al., 2020: 19)</li> <li>• Category detachment and category disidentification by distancing from the stigmatized category (Delmestri &amp; Greenwood, 2016; Lashley &amp; Pollock, 2020: 453)</li> </ul>	
Information management	Actors manage the information they share or disclose about their stigmatized attribute.	Individual	<ul style="list-style-type: none"> <li>• Concealing: Attempting to “pass” by consciously and actively hiding stigma (e.g., Jones et al., 2016; Leavitt &amp; Sluss, 2015; Ragins, 2008)</li> <li>• Signaling: “Testing the waters” by providing hints, clues and implicit messages (e.g., Clair et al., 2005; Jones &amp; King, 2014: 1471; King et al., 2017)</li> <li>• Revealing: Actively and purposefully disclosing one’s stigmatized identity to others (e.g., Chaudoir &amp; Fisher, 2010; Doldor &amp; Atewologun, 2020; Follmer et al., 2020)</li> </ul>	<ul style="list-style-type: none"> <li>• Protect stigmatized actors from negative social evaluations (passing)</li> <li>• Improved identity outcomes (i.e., enhanced sense of self and strengthened identification)</li> <li>• Negative social evaluations and sanctions when disclosing</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• Passing, hiding, or concealing: Withholding information about one’s occupation (e.g., Ashforth et al., 2007; Brewis &amp; Godfrey, 2018; Reid, 2015)</li> <li>• “Closeting:” Lying about one’s occupation (Kong, 2006)</li> </ul>	
		Organizational	<ul style="list-style-type: none"> <li>• Avoiding acknowledgement of a scandal (Sutton &amp; Callahan, 1987)</li> <li>• Mimicry of non-stigmatized organizations (e.g., men’s bathhouses advertising themselves as gyms rather than sex venues) (Hudson &amp; Okhuysen, 2009: 114)</li> <li>• Acknowledging the organizational predicament and accepting responsibility (Elsbach, 1994; Sutton &amp; Callahan, 1987)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• Using a “corporate disguise” by creating a new business entity with a different name (Slade Shantz et al., 2019: 1269)</li> <li>• Repressing a stigmatized history (Voronov et al., 2013)</li> <li>• “Covering” by directing attention away from the stigmatizing past (Rivera, 2008: 614)</li> </ul>	

Table 4 (cont'd): Stigma Management Strategies

Strategies	Definitions	Levels	Empirical examples	General consequences
Reconstruction	Actors attempt to reshape values, meanings, and/or interpretations of stigma to repair stigmatized identities and/or construct new identities.	Individual	<ul style="list-style-type: none"> <li>• Reframing: Infusing identity with positive value (e.g., Lucas, 2015; Petriglieri, 2011; Slay &amp; Smith, 2011)</li> <li>• Explaining, negating, or justifying negative attributions, i.e., pointing to discrimination (e.g., Ali et al., 2017; Crocker et al., 1998; Major &amp; O'Brien, 2005)</li> <li>• Challenging the belief of stigmatized identity (e.g., Cha &amp; Roberts, 2019; King et al., 2006; Link &amp; Phelan, 2001)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved identity outcomes (i.e., enhanced sense of self and strengthened social and group identification)</li> <li>• Emergence of normalizing ideologies that reduce stigma</li> <li>• Reduction of stigma and increased social validation by some audiences</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• Reframing: Infusing the work with positive value and/or rejecting its negative value (e.g., Chwastiak, 2015; Dick, 2005; Jensen, 2017)</li> <li>• Recalibrating: Changing the implicit standards used to assess the work (e.g., Ashforth &amp; Kreiner, 1999; Hamilton et al., 2019; Johnston &amp; Hodge, 2014)</li> <li>• Refocusing: Shifting attention towards non-stigmatized aspects of work (Ashforth et al., 2007: 150; Grandy &amp; Mavin, 2012; Mavin &amp; Grandy, 2013)</li> </ul>	
		Organizational	<ul style="list-style-type: none"> <li>• Cultivating an anti-stigma culture (e.g., Follmer &amp; Jones, 2018; Kulik et al., 2008; Leslie et al., 2014)</li> <li>• Identity reframing by clarifying an organization's purpose and building solidarity (Tracey &amp; Phillips, 2016)</li> <li>• Constructing practices to change people's perceptions (e.g., Helms &amp; Patterson, 2014; Zilber, 2002)</li> <li>• "Destigmatization" reframing the focal organization as "beneficial" and not harmful to society (Hampel &amp; Tracey, 2017: 2199)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• "Normalizing" by reframing the stigma as acceptable, and "moralizing" by explaining why serving the stigmatized market is moral (Slade Shantz et al., 2019: 1273)</li> <li>• Category assimilation by extending boundaries to legitimate categories, and category differentiation by constructing a distinctive identity from conventional categories (Siltaoja et al., 2020: 13)</li> <li>• Category emulation by linking a stigmatized category to one of high status via objects (Delmestri &amp; Greenwood, 2016)</li> <li>• "Cultural reframing" by repositioning a stigmatized entity as identical to non-stigmatized neighbors (Rivera, 2008: 614)</li> </ul>	
Cooptation	Actors use stigma strategically for specific purposes.	Individual	<ul style="list-style-type: none"> <li>• Using stigma to gain identification with one's stigmatized group to garner emotional, instrumental, and informational support (e.g., Major &amp; O'Brien, 2005; Santuzzi &amp; Waltz, 2016; Singletary &amp; Hebl, 2009)</li> <li>• Intentionally acknowledging stigma via claiming or downplaying to manage others' impressions (e.g., Kang et al., 2016; Lyons et al., 2018)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved identity outcomes (i.e., enhanced sense of self and strengthened social and group identification)</li> <li>• Improved validation from some audiences and reduced validation from others</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• "Doing gender:" Exhibiting exaggerated forms of expected gendered behaviors to embrace stigma and/or distinguish a type of worker (Bolton, 2005: 171; Rivera, 2015; Tracy &amp; Scott, 2006)</li> <li>• "Embracing" stigma by accepting dirtiness and celebrating distinctiveness (e.g., Barros, 2018: 764; Reid, 2015)</li> <li>• Appropriation of the stigmatized label (e.g., Tibbals, 2013; Toyoki &amp; Brown, 2014)</li> </ul>	
		Organizational	<ul style="list-style-type: none"> <li>• Using stigma to attract attention and resources from supportive audiences and create controversy with others (Helms &amp; Patterson, 2014; Tracey &amp; Phillips, 2016)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• "Exploiting:" Embracing negative judgments and using them to the firm's advantage when entering a stigmatized market (Slade Shantz et al., 2019: 1269)</li> </ul>	
Emotion work	Actors use or manipulate emotions to resist the negative influence of stigmatization.	Individual	<ul style="list-style-type: none"> <li>• Exhibiting warmth to change negative feelings such as disgust and sympathy (Levine &amp; Schweitzer, 2015)</li> <li>• Emotional regulation (e.g., Hatzenbuehler, 2009; Kessler et al., 2012)</li> <li>• Rejecting the "emotional politics" by negotiating sense of inclusion and belonging (Benjamin et al., 2011: 340).</li> </ul>	<ul style="list-style-type: none"> <li>• Improved identity outcomes (i.e., enhanced sense of self and strengthened social and group identifications)</li> <li>• Improved emotional outcomes (i.e., pride instead of shame)</li> <li>• Altered perceptions of stigma</li> </ul>
		Occupational	<ul style="list-style-type: none"> <li>• Performing "abject labor:" Work that is "simultaneously attractive and repellent" (e.g., Hunter &amp; Kivinen, 2016; Tyler, 2011: 1479)</li> <li>• Rationalizing and organizing emotion by reframing challenging and difficult work as a source of satisfaction (e.g., Hamilton &amp; McCabe, 2016; McLoughlin, 2019; McMurray &amp; Ward, 2014)</li> <li>• "Emotional politics:" Using emotion to exert control (Benjamin et al., 2011: 340)</li> </ul>	
		Industrial	<ul style="list-style-type: none"> <li>• "Moral panic:" Fostering public fear (Pontikes et al., 2010: 457)</li> <li>• Developing "emotional connections" with certain stakeholders (Lashley &amp; Pollock, 2020: 452)</li> </ul>	

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3 **Rongrong Zhang** ([rz5@ualberta.ca](mailto:rz5@ualberta.ca)) is a doctoral candidate at the University of Alberta. Her  
4 research broadly addresses social evaluations of firms (e.g., reputation, legitimacy, and stigma).  
5 She is also interested in how social evaluations interact with emotions to effectuate social changes.  
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7  
8 **Milo Shaoqing Wang** ([swang7@ualberta.ca](mailto:swang7@ualberta.ca)) is a doctoral candidate at the University of Alberta.  
9 His current research examines how institutional change impacts the social evaluations of  
10 organizations by different stakeholders, and how organizations strategically respond to changes in  
11 those evaluations. He is interested in the intersection of social evaluation, strategic management,  
12 and institutional theory.  
13

14  
15 **Madeline Toubiana** ([toubiana@ualberta.ca](mailto:toubiana@ualberta.ca)) is an assistant professor of strategic management  
16 and organization at the University of Alberta. Her research focuses on what supports or stalls  
17 social change. She is interested specifically in the role emotions, institutional dynamics and  
18 stigmatization play in influencing such processes of social change.  
19

20  
21 **Royston Greenwood** ([rgreenwo@ualberta.ca](mailto:rgreenwo@ualberta.ca)) graduated from the University of Birmingham in  
22 the UK. He is a Professor Emeritus at the University of Alberta, Canada; and Professorial Fellow  
23 at the University of Edinburgh, UK. He is a Fellow of the Academy of Management, and  
24 Honorary Member of the European Group for Organization Studies.  
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