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## Promoting the “Social” in the Examination of Social Stigmas

**Michelle R. Hebl**

*Department of Psychology  
Rice University*

**John F. Dovidio**

*Department of Psychology  
Colgate University*

*This review highlights the value of empirical investigations examining actual interactions that occur between stigmatizers and targets, and is intended to stimulate and help guide research of this type. We identify trends in the literature demonstrating that research studying ongoing interactions between stigmatizers and targets is relatively less common than in the past. Interactive studies are challenging, complex, and have variables that are sometimes more difficult to control; yet, they offer unique insights and significant contributions to understanding stigma-related phenomena that may not be offered in other (e.g., self-report) paradigms. This article presents a conceptual and empirical overview of stigma research, delineates the unique contributions that have been made by conducting interactive studies, and proposes what can be further learned by conducting more of such research.*

One of the most interesting, and least understood or researched areas related to social stigma concerns the dynamics of interactions between stigmatized and nonstigmatized individuals. (Crocker, Major, & Steele, 1998, p. 538)

The most commonly-studied “behavior” as far as I can see, is the subjects’ placement of pencil marks on research questionnaires. (Ickes, Bissonnette, Garcia, & Stinson, 1990, p. 17)

Highlighted by Goffman’s (1963) classic book, *Stigma: Notes on the Management of Spoiled Identity*, a small number of social psychologists in the 1960s began to examine social stigma empirically. Their analysis of stigma was limited in large part to a focus on the stigma of physical disabilities, and their findings enlightened the research community and health practitioners working with disabled clientele (e.g., Kleck, Ono, & Hastorf, 1966; Kleck, 1968; Richardson, Goodman, Hastorf, & Dornbusch, 1961). Three trends characterized this early body of research. First, stigma was examined in the context of “mixed” social interactions, or interactions involving both a stigmatizer (nonstigmatized individual) and a target (stigmatized individual). This context allowed interactions to proceed relatively

naturally, dynamically, and interdependently. Second, attitudinal as well as behavioral data were often simultaneously collected, and the results could be directly compared to and differentiated from one another. Differences that arose between these two types of data revealed puzzling patterns to researchers and continue to be the basis of contemporary research. And third, studies examined not only the perspective of the stigmatizer but also examined how the target (the stigmatized person) reacted in the “mixed” interaction as well.

Forty years later, as our review of the literature reveals, most of research conducted on social stigma is decidedly noninteractive. As the opening quotes suggest, stigma researchers are aware of the importance of studying stigma in the context of real and ongoing interactions—of capitalizing on the dual perspective embedded within interaction contexts; of examining the unfolding, active processes involved in stigmatization; and of collecting not only attitudinal data but also behavioral data. However, there is a general void in conducting such studies. Researchers have generally relied on logistically less demanding paradigms, such as self-report and attitudinal studies, which indeed provide a wealth of knowledge about social stigma and stigmatization. Yet, stigma is a phenomenon that is defined within the context of social interactions. Thus, it is also essential to study directly the fabric of which stigmas are made—the social interactions themselves.

In this article, we attempt to promote future interactive research on stigma by presenting a theoretical model of how stigma influences a social interaction

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Requests for reprints should be sent to Michelle R. Hebl, Department of Psychology—MS 25, Rice University, 6100 S. Main Street, Houston, TX 77005. E-mail: hebl@rice.edu

context. Through this framework, we identify both what researchers already know and what they can learn about social stigma. This article is not intended to represent a comprehensive review of all of the research on stigma. Excellent reviews (e.g., Archer, 1985; Crocker et al., 1998) are already available elsewhere. Instead, our review focuses on the potential contribution of one particular type of stigma research—studies examining the interactions between stigmatizers and targets. We begin our review by defining stigma and identifying briefly the traditional methods that researchers have used to study social stigma. Then, we discuss the importance of conducting social interactive research in general and emphasize that it does not replace, but rather complements, research adopting other approaches. By next presenting a model for examining interactions between stigmatizers and targets, we review what social interaction studies offer stigma researchers. The theoretical insights and practical applications that these interactive studies have revealed, some of which we review, are evidence that such paradigms should be pursued as they provide fruitful opportunities for future stigma research and can make unique contributions to the literature on stigma. We illustrate some of these productive future areas of investigation and finally discuss some of the obstacles to conducting such research.

### Social Stigma

Goffman (1963) described stigma as a sign or a mark designating the bearer as “spoiled,” or flawed, compromised, and less than fully human. Furthermore, he traced stigma back to the Greeks, who cut or burnt one’s body to advertise that an individual was a traitor, criminal, or other social leper. Whereas stigmas often are reduced to the actual marks, scars, or brands indelibly inscribed on another’s body, it is the social implications of these marks—the beliefs that the bearer should be avoided at all costs, or treated less favorably—that are the most consequential aspects of stigmas. More recently, Dovidio, Major, and Crocker (2000) defined stigma as “a social construction that involves at least two fundamental components: (1) the recognition of difference based on some distinguishing characteristic, or ‘mark’; and (2) a consequent devaluation of the person” (p. 3). Leary and Schreindorfer (1998) also emphasized the behavioral consequences of stigma by describing stigma as “a shared characteristic of a category of people that becomes consensually regarded as a basis for disassociating from (that is, avoiding, excluding, ostracizing, or otherwise minimizing interaction with) individuals who are perceived to be members of that category” (p. 15). Finally, Crocker et al. (1998) defined four common features of stigma evident in ongoing social interactions; those include the

activation of *negative stereotypes* (e.g., Allon, 1982; Harris, Harris, & Bochner, 1982) and *interpersonal rejection* (e.g., Hockenberry, 1995; Richardson et al., 1961), both of which ultimately produce *social discrimination* (e.g., Pingitore, Dugoni, Tindale, & Spring, 1994) and *economic disadvantage* (e.g., Sargent & Blanchflower, 1994). In general, then, stigma is a more encompassing construct than deviance, prejudice, or discrimination, involving perceptions of societal-level deviance (a negative status) and elements of prejudice (negative attitudes and impressions of worth) and discrimination (see Dovidio et al., 2000; Frable, 1993).

One aspect that is common to most definitions of stigma is its dynamic nature, or the fact that it is embedded and evolving within social interactions, norms, context, and values (see Crandall, 1994; Crandall & Martinez, 1996; Miller, Rothblum, Felicio, & Brand, 1995; Oyserman & Harrison, 1998). Jones et al. (1984) highlighted this nature, describing it as “relational.” They argued that what is deemed to be a stigma by one stigmatizer and target may not be viewed as such by another pair, at a different time, or in another place. For instance, White women, particularly those holding a strong ideology of blame, stigmatize obesity, whereas Black women do not (Crandall, 1994; Crandall, Eshleman, & O’Brien, 2002; Hebl & Heatherton, 1997). In addition, a stigma (e.g., homosexuality) may be activated in one setting (e.g., a Southern Baptist church meeting) but not in another (a book club in San Francisco), or some environments (e.g., buildings without elevators) may increase the salience of a stigma (e.g., certain physical disabilities) in ways that other environments do not (e.g., Hebl & Kleck, 2000).

### Trends in the Study of Stigma

Given such consistency in defining and understanding stigma within the context of interactions, one might anticipate that researchers have already concentrated their efforts in interactive studies. Such studies might investigate the stigmatizer’s perspective and behaviors, the target’s perspective and behaviors, and the interactive and reactive elements that the co-interactants display toward each other in the context of a social exchange. Although two recent edited volumes of work have attempted to discuss the social psychological aspects of stigmatization (Heatherton, Kleck, Hebl, & Hull, 2000) and the perspective of the target (Swim & Stangor, 1998), interactive research has not played a significant role in social stigma research. As Devine and Vasquez (1998) observed,

Somewhat symptomatic of the limitations of existing theory is that the previous work has examined majority group members (e.g., Whites and heterosexuals)

and minority group members (e.g., Blacks and homosexuals) separately. ... As a result, the literature has had very little to offer to help us understand the nature of the interpersonal dynamics of intergroup contact. ... We have not yet examined carefully and fully the nature of interpersonal dynamics that emerge between majority and minority group members when they are brought together in a specific interpersonal situation. In other words, we do not know what happens when interaction begins. (pp. 240–241)

Certainly, noninteractive studies have made substantial contributions to understanding stigma; they have particularly clarified both the content of attitudes and stereotypes and processes that underlie these orientations. However, these studies provide only one piece of the puzzle in understanding social stigma, reflecting an important set of processes but ones that are often isolated from the other defining elements of stigma. Noninteractive studies do not directly address the types of behaviors that can occur during contact or interaction. And there is clear evidence that the discrepancies between self-reported attitudes and actual behaviors can be significant. In the context of race relations, for instance, Dovidio, Brigham, Johnson, and Gaertner's (1996) meta-analysis revealed that Whites' racial attitudes were only modestly related to their discrimination toward Blacks,  $r = .32$ , and their racial stereotypes were weakly related to discrimination,  $r = .16$ . Thus, although the field has amassed an impressive and important set of findings about attitudes toward and stereotypes about people with a range of stigmas, by comparison the implications of these findings regarding stigma have not been adequately tested or extended in interactive contexts. As Fiske (1998) warned in her review chapter on stereotyping, prejudice, and discrimination more generally, "a debacle threatens stereotyping research if it does not soon address behavior" (p. 374). Regarding stigma, in which interpersonal rejection and social discrimination are defining elements, the study of behavior is particularly critical.

Sociologist Dane Archer (1985) tried to promote a paradigm shift in the analysis of stigma. Archer contended that person perception studies should be replaced with social interactive investigations and that research should shift from a narrow, idiographic examination of the stigmatized target and the attitudes stigmatizers have, to a more social, dynamic, and interactive emphasis on the behavioral interplay between stigmatizers and targets. This "paradigm shift" never fully materialized, however. In Archer's (1985) review chapter on social stigma, which was written for *The Handbook of Social Psychology*, the clear majority of empirical papers ( $n = 37$ , or 67%) cited in the references used noninteractive (i.e., self-report/attitudinal) paradigms, whereas many fewer ( $n = 18$ , or 33%) used paradigms involving interactions. An examination of the additional empirical studies since Archer's review

offer an even worse prognosis for the paradigm shift. In the articles that Crocker et al. (1998) referenced in their stigma chapter in *The Handbook of Social Psychology*, an even greater percentage of the empirical papers ( $n = 105$ , or 90%) used noninteractive paradigms, whereas many fewer ( $n = 12$ , or 10%) utilized interactive ones. Thus, research on stigma has tended to move away from, not toward, a reliance on interactive paradigms. In sum, whereas a consensual opinion continues to reign concerning the importance of conducting and publishing interactive research on stigma, a consensual behavior is also exhibited—few researchers are conducting interactive research.

Of the relatively few interactive studies that have been conducted, two basic paradigms emerge. In one paradigm, the presence of another person is presumed or represented symbolically, but actual social exchanges do not occur (e.g., Kite, 1992; Vorauer, Hunter, Main, & Roy, 2000). These "construal" studies focus largely on the perspective of the stigmatized individual. Crocker and Major's research (1989; 1994) has relied on such construals in that they examine how stigmatized individuals deal with negative feedback from a nonstigmatized individual with whom they believe that they will be interacting. The measurement in these types of studies centers largely on how stigmatized individuals' perform after negative feedback, how they make attributions for and respond to this feedback, or what choices about future interaction they make based on the information that they receive about co-interactants (see also Gurwitz & Marcus, 1978). Similarly, Miller and colleagues (see Miller & Myers, 1998; Miller, Rothblum, Felicio, & Brand, 1995) have designed construal studies in which overweight individuals learn that they can or cannot be seen on a television monitor by another person with whom they will have a conversation. This paradigm has allowed Miller and her colleagues to demonstrate that overweight women sometimes engage in compensatory behaviors.

The construal paradigm is generally less complex than the second type of paradigm, which involves actual interaction. Interactive studies, as the name suggests, reflect some degree of actual social encounter between a stigmatizer and a target, although there are variations in the authenticity of the targets. Stigmatized targets may be scripted confederates who approximate authenticity through prosthetics and/or careful standardization of behavior (Hebl & Mannix, 2002; Kleck & Strenta, 1980). Alternatively, stigmatized targets may be naive. That is, these individuals actually do not possess the stigma but because of the experimental manipulation are believed by their interaction partner to possess a stigma. In this way, standardization of behavior is maximized and resulting differences can only be attributable to stigmatizers' beliefs about and reactions toward the stigma. Finally, stigmatized targets may be truly authentic (Dovidio, Kawakami, & Gaertner,

2002; Richeson & Shelton, 2003; Rodin & Slochower, 1974; Shelton, 2003). This genuine interactive paradigm can allow researchers to consider the sequential and interactive nature of responses that occur dynamically. Surprisingly, however, they are the least common paradigm.<sup>1</sup>

### **Toward a Model of Mixed Interaction Research**

We do not propose that stigma research be fully devoted to interactive research. Rather, we argue that the field's preferences for controlled methods has likely narrowed the types of hypotheses that are being developed and tested, and the pursuit of more interactive studies in conjunction with a continued reliance on more traditional approaches can work in complementary rather than competing ways (Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997). Consider the large body of work that has been done on implicit and explicit attitudes related to prejudice and discrimination (e.g., for reviews see Blair, 2001; Dovidio, Kawakami, & Beach, 2001; Greenwald & Banaji, 1995). Research has only recently examined these attitudes in the context of actual interactions. Dovidio et al. (2002; see also Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997), for example, highlighted the outcomes associated with these different attitudes; namely, stigmatizers' explicit attitudes predicted their biased verbal behaviors to targets but that their implicit attitudes predicted their nonverbal friendliness. This interactive research clarifies the importance of measuring different attitudes—they have decidedly different consequences in interactions. Dovidio et al. also found that, though stigmatizers focused on their own verbal behaviors to describe their attitudes, targets and outside observers focused on nonverbal behaviors. In another recent study of Black and White interactants, Shelton (2003) found that when Black participants were informed that their White partner was prejudiced both partners enjoyed the interaction more and the White partner experienced less anxiety than when the Black participant was not given this information. It is difficult to envision how such results could be obtained in the absence of research examining actual social interactions.

Interactive studies may be particularly beneficial in supplementing questionnaire-based studies by illus-

trating how the attitudes and orientations of perceivers and targets interact, how they shape interaction outcomes, and how they are influenced by situational characteristics or other intervening processes. Thus, interactive and noninteractive studies reflect equally valid but quite different perspectives on the processes involved in stigmatization. The key issue is not whether there is one "right" or "best" way to study stigma, but in deciding which is the most appropriate method to use to answer specific questions.

There are currently two promising methodological approaches to social interactive research that have not yet been extensively applied to the study of stigmatized interactions. For instance, Ickes et al. (1990) proposed the "dyadic interaction paradigm" to focus on the spontaneous, naturalistic interaction behaviors of multiple naive participants. He suggested collecting behavioral data unobtrusively to avoid biases, increasing both internal and external validity in research paradigms, adopting more holistic rather than segmented views of social interactions, and conducting interactive studies that are flexible in their application and apply to both experimental and correlational research. Ickes offered specific details not only on how the particular interaction room should be designed but also on coding both the static and dynamic behaviors. However, this very promising paradigm conceptualization has not been utilized to examine social stigma (cf., Ickes, 1984) and a model in which to test aspects of mixed interactions is missing.

Another potential tool that could be used to examine mixed interaction research is embodied in the "social relations model" (see Kenny, 1996; Kenny, Mohr, & Levesque, 2001), which provides methodological and statistical ways to examine multiple perspectives within or across interactions. This model partitions the variance of participants' behavior in a social interaction into their separate components. As a result, elements of a social exchange can be attributed to each of the members of the social interaction or to the combination or interaction of the members. Hence, multiple nonstigmatized individuals can each interact with multiple stigmatized individuals; and the variance can be partitioned into that associated with the nonstigmatized perceiver, the stigmatized target, or the interaction. Unfortunately, this tool has also been underutilized in the stigma domain and no known stigma studies have been conducted by using it. Again, perhaps it is because a contextual framework for understanding interactions between stigmatized and nonstigmatized individuals is missing.

In addition, there are several existing conceptual models and frameworks for understanding "mixed" interactions. For instance, Cappella (1981) has developed a model for understanding how one interactant's expressive behaviors can influence the behaviors of pairs of naive interactant, be it an adult or a child.

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<sup>1</sup>We do not inclusively list all interaction studies involving men and women, despite the fact that we do believe women make up a stigmatized group of individuals. Because women are now included as participants in most psychological studies, essentially any interaction study that has been conducted would need to be discussed. However, we refer interested readers to Deaux and Major (1987) for a discussion of the social construction of gender-related behaviors.

Deaux and Major's (1987) model of gender-related behavior also provides a contextual understanding of the ways in which gender shapes interactions, as they specifically conceptualize an interaction as a heavily negotiated social exchange that draws on cognitive and behavioral confirmations. Also, Duncan and Fiske's (1977) analysis of social interactions provides a framework for understanding dyadic behaviors in a social interaction (e.g., turn taking, paraverbal cues, and co-interactants' reactions to each other), which guides a conceptualization of how stigma might alter interactions (see also Duncan & Fiske, 1985).

Although each of these different approaches has demonstrated value and particular advantages, for the remainder of our review we relied on Patterson's (1982) general model of ongoing interactions and propose extensions to address unique aspects of mixed interactions. Though we considered the other frameworks, we have relied on this model because it effectively articulated the multiple perspectives influencing each other within an interactional framework and best captured the influence of antecedents and described the various consequences of a social interaction. Patterson's model includes detailed consideration of the contributions of both interactants to the interaction and explicit attention to nonverbal as well as verbal components of communication, which is particularly important given the affective and cognitive demands of mixed interactions. The focus on the importance of nonverbal behaviors (often absent in other models), the specificity of the model, and the dynamic and interdependent view of an interaction make this model well suited as a basis from which to model

mixed interactions. Patterson's model is also the most comprehensive; it largely subsumes key elements of the Capella (1981), Deaux and Major (1987), and Duncan and Fiske (1977) models.

### Patterson's (1982) Sequential Functional Model of Nonverbal Exchange

The model that we present is influenced by the elements in the previously discussed work but centrally follows the work of Patterson (1982), who developed a model (see Figure 1) to explain and predict changes in the level of nonverbal involvement that individuals display toward each other in the context of social interactions. Patterson proposed that there are sequential phases that dyads pass through when interacting. As shown in the first column of Figure 1, individuals come to an interaction with certain antecedent factors that will ultimately influence their interactions. These antecedent conditions include *personal* factors (e.g., culture, sex, personality), *experiential* factors (i.e., prior experiences in similar interactions), and *relational/situational* factors (e.g., nature of the setting, level of required intimacy) that lead participants to become nonverbally involved in a social exchange. The extent to which antecedents influence interactions, however, is mediated by pre-interaction variables (the second column of Figure 1) that include *cognitions*, *affective reactions*, levels of *arousal*, and *propensities* to act in certain ways. It is the pre-interaction variables that lead interactants to become *behaviorally involved* and to

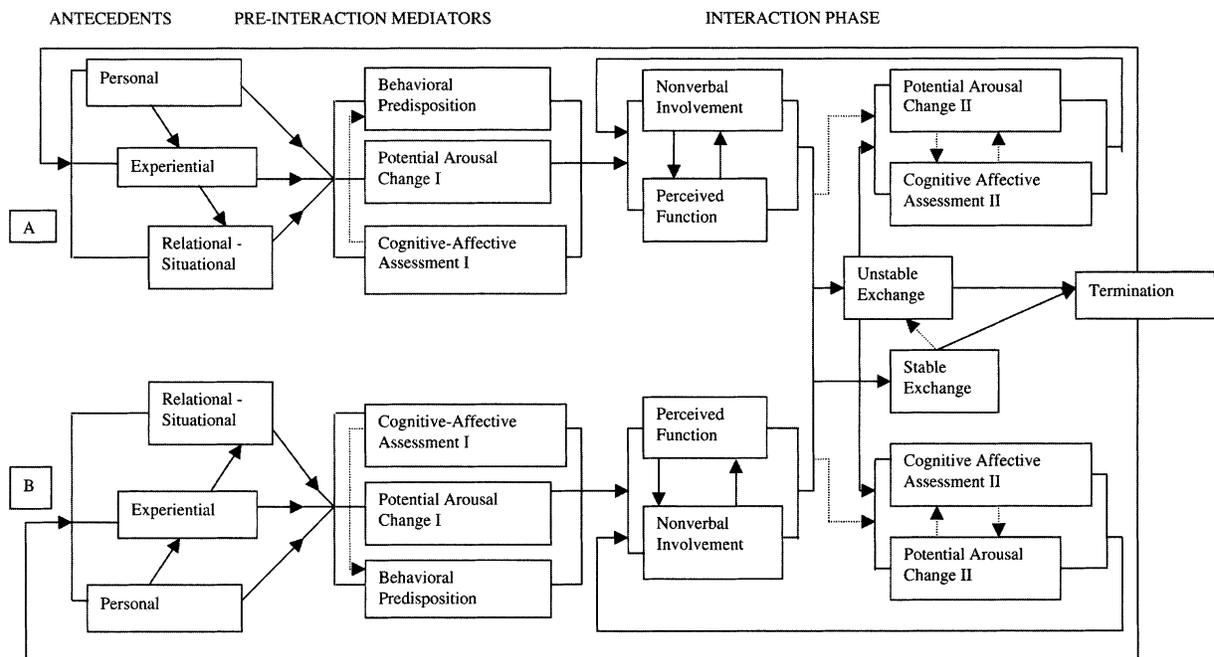


Figure 1. Patterson's (1982) Sequential Functional Model of Nonverbal Exchange.

match their levels of involvement with their *functional judgments* (i.e., deciding whether the interaction is for business or pleasure) about the interaction, an interaction stage that is depicted in the third column of Figure 1. In this stage, interactants determine whether their expressed level and their partner's expressed level of involvement match their expectations, which can influence changes in future *cognitions* and *affect*, and can produce *stable* or *unstable exchanges* that ultimately influence interaction *termination* or continuation.

Although a much more detailed description of this model is described in Patterson's (1982) article, we provide readers with a brief review as background for the extensions that we suggest to incorporate more fully the dynamics of mixed interactions. Patterson's model is particularly insightful in its ability to simultaneously consider perspectives in a dyadic interaction. His framework also articulates a dynamic approach to examining interactions by conceptualizing social exchanges in terms of interaction antecedents, pre-interaction mediators, and actual interaction processes, the sum of which capture the enormous complexities and richness that characterize social interactions. The feedback loops in Patterson's model also reflect the cyclical and complex nature of social interactions, a nature that is often missing from noninteractive research.

Although Patterson's (1982) model effectively captures the dynamics of typical ongoing interactions, the original purpose of the model, it is limited in a number of ways in its ability to adequately address social interactions that involve a stigmatized and nonstigmatized interactant. We eventually describe in detail additional components to broaden the scope of the model to mixed interactions in detail, but we briefly mention them here to alert readers to the types of considerations that are needed to address the uniquely complex interactions between stigmatized and nonstigmatized individuals.

First, mixed interactions contain an essential pre-interaction mediator missing from Patterson's model, namely the motivations that stigmatizers and targets possess. We propose that these motivations drive the display of behaviors and the ultimate decision of whether to continue or terminate an interaction. Second, the type of stigma that one possesses influences targets and stigmatizers enormously. Recent research by Crandall and Eshleman (2003), for instance, shows that stigmatizers are particularly likely to display prejudice and discrimination to targets when they can justify their dislikes. Characteristics of a stigma (e.g., perceptions of controllability) often elicit these justifications.

Third, we believe the *cognitions* component in Patterson's (1982) model represent particularly negative cognitions that can be more aptly labeled as *stereo-*

*types and prejudice* (see Devine, 1989; Crocker, Major, & Steele, 1998). These cognitions are particularly influential factors affecting the behaviors that interactants display toward each other. Fourth, there are very often inconsistencies in expressed behavior, such as a mismatch between the expression of verbal and nonverbal behaviors, thereby signifying ambivalence in the valence of the interaction that stigmatizers and targets experience (e.g., Katz & Hass, 1988). This type of ambivalence is not considered in Patterson's (1982) model, but it is commonly reflected in interactive studies that we will discuss in more detail later. Fifth, the secondary assessment that Patterson (1982) describes in his model takes on a very different form in mixed interactions. We propose that stigmatizers and targets reflect on the extent to which they have met their goals, they assess their interaction partners, and they tend to conduct (whether formally or informally) some sort of cost-benefit analysis. These assessments, we further argue, determine whether the interaction will continue or end. Sixth, and finally, stigmatizers and targets may want to override their prejudices (Devine, 1989) or the discrimination that they receive. As a result, they may adopt compensatory strategies that influence their co-interactants' perceptions and behaviors, and ultimately the interaction outcomes.

In summary, as detailed and comprehensive as Patterson's (1982) model is for "normal" interaction, the original goal of the model, we have identified several additional components to extend the framework for understanding interactions involving stigma. Patterson's model, however, provides the theoretical foundation for our work.

### An Extended Model of Mixed Interaction

Figure 2 depicts our extended model of a mixed interaction, which builds on Patterson's (1982) framework and incorporates the additional influences and outcomes associated with the stigmatizer, the target, and their social encounter. Before describing each component of the model in detail, we present an overall depiction of it. Most generally, we propose that there are sequential phases that both stigmatizers and targets experience when interacting. Antecedent factors (Figure 2, column 1) influence both interactants to have certain stereotypes, affective reactions, behavioral predispositions, and motivations (Figure 2, column 2). The type of stigma can influence how the antecedents are expressed in terms of these pre-interaction mediators and how the antecedents will eventually lead to the expression of both verbal and nonverbal behaviors comprising the interaction phase (Figure 2, column 3). Both stigmatizers and targets can adopt coping strategies that significantly alter each others' behavioral dis-

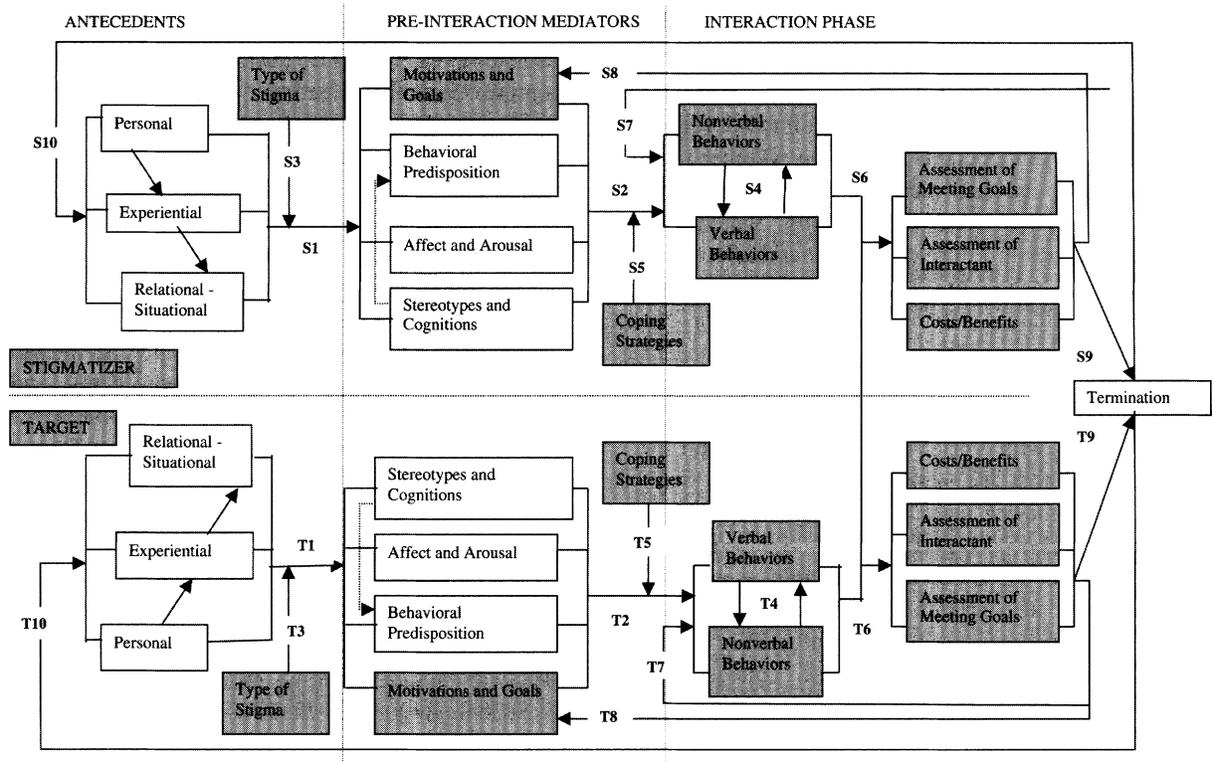


Figure 2. Hebl and Dovidio's Model of Mixed Social Interactions.

plays. Eventually, however, the interaction will result in both the stigmatizer and target conducting some degree (subconscious or otherwise) of a cost-benefit analysis, assessment of the co-interactant, and examination of whether they have met their own personal goals (also Figure 2, column 3). The latter part of this interaction stage, we propose, leads interactants to determine whether or not they should terminate the interaction, change their interaction goals, or alter the antecedent conditions.

Whereas we have thus far presented a general description of how we propose that mixed interactions proceed, we now delineate this model more fully by considering the stigmatizer and the target across each of the different stage components of the social interaction. As shown in Figure 2, the processes that affect both individuals appear to be identical (see top versus bottom halves of the model) and sometimes they do indeed contain identical content. At other times, however, the components differ in their content. Before explicating this extended model, we remind the reader that stigmas are defined within interaction contexts, and a person may be a stigmatizer in one context and a target in another. A token Black minority on an otherwise all-White panel may be stigmatized; however, this same individual on an all-Black panel with the exception of one token member of another minority group may become a stigmatizer. This fact underscores the importance of specifying differ-

ent interaction contexts, and we refer to stigmatizers and targets with the understanding that they are not immutable.

Rather than first focusing separately on the stigmatizer in a social interaction (top half of Figure 2) and then focusing on the target's perspective (bottom half of Figure 2), we describe the model by including both perspectives simultaneously. This allows us to examine the similarities and differences between the two interactants across the pre-interaction and interaction stages (columns in Figure 2). When the content of the stigmatizer's and target's perspective is different, we articulate these differences. Finally, to clarify the model for readers, we label each of the paths in the model ("S1, S2 ..." for stigmatizer's perspective and "T1, T2 ..." for target's perspective) and refer to these throughout our presentation.

### Antecedents

The content of social interactions often has antecedents in the differing background variables that co-interactants bring to the social exchange. Consistent with Patterson (1982), our extended model also specifies that personal, experiential, and relational-situational factors make up important antecedent conditions that strongly influence mixed interactions, and we discuss each of these in the context of stigma.

## Personal

A large body of social psychological research has focused on identifying individual differences that may predispose individuals to stigmatize others. This research has shown that, indeed, certain personal factors do lead individuals to hold more prejudicial attitudes and express more discrimination against others. To name just a few, for example, stigmatization is more likely to emerge from individuals who embrace authoritarianism (Allport, 1954), protestant work ethic ideologies (Crandall, 1994, 2000), system-legitimizing beliefs (Jost & Major, 2001), and social dominance orientations (Pratto, Sidanius, Stallworth, & Malle, 1994).

Individual differences in prejudice or stereotyping toward a member of a stigmatized group can occur either explicitly, in terms of openly expressed attitudes (e.g., on a self-report questionnaire) or implicit attitudes and associations (commonly measured with response-time techniques; see Greenwald & Banaji, 1995). As Dovidio et al. (2001) found, both of these factors can influence interactions, but often in different ways. Whereas self-reported prejudice relates to relatively direct discrimination (Dovidio et al., 1996), implicit prejudice can have a more subtle, but equally consequential, impact.

One recent study showed a direction implication of personal factors, relating to implicit attitudes, and interactions: Richeson and Shelton (2003) found that more highly prejudiced White individuals, classified on a test of implicit prejudice, who interacted with Black partners performed worse on a subsequent cognitive task than did less prejudiced Whites. Richeson and Shelton proposed that more implicitly prejudiced White participants had to exert so much cognitive energy to consciously regulate their behavior in socially appropriate ways that they depleted the resources necessary for the cognitive task. In subsequent research, Richeson et al. (in press) found convergent neurocognitive evidence. White participants who displayed higher levels of implicit prejudice showed, using functional magnetic resonance imaging, greater activation of brain regions involved in cognitive control when they were presented with unfamiliar Black faces. These findings demonstrate the important moderating role of individual differences in attitudes on the processes involved in ongoing mixed interactions.

Targets are similarly influenced by individual differences although their beliefs may have markedly different consequences. For instance, to the extent that targets also hold system legitimizing beliefs and social dominance orientations, they are more likely to accept the discrimination that they receive as being legitimate (Major et al., 2002). The possession of other personal factors, however, may be protective to targets. For instance, targets can enhance and maintain positive

self-regard to the extent that they identify with their ingroup, hold high levels of collective self-esteem, and do not subscribe to beliefs consistent with a protestant work ethic (Branscombe & Ellemers, 1998; Branscombe, Schmitt, & Harvey, 1999; Crandall & Martinez, 1996; Quinn & Crocker, 1999). Targets also differ in the extent to which they are even aware of discrimination and expect to be treated poorly by others (Pinel, 1999), which has direct consequences for the interactions in which targets participate. Thus, the ideologies and identities that stigmatizers and targets possess also critically shape the social interactions that they have with each other.

## Experiential

A second set of antecedent factors include the past experiences that individuals have had in mixed interactions. Reflecting what has been called the “contact hypothesis” (see Allport, 1954), this topic represents the single most prevalent area of stigma research utilizing interactive studies. The contact hypothesis proposes that, as one increases contact with a member of a stigmatized group, stigmatizers and targets are more likely to feel favorably about each other, although it tends to particularly address the perspective of the stigmatizer. In a recent meta-analysis (see Pettigrew & Tropp, 2000), 203 highly diverse studies examining the contact hypothesis were reviewed in an attempt to assess how stigmatizers felt after face-to-face contact with ethnic minorities, physically disabled individuals, homosexual individuals, those with minority nationalities, and mentally ill individuals. The meta-analysis showed that increased contact was significantly correlated with decreased prejudice on the part of stigmatizers (see also Kolodziej & Johnson, 1996, for a review of the effects of contact on attitudes toward persons with psychiatric disorders).

Studies on the contact hypothesis provide evidence of the importance of studying mixed interactions. The implications of this body of research are potentially far-reaching in that they reveal that cognitions and affect can be altered successfully by experience (Rudman, Ashmore, & Gary, 2001). Furthermore, at least under a given set of contingencies and circumstances, these studies reveal that mixed interactions can ultimately approximate “normal” relations. This interactive research also shows the importance of studying interactions over time. That is, attitudes and behaviors are not immutable but instead change over time with repeated exposure to attitudinal objects or people. Moreover, the finding that the effect of contact on improved attitudes and relations is mediated more strongly by changes in affect than in cognitions (Pettigrew & Tropp, 2000) further highlights the importance of studying mixed interactions, which are typically highly arousing for both stigmatizers and tar-

gets (Hyers & Swim, 1998) in ways that are difficult to model without actual interaction. Finally, contact research has been investigated so thoroughly that researchers are now moving toward understanding, not if, but why contact provides benefits, and a number of relevant theories have emerged (for a review, see Dovidio, Gaertner, & Kawakami, 2003).

Although research on the contact hypothesis represents an informative and invaluable use of interactive research, an important point should be made regarding this body of research. The very large number of studies conducted on the contact hypothesis implies that there is actually an abundance of research utilizing a social interactive approach. However, these numbers are somewhat misleading. That is, most of the studies use "contact" as an independent variable and do not actually examine social interactions per se, only whether or not they have occurred. Thus, these studies miss out on a great deal of the richness present in the interactions because they are not examining them at a microlevel.

### Relational–Situational

The nature of the setting or relationship is a third critical antecedent to consider when examining the way in which mixed interactions unfold. The physical, social, and selection characteristics of the setting can greatly influence the way in which interactions proceed (see Patterson, 1982). For instance, individuals may be differentially prone to stigmatize targets in social settings compared to business settings: A White executive interviewer may not be able to avoid interacting with a Black applicant in the office, whereas this same executive may be able to sidestep the Black individual at a social function. Social norms and legal requirements differ across these and other situations, and thus they produce very different interaction content and outcomes. In terms of race, for example, Gaertner and Dovidio (1986) have demonstrated that Whites' discrimination against Blacks is less pronounced in situations with stronger and clearer normative expectations. Similarly, research has shown that interactions guided by customary roles and scripted behaviors result in much less discrimination than do interactions in which roles are reversed or undefined and behaviors are "less" scripted (Richeson & Ambady, 2001a, 2001b; Rudman & Glick, 2001).

The type of relationship between co-interactants can also influence the interaction. For instance, an intimate relationship cues different sets of verbal (e.g., self-disclosures, reciprocity) and nonverbal behaviors (e.g., degree of physical distance) than does a casual relationship or a first-time interaction. Similarly, situational norms also influence the interaction. For example, cultural norms of acceptance (Crandall & Eshleman, 2003) or cues in the immediate social context that signal acceptance may induce stigmatizers to

respond more positively and openly to targets (e.g., Blanchard, Crandall, Brigham, & Vaughn, 1994; Griffith & Hebl, 2002).

Finally, the extent to which power differentials exist in a relationship or given situation largely determines the extent of stigmatization. Fiske (1993) proposed that, because more powerful people have to pay less attention to less powerful others because their outcomes are less directly contingent on their actions, more powerful people are more likely to stereotype others. Consistent with this reasoning, people who experience greater feelings of power are less restrained from taking action (Galinsky, Gruenfeld, & Magee, 2003), are more likely to openly express anger (Tiedens, 2000), and show greater variability in their interactive behaviors than do less powerful people (Guinote, Judd, & Brauer, 2002). In addition, when stigmatizers are in a high power position, which they may often assume in mixed interaction (Ridgeway, 1991, 2001), they show greater personal and collective self-esteem (Richeson & Ambady, 2001a), and they are more likely to exhibit explicit stereotypes (Goodwin, Gubin, Fiske, & Yzerbyt, 2000) and activate implicit biases toward a target of stigma in mixed interaction (Richeson & Ambady, 2003). These biases may be expressed openly or more subtly (e.g., in nonverbal behaviors; Dovidio, Ellyson, Keating, & Heltman, 1988). In contrast, increasing the interdependence of partners on one another reduces bias and stereotypic responding (Ruscher & Fiske, 1990).

Whereas high power activates a general tendency for action and approach, low power, which may also be generally assumed by stigmatized people in mixed interaction, produces a general tendency to inhibit responses (Keltner, Gruenfeld, & Anderson, 2003). Although powerless groups may also sometimes hold stereotypes of more powerful groups and label more powerful groups in negative ways (Link & Phelan, 2001), powerless groups are less likely to act overtly on these biases. Nevertheless, the belief that one is stereotyped negatively by others (even when it may not be true in fact) can have some immediate impact (e.g., in terms of experienced negative emotions, temporary loss of esteem) on high power people (Vorauer, Hunter, Main, & Roy, 2000; Vorauer, Main, & O'Connell, 1998).

Perceptions of being low in power, however, can be particularly debilitating for stigmatized people. Stigmatized people who feel that they are in low power positions (which may result from explicit differences in the status of positions, token representation in a situation, or assumptions that they are powerless) show increased feelings of distinctiveness and vulnerability (Niemann & Dovidio, 1998). Because of the chronic vulnerability associated with being stigmatized, these feelings produce both immediate deficits in cognitive functioning (Lord & Saenz, 1985) and longer term

consequences such as job dissatisfaction (Niemann & Dovidio, 1998), reactions that nonstigmatized people do not display. Feelings of distinctiveness can also arouse stereotype threat among members of stigmatized groups, which further impairs performance in stereotype-consistent ways (Steele & Aronson, 1995).

What makes power even more influential in relationships is the finding that interactants tend to assume complementarity in behavioral interactions (Tiedens & Fragale, 2003). That is, individuals exposed to dominant, powerful individuals tend to react in very submissive ways that reinforce the power imbalance. Similarly, individuals exposed to submissive behavioral displays tend to react by assuming more dominant stances. Such complementarity, which may be present in some situations more than in others, serves to reinforce the power differentials that exist in mixed interactions (Dovidio et al., 1988).

### Pre-Interaction Mediators

Antecedent conditions directly influence the pre-interaction states of stigmatizers and targets (see paths labeled S1 and T1 in Figure 2), leading co-interactants to adopt or reinforce certain stereotypes and prejudices, affective reactions and arousal levels, behavioral predispositions and propensities to act, and motivations and goals in mixed interactions. Although these interaction elements cannot always be clearly disentangled from each other and often work together to produce outcomes, we discuss them separately to maximize the readers' understanding of each component's potential contribution to mixed interactions.

### Stereotypes and Cognitions

The majority of past stigma research can be captured within this model component. As a result, a vast amount is known about stigmatizers' attitudes, expectations, and stereotypes and prejudices regarding targets. Overall, this substantial literature converges on the conclusion that stigmatizers generally react negatively to targets; however, the responses of stigmatizers are not necessarily simple and direct. The pre-interaction stage often involves both unfiltered and spontaneous as well as conscious and deliberative responses on the part of stigmatizers. For instance, people's unconscious (implicit) and overt (explicit) expressions of bias frequently diverge (Dovidio et al., 2001; Greenwald & Banaji, 1995). As a consequence, stigmatizers often hold dual attitudes toward targets. One is consciously accessible whereas the other remains outside of awareness with the possibility of being activated—oftentimes automatically—by exposure to the target (see Dovidio et al., 1997, 2001; Wilson, Lindsey, & Schooler, 2000). These two types

of attitudes, explicit and implicit, are frequently only weakly correlated. Explicit attitudes, commonly assessed with self-report measures, are often expressed after stigmatizers have had ample time to consider their responses, are motivated to weigh social desirability costs, and have considered a number of alternate responses (see Devine, 1989; Fazio, 1990). Implicit attitudes, which are frequently measured through response latency techniques (see Banaji, Hardin, & Rothman, 1993; Dovidio, Evans, & Tyler, 1986; Fazio, 1990; Fazio, Jackson, Dunton, & Williams, 1995; Fiske, 1998), tend to be more spontaneous and less under volitional control of individuals (Dovidio et al., 1997). In fully evaluating stigmatizers' responses to targets, both implicit and explicit attitudes should be considered (McConnell & Leibold, 2001).

Though less research has focused on the target's perspective, work by Swim and Stangor (1998) has revealed that we are now gaining a greater understanding of this once overlooked perspective (see also Shelton, 2000). These findings reveal, for instance, that targets clearly anticipate that they and members of their group will be stereotyped, and they often expect and accept this discrimination (e.g., Crocker, Cornwell, & Major, 1993; Crosby, 1984; Miller et al., 1995). Although attitudinal research shows that they sometimes minimize the perceived discrimination (e.g., Crosby, 1984), at other times they may actually overestimate its expression in the behavior of their co-interactants (e.g., Kleck & Strenta, 1980).

### Affect and Arousal

Although past research has predominantly focused on the cognitions that stigmatizers and targets have, our model identifies affective processes as being critical to interaction outcomes. Indeed, there is considerable evidence that emotions, such as feelings of threat and anxiety, are significant factors in intergroup relations and mixed interaction (Stephan & Stephan, 2000). Nevertheless, the topic of affect and emotion in mixed interaction has been severely under-explored in past research (see Mackie, Devos, & Smith, 2000; Mackie & Smith, 2002). That research that has been done focuses entirely on the perspective of the stigmatizer and it suggests that simply asking stigmatizers to consider interacting with disabled individuals can arouse negative affect (Fichten, Robillard, Tagalakis, & Amsel, 1991). When asked to retrospectively report on their interaction experience, stigmatizers similarly report significant amounts of "awkward moments" (Hebl, Tickle, & Heatherton, 2000) or combined elements of stress, arousal, nervousness, anxiety, disgust, and uncertainty. Such affective reactions may have some genetic, evolutionary basis, which is supported by the fact that reactions to targets often have cross-cultural and developmental

consistencies in findings (e.g., Fallon, 1990; Hebb & Thompson, 1968; Jones et al., 1984; Wilson, 1975).

Stigmatizers' negative affect may be particularly likely to translate into the display of nonverbal behaviors in the context of an interaction (see path S2 of Figure 2). Stigmatizers may be able to monitor relatively easily their cognitions (particularly their explicit attitudes and verbal behaviors), but they may be less skilled at monitoring and controlling their affective reactions. Instead, stigmatizers' affective reactions may "leak out" through nonverbal and paraverbal channels (see also Ekman & Friesen, 1974; Ekman, Friesen, & O'Sullivan, 1988). Such affective reactions may arise from different processing modes than those that trigger cognitive reactions, such that affective reactions may be more experiential or immediate whereas cognitive reactions may be more rational and deliberative (e.g., Smith & DeCoster, 2000). At times, these dual reactions may occur simultaneously and show indistinguishable outcomes (e.g., choosing to avoid a disabled individual may be the result of both cognitive and affective reactions). At other times, however, the dual reactions may be very divergent (e.g., having initially negative attitudes toward Blacks but choosing to consciously override the display of such negativity; see Devine, 1989).

### Behavioral Predispositions

Both the stigmatizer's and target's eventual interaction outcomes are also influenced by the propensities, the intentions, and the past ways in which individuals have responded. The antecedent conditions combine to create behavioral tendencies. Given a combination of background beliefs, past experiences, and specific social contexts, one might anticipate and predict that individuals will display certain nonverbal or verbal behaviors (see path S2 of Figure 2) and ultimately work to maintain or terminate an interaction. In many ways, these predispositions serve as baseline behavior for stigmatizers and targets. For instance, a body of research by Azjen and Fishbein (2000) has demonstrated the enormous predictive value of understanding people's intentions. In general, this research shows that intentions largely predict actual behaviors (see also Fishbein, Henessy, Yzer, & Douglas, 2003).

### Motivations and Goals

The motivations of the interactants also influence their interaction behavior (see paths S2 and T2 of Figure 2). For example, recognition that one's outcomes will be interdependent with those of the co-interactant determine may enhance stigmatizers' motivations to perceive targets in more accurate, individuated ways (e.g., Fiske, 1998; Neuberg, Smith, Hoffman, & Rus-

sell, 1994). Not only can interdependence influence interaction processes and outcomes but more direct forms of self-interest may also shape orientations that stigmatizers have toward targets. People whose livelihoods involve catering to stigmatized targets (e.g., physical therapists, sales personnel) might be particularly motivated to want to have continued interactions (e.g., Snyder, 1992).

Chronic motivations, as well as context-dependent orientations, can further shape responses to stigmatized people. A large body of research has suggested that many of the cognitive reactions that individuals have toward stigmatized individuals are carefully monitored and under the volitional control of individuals. Devine and her colleagues (Devine, 1989; Devine & Monteith, 1993; Devine, Plant, & Buswell, 2000) have demonstrated that, although almost all individuals possess stereotypical information concerning groups, low and high prejudiced individuals differ in the personal beliefs that they possess and the extent to which they are motivated to override prejudicial thoughts and discriminatory behaviors. These motivations may be internally or externally driven (see Plant & Devine, 1998). Specifically, low prejudiced individuals, while holding stereotypes also hold egalitarian ideals and do not necessarily act on their stereotypes; rather, they act on their personal beliefs. Other research also reveals that sufficient motivation can moderate the effect of prejudice (e.g., Bargh & Chartrand, 1999; Blair & Banaji, 1996) and, to some extent, the ability to override initial cognitions seems to be a learned skill that can be strengthened with practice and experience (see Devine & Monteith, 1993; Dovidio, et al., 1997; Wyer & Hamilton, 1998).

Targets also have powerful motivations and goals that shape behaviors (see path T2 of Figure 2) within interactions. One prominent goal is the desire to avoid the stigmatization process altogether—targets typically do not want to be the target of stereotypes; be devalued across social interactional contexts; and be the recipient of interpersonal rejection, social discrimination, and financial disadvantage. As Goffman (1963) proposed, many targets attempt to "pass" as nonstigmatized whenever possible, be treated as normal, and downplay stigmatizers' focus on their stigma or the associated limitations. Certainly there are some targets who have invisible stigmas (e.g., homosexuality, light-skin) and actually go to great lengths to make their identities known to interactants, but this motivation typically results in the increase of stigmatization (Goffman, 1963). Furthermore, given that some targets actually feel that the stigmatization that they receive is legitimate (Crocker et al., 1993; Jost & Major, 2001), they too are often motivated to avoid mixed interactions altogether (e.g., Comer & Piliavin, 1972; Fribley, Platt, & Hoey, 1998).

### Type of Stigma as a Moderator

Although we have proposed that antecedent conditions largely determine pre-interaction states (see paths S1 and T1 of Figure 2), the type of stigma that targets possess moderates a great deal of variance in this relationship (see paths S3 and T3 of Figure 2). Clearly, stigmatizers view stigmas differently. For instance, people who are blind are viewed favorably in some domains and negatively in others, whereas people who are child abusers are viewed poorly across almost all domains (see Katz, 1981; Katz, Glass, Lucido, & Farber, 1979; Weiner, 1995; Weiner, Perry, & Magnusson, 1988). A consistent attempt in the stigma literature has been to try to categorize and distinguish between different types of stigmas. Goffman (1963) proposed three classifications: abominations of the body (e.g., physical disability, old age); blemishes of character (e.g., alcoholism, homosexuality); and generational stigmas (e.g., race, religion). Researchers continue to propose additional categorizations (e.g., Crocker et al., 1998; Northcraft, 1980) because stigmas vary along so many different continua and differ so wholly in the types of cognitive, affective, and behavioral reactions that they evoke. For instance, Jones et al. (1984) specified that reactions to stigmas differ in (a) how aesthetically displeasing they are (e.g., a third-degree burn covering one's body vs. a small port wine stain on the face), (b) how disruptive they are to a social interaction (e.g., a patient with occasional vs. frequent epileptic attacks), (c) the length of stigma onset (e.g., 10 years vs. 10 days), (d) the extent to which they are visible (e.g., homosexuality vs. obesity), (e) the likelihood that they could extend personal danger to others (e.g., AIDS vs. obesity), and (f) the extent to which they are controllable (e.g., alcoholism vs. congenital physical disability). As a whole, Jones et al. suggests that more aesthetically displeasing, more disruptive, shorter stigma onsets, visible stigmas, more perilous stigmas, and controllable stigmas garner more negative reactions from stigmatizers.

Recently, researchers have further argued that type of stigma moderates stigmatizers' reactions by governing the extent to which justifications for expressing hostility and negativity are available and desired (Britt, 2000; Crandall, 2000; Crandall, Tsang, Harvey, & Britt, 2000). That is, Crandall and Eshleman (2003) proposed that stigmatizers' "genuine" prejudice and discrimination is restrained by a host of beliefs, norms, and values (e.g., egalitarianism, political correctness) that work to suppress negative displays toward targets. However, when stigmatizers can justify their prejudice, they are more likely to express genuine feelings of dislike and antipathy. The type of stigma, according to Crandall and colleagues, can grossly influence the extent of justification that stigmatizers ex-

perience; for instance, few suppression factors and a large number of justification factors permit the display of negativity toward drug abusers whereas fewer factors sanction the display of negativity toward individuals with congenital birth defects.

The type of stigma also influences target's behaviors (see path T3 of Figure 2). For instance, beliefs about controllability also govern their thought processes and behavioral reactions. For instance, obese individuals tend to blame themselves for their condition and the negative interaction outcomes that they accrue (see Crocker et al., 1993). In addition, those with concealable stigmas may be cognitively and behaviorally taxed with stigma-management thoughts and behaviors that prevent them from being "outed" or "outing" themselves (Goffman, 1963; Major & Gramzow, 1999; Smart & Wegner, 1999). Similarly, simply telling targets that their stigmas will be visible to others activates targets to display markedly different behaviors than if they are led to believe their stigmas will be invisible to others (Crocker & Major, 1989; Miller et al., 1995).

### Initial Interaction Phase

According to our model, pre-interaction mediators directly influence the expression of verbal and nonverbal behaviors within a social interaction (see paths S2 and T2 in Figure 2). Indeed, one of the greatest assets of interactive studies is their ability to assess these verbal and nonverbal behaviors that stigmatizers and targets display toward each other. It is in this arena that past interactive studies have had the most impact and made unique contributions. We highlight this by presenting several themes (accompanied by tables with summarized study details and findings) consistently supported by mixed interaction findings. By focusing on a detailed review of these studies, we show the significant impact that a relatively small number of interactive studies have had, and how valuable the proliferation of future mixed interaction research might be.

### Nonverbal Behaviors

Most interactive research has focused on stigmatizers' nonverbal reactions to targets. This research reveals negative behavioral biases against targets. Table 1 depicts the interactive studies that have shown such findings. These results emerge regardless of the particular stigma—whether it involves wearing an eyepatch; having a birthmark; or being Black, obese, or pregnant. The negativity is widespread. For instance, in the case of reactions toward physically disabled targets, stigmatizers displayed reduced gestural behavior (Kleck, 1968), stood farther away (Kleck, 1969), of-

**Table 1.** *Examples of Past Interactive Studies that Demonstrate a Consistent Display of Negativity and Avoidance in Nonverbal Behaviors*

Study	Type of Stigma	Result
Blascovich, Mendes, Hunter, Lickel, and Kowai-Bell (2001)	Facial birthmark*	Those interacting with stigmatized (vs. nonstigmatized) partners performed more poorly and showed greater cardiovascular reactivity consistent with threat.
Doob and Ecker (1970)	Eyepatch*	Housewives helped those wearing an eyepatch more, but only if it did not involve further face-to-face interaction.
Edelmann, Evans, Pegg, and Tremain (1983)	Red birthmark*	Woman with/without birthmark asked stranger for directions. Birthmark elicited less eye contact and shortened interactions.
Harris, Milich, Corbitt, Hoover, and Brady (1992)	ADHD**	Interactants were less friendly and talked less with children labeled as ADHD than these same children without such labels.
Hastorf, Northcraft, and Picciotto (1979)	Physical disability**	When a performer was thought to be physically disabled, he received less accurate feedback than when he was presented as an able-bodied individual.
Ickes (1984)	Race = Black***	Black and White interactants sometimes experienced increased anxiety and concern about mixed interactions.
Kleck (1968)	Physical disability*	People sat farther from disabled than nondisabled persons.
Klink and Wagner (1999)	Outgroup foreigner*	Nine out of 14 field experiments revealed that foreigners received worse behavioral treatment than did citizens.
Kite and Deaux (1986)	Homosexuality**	Stigmatizers liked "gay" interactants less, recalled less about these partners, and remembered more stereotypical information, particularly those who were intolerant.
Langer, Fiske, Taylor, and Chanowitz (1976)	Physical disability; pregnancy*	Participants sat farther away from crippled and from pregnant individuals than a nonstigmatized individual.
Hebl, Shapiro, Turner, Singletary, and King (2004)	Obese*	Store personnel assisted obese customers in shortened, more negative interactions than average weight customers.
Perlman and Routh (1980)	Physical disability*	Participants looked at and talked less to, and made fewer movements toward disabled than nondisabled child.
Word, Zanna, and Cooper (1974)	Race = Black***	Interviewers made more speech errors and spent shorter amounts of time with Black than White applicants.

*Note:* We differentiate three types of stigmatized interactants: \*scripted confederates, \*\*naive participants labeled as stigmatized, and \*\*\*actually stigmatized participants. ADHD = attention deficit hyperactivity disorder.

ferred more exaggerated and inaccurate feedback (Gouvier, Coon, Todd, & Fuller, 1994; Hastorf, Northcraft, & Picciotto, 1979), and attempted to avoid interactions altogether (Comer & Piliavin, 1972) when interacting with disabled rather than nondisabled co-interactants. Table 1 reveals the comprehensive ways in which the nonverbal patterns of negativity have been documented. The presence of power in these mixed interactions may exacerbate the negative outcomes that targets receive. That is, targets who have a stigma may cue interactants to act in a dominant way. Consistent with the findings of Tiedens and Fragale (2003), even a subtle, nonverbal display of dominance, whether legitimate or not, may initiate a change reaction in targets to act in complementary, submissive ways that reinforce the negative nonverbal behaviors that they receive.

The results presented in Table 1 are not consistently congruent with attitudinal research and self-report studies. One explanation for this is that the responses that individuals make in self-report and construal studies may be particularly void of the high levels of affect that characterize actual social interactions. Affect, in particular, may be more pronounced in social interac-

tions because this system is relatively fast and involves behaviors that may be difficult to suppress and basic to individuals' quick actions and reactions (see Cacioppo & Gardner, 1999; Smart & Wegner, 1999, 2000; Zajonc, 2000). The affect system might be contrasted with the cognitive system, a slower, more deliberative model that may underlie the self-reports and other attitudinal decisions that individuals make. Mixed interactions might further involve interaction-based motivations and goals that are simply not existent in self-report or attitudinal studies.

### Verbal Behaviors

Perhaps because of the different affective and cognitive processes involved, past stigma research has also consistently shown that stigmatizers' display of negative nonverbal behaviors often are at odds with their verbal behaviors (see paths S4 and T4 in Figure 2). For instance, stigmatizers generally report feeling positively toward targets but their nonverbal and paraverbal behaviors often indicate more negative reactions (see Table 2). For example, in a classic study by Kleck, Ono, and Hastorf (1966), participants who interviewed

**Table 2.** *Examples of Past Studies Showing a Mismatch Between Verbal and Nonverbal Behaviors or Other Inconsistent Evidence*

Study	Type of Stigma	Result
Cuenot and Fugita (1982)	Homosexuality*	Participants showed no difference in eye contact; spoke faster to the gay versus nongay targets; and did not alter publicly expressed attitudes about homosexuality, but espoused more conservative sexual behavior attitudes.
Doob and Ecker (1970)	Eyepatch*	Housewives indicated a willingness to help those wearing an eyepatch more than those not wearing a patch, but only if it did not involve further face-to-face interaction.
Dovidio, Kawakami, and Gaertner (2002)	Race = Black***	White stigmatizers focused on positive verbal behaviors they expressed, whereas Black targets focused on stigmatizers' less positive nonverbals to judge responses.
Frable, Blackstone, and Scherbaum (1990)	Race = Black; homosexuality; acne; obesity***	"Normal" participants behaviorally compensated (talked, smiled, and encouraged) deviants but simultaneously reported liking them less.
Gouvier, Coon, Todd, and Fuller (1994)	Physical disability*	Although approached similarly, individuals with a disability were addressed differently (e.g., shorter interactions), than those without disabilities.
Hebl, Foster, Mannix, and Dovidio (2002)	Homosexuality*	Employers did not formally discriminate (e.g., hiring) against gay (vs. heterosexual) applicants but less covert, more nonverbal-based measures did reveal discrimination.
Ickes (1984)	Race = Black***	White participants displayed more interactional involvement than did Black partners but also reported more stress and discomfort.
Katz, Farber, Glass, Lucido, and Emswiller (1978)	Physical disability*	If disabled individuals displayed inappropriate social behavior, participants express more negativity after, but not during, the interaction.
Kleck, Ono, and Hastorf (1966)	Physical disability*	Participants terminated the interaction sooner and exhibited reduced motoric behaviors, but distorted opinions more in line with disabled than nondisabled interactants.
Shelton (2003)	Black***	Whites trying not to be prejudice felt more anxiety and enjoyed interactions less, but were liked more by Blacks.
Tagalakis, Amsel, and Fichten (1988)	Physical disability*	More positive evaluations for disabled than nondisabled on 8 of 10 measures, but hiring preference against disabled.

*Note:* We differentiate three types of stigmatized interactants: \*scripted confederates, \*\*naive participants labeled as stigmatized, and \*\*\*actually stigmatized participants.

a physically disabled (vs. a nondisabled) applicant were more physiologically aroused during the interaction, took a longer time deciding what interview questions to ask, terminated the interview sooner, and showed more behavioral inhibition. At the same time, however, participants were more likely to distort their own personal opinions in a direction consistent with those thought to be held by disabled applicants than the nondisabled applicants so that they could ostensibly appear kind. Consistent with this, nondisabled participants were more likely to report enhanced positive impressions of physically disabled individuals but simultaneously maintained greater interaction distance with them than with nondisabled interactants (Kleck, 1969). White individuals also make attempts to appear non-discriminatory and helpful to Black interactants, but their underlying behaviors are often discriminatory and unhelpful (Dovidio et al., 1997; see also Crosby, Bromley, & Saxe, 1980; Ickes, 1984; Katz & Hass, 1988).

A plausible reason for these verbal and nonverbal mismatches is that stigmatizers may focus the majority of their attention on managing their verbal behaviors,

which may be easier to monitor and control than non-verbal behaviors (DePaulo & Friedman, 1998). Moreover, to the extent that monitoring and controlling verbal responses involve high cognitive demand, these activities may actually facilitate the expression of more spontaneous responses (Gilbert & Hixon, 1991). As a consequence, stigmatizers may be less adept at managing affect-driven behaviors that occur in interactions spontaneously and without time for deliberation. Thus, verbal behaviors may be consistent with stigmatizers' conscious cognitions about their relationship to targets, but their nonverbal behaviors may reflect inconsistencies and underlying affective responses that are negative (see also Fletcher & Fitness, 1990).

Whereas stigma researchers have amassed a great many insights regarding the stigmatizers' perspective, the little research conducted on targets suggests that they, too, behave in ways that influence the social interaction. Certainly, the majority of targets attempt to act in strategic ways to deflect stigmatization. However, Table 3 lists a number of studies that reveal that targets' actions and reactions may be interpreted as sometimes attenuating and sometimes actually exacerbating the

**Table 3.** *Examples of Past Interactive Studies Suggesting Stigmatized Individuals Influence Difficulties*

Study	Type of Stigma	Result
Comer and Piliavin (1972)	Physical disability*	Disabled individuals terminated interview sooner, inhibited more movements, and engaged in less eye contact with disabled than nondisabled interactants.
Crocker, Cornwell, and Major (1993)	Obesity***	Rather than blame negative feedback on the prejudice of others, obese participants tended to blame themselves.
Elliott and MacNair (1991)	Physical disability*	If exhibiting depressed (vs. happy) moods, disabled participants were targets of shortened conversations, fewer eye gazes, and less positive social evaluations.
Frable, Platt, and Hoey (1998)	Multiple (e.g., gay, poor, bulimic)***	Despite the fact that they feel better when around similar others, stigmatized individuals spend less time in social settings and activities, and more time alone.
Goldman and Lewis (1977)	Ugly**	Ugly women were rated less favorably in a phone conversation.
Hebl, Foster, Mannix, and Dovidio (2002)	Homosexuality*	"Homosexual" applicants overperceived the relation between their gay identity and the likelihood that they would be the victims of hiring discrimination.
Kleck and Strenta (1980)	Facial scar**	The "facially scarred" interpreted discriminatory behavior that was nonexistent.
LaFrance and Mayo (1976)	Race = Black***	Black listeners exhibited less eye contact toward the speaker than White listeners.
Miller, Rothblum, Felicio, and Brand (1995)	Obesity***	Nonobese rated "visible" obese women lower in social skills and looks. Obese women who knew they wouldn't be seen were less likable than nonobese.
Miller, Rothblum, Barbour, Brand, and Felicio (1990)	Obesity***	Heavy women were rated less favorably on likability and social skills dimensions.
Moriarty (1974)	Those labeled "weird"***	Those labeled "weird" conformed more often by changing attitudes to be consistent with the majority.
Operario and Fiske (2001)	Race = Ethnic minorities***	Low-identified minorities overlook subtle prejudice that they receive.
Rodin and Slochower (1971)	Obesity***	Obese were more sensitive to, did worse on tasks with, and complied less with obese (vs. nonobese) teachers.
Stangor, Swim, Van Allen, and Sechrist (2002)	Race = Black***	Black targets were less likely to report discrimination to high status others.

*Note:* We differentiate three types of stigmatized interactants: \*scripted confederates, \*\*naive participants labeled as stigmatized, and \*\*\*actually stigmatized participants.

problems inherent in mixed interactions. These behaviors may take a number of different forms, the first of which involves misperceiving or overperceiving interactants' behaviors as negative (e.g., Kleck & Strenta, 1980; Vorauer & Kumhyr, 2001).

For instance, a study by Hebl, Foster, Mannix, and Dovidio (2002) examined the formal discrimination (i.e., hiring measures) and interpersonal discrimination (i.e., nonverbal behaviors, amount of conversation) that both job applicants (either homosexual or assumed heterosexual) perceived from store employers and store employers actually displayed toward the applicants. In particular, 18 confederates entered stores wearing hats that said "Gay and Proud" or "Texan and Proud," but remained unaware of what their hat said. Store employers did not show signs of formal discrimination, but did engage in interpersonal discrimination with the gay applicants relative to the assumed heterosexual applicants. Whereas they were able to guess which hat they had on with 74% accuracy, applicants were significantly more likely to believe that the interpersonal behavior was linked to the likelihood that they would be called back than it actu-

ally was. That is, they overassumed that employers would not call them back if they were gay. Such misperceptions may set into motion defensive reactions, avoidance, and self-fulfilling behaviors that further handicap mixed interactions.

In addition to overperceiving potential stigmatization, targets may engage in other behaviors that have the potential to attenuate the quality of mixed interactions (e.g., Goldman & Lewis, 1977; Miller et al., 1995). For instance, targets may enact behaviors (e.g., depressed moods, antisocial behaviors) that produce enhanced stigmatization (e.g., Elliott & MacNair, 1991; Frable, Platt, & Hoey, 1998). They may also act in the very stereotypical ways that stigmatizers anticipate, largely because of the influences inherent in self-fulfilling prophecies (Jussim, 1990). Jussim, Palumbo, Chatman, Madon, and Smith (2000) reviewed the relatively few studies that have examined how self-fulfilling prophecies relate to mixed interactions. Their review of gender, ethnicity, socioeconomic status, attractiveness, obesity, attention deficit/hyperactivity disorder, and mental illness suggested a general pattern by which cognitions and stereotypes that the

stigmatizer hold sometimes creates and nurtures target behaviors congruent with these expectations. Thus, targets act in line with stigmatizers' expectations and are ultimately harmed. For instance, Word, Zanna, and Cooper (1974) found that White interviewers treated Black applicants differently than they treated White applicants. When applicants (White as well as Black) modeled the treatment that Black applicants had received, they were evaluated very poorly in the interview domain.

### Coping Strategies as a Moderator

There are a number of strategies that both stigmatizers and targets adopt in interactions to cope with uncertainties and stresses in mixed interaction. These strategies provided may buffer the pre-interaction mediators from negatively influencing verbal and nonverbal behaviors (see paths S5 and T5 in Figure 2). Because a number of thorough reviews of coping strategies exist elsewhere, particularly regarding strategies employed by the target (e.g., Major, Quinton, & McCoy, 2002; Miller & Major, 2000; Swim & Stangor, 1998), we neither delve into a great deal of detail on these strategies nor do we discuss each and every strategy that has been posited. Rather, to give the reader a feel for how strategies can moderate interactions, we will provide a few examples of these strategies beginning with avoidance on the part of the stigmatizer. Then, we turn to the target's perspective and focus on the strategies of acknowledgment, compensation, and disengagement.

#### Avoidance by Stigmatizers

Stigmatizers often try to "control" their responses to targets by altogether avoiding interactions with them. However, this strategy may be adopted most often when it can be rationalized in ways that do not challenge social norms or personal values, or when there is "attributional ambiguity" (see Crocker & Major, 1989, 1994). Studies supporting this finding are presented in Table 3 and generally reveal that, if their actions can be justified by factors other than the stigma, stigmatizers will attempt to avoid interactions with targets. For instance, Snyder, Kleck, Strenta, and Mentzer (1979) found that if nonstigmatized participants were offered the choice to watch the same movie in a room by themselves or in a room with a person believed to be physically disabled, participants chose to watch the movie in the room with the disabled person. However, if they were given a choice between two slightly different movies (which were counterbalanced), participants chose to watch the movie in the room by themselves (regardless of which one it was).

Similarly, in the case of mixed interactions involving race, Gaertner and Dovidio (1977) examined whether women would help a Black or White "woman in distress" (a confederate who ostensibly had chairs falling on her). If the White bystander was the only one present, she was equally likely to help both women in distress. However, if other bystanders were present to diffuse responsibility, White female bystanders were less likely to help a Black woman than a White woman (see also Gaertner & Bickman, 1971). The sum of these interaction studies (see Table 4) has revealed that accountability reduces public displays of nonstigmatized individuals' discrimination. When intentions cannot be masked or justified, people appear to choose egalitarian and nondiscriminatory behaviors. However, when intentions are not clearly discernible and discriminatory behavior can be rationalized, interactive studies demonstrate that people are more likely to engage in discriminatory behaviors (see also Crandall & Eshleman, 2003).

#### Acknowledgments by Targets

An interactive approach emphasizes that targets are not simply victims of stigmatization; rather, they are partners and active participants who can moderate the influence of the stigma. One strategy that targets can adopt in an interaction is to acknowledge the stigma openly. The importance of acknowledgment was discussed by Goffman (1963), who described the management of one's stigmatized identity (particularly in cases where the stigma is not readily apparent to others) as being a major preoccupation of targets' attention. Although this area of research has not garnered a great deal of research attention, what has been done shows that a relatively brief utterance of an acknowledgment can have profound consequences for the interaction and lead stigmatizers to view targets more favorably (see Belgrave & Mills, 1981; Hebl & Kleck, 2001; Hebl & Skorinko, 2004).

Acknowledgments may be a particularly strategic coping strategy to the extent that they mitigate the rebound effects of thought suppression (Macrae, Bodenhausen, Milne, & Jetten, 1994). That is, acknowledgments may release stigmatizers from a state of thought suppression that would otherwise exacerbate the activation of stereotypic and negative thoughts (e.g., Devine, 1998; Monteith, Sherman, & Devine, 1998). Instead, however, face-to-face interaction research shows that acknowledgments can actually increase the favorability of stigmatizer's attitudes and behaviors toward targets (Belgrave & Mills, 1981; Mills, Belgrave, & Boyer, 1981; see also Collins & Blood, 1990).

#### Compensation by Targets

Another strategy that targets may adopt is to compensate for the prejudice and discrimination to which

**Table 4.** *Past Studies Investigating the Role of Ambiguity in Mixed Interactions: Evidence Suggests a Use and Misuse of Ambiguity*

Study	Type of Stigma	Result
Carver, Glass, and Katz (1978)	Race = Black***	Participants who thought true feelings could be determined revealed negative attitudes but those who felt true feelings could be hidden feigned positive attitudes.
Gaertner and Bickman (1971)	Race = Black***	White men helped White "phone caller in distress" more than Black "phone caller in distress" but indicator was not necessarily "overt" discrimination.
Gaertner and Dovidio (1977)	Race = Black***	White women helped Black and White "women in distress" similarly if no diffusion of responsibility. White women helped Black less than White "woman in distress" if diffusion of responsibility.
Perlman and Routh (1980)	Physical disability*	When participants play with disabled alone and then nondisabled, increased eye contact with disabled. But when participants play with both candidates together, decreased eye contact with disabled.
Piliavin, Piliavin, and Rodin (1975)	Port wine birthmark*	Nonstigmatized received help when falling on a subway much more than did stigmatized, but particularly when it was last stop and the excuse of "having to get off the train" was present.
Ruscher and Hammer (1996)	Homosexuality*	Those "with choice" about maintaining or severing ties with a lesbian had increased biased processes and formed impressions on stereotype-irrelevant, negative attributes.
Snyder, Kleck, Strenta, and Mentzer (1979)	Physical disability*	Participants did not avoid disabled individual if given the exact same option, but avoided disabled individual if given slightly different options.

*Note:* We differentiate three types of stigmatized interactants: \*scripted confederates, \*\*naive participants labeled as stigmatized, and \*\*\*actually stigmatized participants.

they are subjected. Most targets are aware of the fact that stigmatizers hold pre-interaction states that are biased and rejecting. In an attempt to prevent these states from manifesting themselves into actual behavioral displays of discrimination, targets may engage in compensatory behaviors such as "heading off" or offering signals of friendliness at the first sign that others are prejudiced (see Miller & Myers, 1998). Other strategies involve using humor, being overly friendly, individuating oneself to stigmatizers, and educating others about the stigma. Though the strategy of compensation has not garnered a great deal of research attention, Miller and colleagues (e.g., Miller, Rothblum, Felicio, & Brand, 1995) have shown that overweight women successfully engage in compensatory behaviors in situations where they are led to believe that others are informed of their stigmatized status. Compensatory strategies that have been linked to particularly favorable psychological adjustment for obese individuals include using positive self-talk, seeing prejudice as the stigmatizer's problem, accepting oneself in the face of negative feedback, and refusing to hide or avoid social situations (see Miller & Myers 1998).

### Disengagement by Targets

An additional strategy for coping with stigma is for targets to psychologically disengage from the feedback that they receive about themselves in stigma-related domains (see Major & Schmader, 1998). Disengagement

refers to the extent to which feelings of self-worth are dependent on feedback in a particular domain. If targets disengage, they do not allow the stereotypes and prejudice of others, the behavioral tendencies of others, and the actual actions of others to influence them in substantially negative ways. Rather, they remain impervious to the ill effects of stigmatization and use one of two mechanisms to rationalize this (Major & Schmader, 1998). First, targets may devalue the domain in which they are being evaluated negatively. They simply choose in certain situations where they know the feedback will be negative to limit the personal importance of the domain, thereby limiting the domain's ability to impact self-esteem. For mixed interactions, then, targets might simply negate the importance of the interaction with stigmatizers. Second, targets may discount the extent to which outcomes in a particular domain will be diagnostic of one's true abilities. Thus, targets in a mixed interaction may interpret behaviors from the stigmatizer as being biased or flawed. Both of these mechanisms served to protect targets' global feelings of self-worth in social interactions.

As a whole, coping strategies seem to buffer interactants against the ill effects of verbal and nonverbal behaviors exhibited in social interactions. Though we discussed four of such strategies, we remind the reader that there are many other coping strategies that both targets and stigmatizers employ. For instance, interactants may increase their identification with the ingroup (Branscombe & Ellemers, 1998), deny that the

discrimination personally affects them (Crosby, 1984), and disidentify from the domain and threat of being evaluated negatively altogether (Steele & Aronson, 1995). The result of these coping strategies is that they buffer the interaction outcomes in, and personal self-worth that individuals derive from, mixed interactions.

### Interaction Phase

When stigmatizers and targets engage in social interactions, they bring with them the stereotypes and prejudices described in the pre-interaction stage. However, interactants have additional cognitions and attitudes that emerge as a result of the behavioral interchange that occurs (see paths S6 and T6 in Figure 2). That is, the behaviors (both verbal and nonverbal) displayed within the interaction may influence both parties to assess themselves, each other, and the interaction. We describe three sets of cognitions that we propose are essential determinants of interaction continuation or termination.

#### Assessment of Meeting Goals

Within most interactions, co-interactants may assess the extent to which they have fulfilled their goals, particularly if they formalized these goals prior to the interaction. As we noted earlier, goals may have two distinct orientations—they may be task oriented or social. If the goal is of a social nature, interactants might particularly assess the extent to which they feel they have made a good impression on their interactant as well as the extent to which their interactant has made a good impression. Social goals may also reflect personal standards for interacting with others. Monteith (1993), for example, found that people who were concerned about being nonprejudiced toward gays and were made aware of their ideal-discrepant thoughts adjusted their behavior, subsequently inhibiting prejudiced responses to jokes about homosexuals. Perhaps as a consequence of pursuing such goals in interactions, attitudes toward stigmatized others are more likely to be improved when people have a social rather than a task focus in mixed interactions (Miller, Brewer, & Edwards, 1985). If a person's goal in mixed interactions is of a task-oriented nature (e.g., obtaining employment), the person may be much more focused on behaviors that offer evidence of achieving that specific objective, and reactions to stigma and attitudes toward the stigmatized group as a whole may be less relevant.

Regardless of whether the goal is social or task oriented, we propose that, during the interaction phase, each interactant has three options: (a) to change one's motivations or goals (e.g., decide one does not actually want the job), (b) to change the types of behaviors that

are depicted in the rest of the interaction in hopes of better meeting one's goals (e.g., engage in a coping strategy or self-presentational behaviors), or (c) to terminate the interaction.

#### Assessment of the Interactant

Stigmatizers and targets both actively evaluate and judge each other during an interaction, resulting in the potential revision, creation, or reinforcement of explicit and implicit attitudes (e.g., Blair, Ma, & Lenton, 2001). Most research on implicit and explicit attitudes has not yet examined the possibility that they may fluctuate within a single social exchange; yet, certainly most people can recall interactions in which their attitudes regarding their interaction partner changed dramatically from the beginning to the end of a single conversation. This fluctuation may be particularly likely for stigmatizers in mixed interactions because targets can skillfully engage in interaction strategies designed to break down or mitigate their interactant's prejudices and stereotypes (Hastorf, Wildfogel, & Cassman, 1979; Hebl & Kleck, 2002).

#### Costs-Benefits

In most interactions, stigmatizers and targets conduct some version of a cost-benefit analysis of the interaction. This may be incorporated within a general assessment of the interaction as a whole. Alternatively, this may happen at a very conscious level in which individuals experience meta-cognitions while they are interacting (e.g., "If I continue this interaction, my reputation could be harmed."). Such a rationale may serve as the basis for stigmatizers' decisions to sever relations with targets (Hebl & Mannix, 2003; Neuberg et al., 1994; Ruscher & Hammer, 1996). Whereas many of the cost-benefits may be driven by self-presentational concerns, both stigmatizers and targets also probably weigh the likelihood of gaining more tangible outcomes or resources and consider the energy and personal resources that they will need to pour into continuing the interaction. If the ratio provides the likelihood of personal gains to the interactant, he or she may choose to continue the interaction, whereas the accumulation of personal losses may lead to interaction termination. Although such motivated calculations have been articulated under the context of equity and goal-setting theories (e.g., Adams, 1965; Locke, 1990), they have not been extended to the examination of mixed interactions.

#### Interaction Decision

Stigmatizers and targets ultimately decide whether to continue (see paths S5 and T5 of Figure 2) or terminate the interaction (see paths S8 and T8 of Figure 2).

This critical decision is based on the behaviors that they display toward each other in the interaction and the influence of the resulting cognitions. The continuation of an interaction is a negotiation in which both interactants contribute. However, disparities may exist; for instance, one interactant's strong desire to continue the interaction may overwhelm the other interactant's weak desire to end the interaction. A large number of other variations are possible. As a result, the interaction may yield a wide variety of eventual outcomes: changes in motivations, continued differences in assessment of each other, different levels of goal attainment, and changed cost-benefit analyses.

If the stigmatizer and/or target decide to continue the interaction, the continuation loop feeds back on future displays of verbal and nonverbal behaviors (see paths S7 and T7 of Figure 2). That is, the interaction continues and more behaviors are displayed. The continuation of the interaction may further change the motivations and goals of the interaction (see paths S8 and T8 of Figure 2). Consider a physically disabled target, for instance, who might be motivated to make a good impression on a potential stigmatizer/interactant. The disabled individual may employ a strategy of acknowledgment, directly disclose information about the stigma, and act nonverbally in a manner reflecting openness. This coping strategy and ultimate display of target behaviors can influence the costs and benefits that the stigmatizer holds. Rather than wishing to terminate the interaction (as the stigmatizers may have initially desired to do), the stigmatizer might decide to continue it, thereby altering both future behaviors as well as the original motivations that the stigmatizer may have had. Finally, stigmatizers and targets may choose to terminate the interaction (see paths S9 and T9 of Figure 2). It is likely in doing so that they alter or reinforce the future interactions that they have with similar interactants by attenuating or enhancing the antecedent conditions (see paths S10 and T10 of Figure 2). Thus, a closed-feedback system emerges in which current interaction experiences set the stage for future ones.

### Modeling Stigma: Summary

The model that we presented provides an integrative tool to organize the existing literature on stigma, to illuminate underlying processes and moderating factors in stigma, to identify areas that are relatively under researched, and to help guide future research. It is important to note that our model does not end with interactions; rather the outcomes of these interactions serve to influence both stigmatizers' and targets' future cognitions. Interactions may influence perceptions not only of the target but also of the stigma itself. For instance, individuals who have initially negative atti-

tudes toward disabled individuals may have a very positive interaction with a physically disabled person. A number of possible outcomes might result from this interaction; for instance, the interaction may not change attitudes whatsoever, stigmatizers may reduce their negative attitudes toward a target, or stigmatizers may reduce their negative attitudes about the stigma. Targets might also be affected in their attitudes toward stigmatizers in these same ways.

Although the extended model, like Patterson's (1982) original model, is not intended to produce a specific set of predictions, it can be used as a guide for developing studies that can produce testable hypotheses. In Table 5, we list a number of research questions that we believe would be particularly advantageous areas for future interactive studies on stigma. This is, by no means, a comprehensive list of questions but is intended, instead, to show the potential utility of the framework in guiding future research. More specifically, we sequentially move through an interaction and pose questions that could be asked of either the stigmatizer or target. We also include questions that utilize Patterson's original model as well as additional questions that can be asked because of our extensions to this model. As we noted earlier, we are not advocating that researchers adopt only one particular type of paradigm. Rather, theoretical questions should clearly drive the methodology employed. What we are suggesting is that investigators recognize the types of theoretical questions they are asking, consider the conceptual strengths and limitations of alternative paradigms, and not be restricted by using only traditional paradigms. Furthermore, many of the research questions that we propose in Table 5 can best be answered via interactive research.

### Implications, Additional Considerations, and Conclusions

As with any paradigm, there are limitations to conducting interactive research and we will discuss three main limitations. First, researchers using interactive paradigms need to consider who serves as confederates and/or targets. Within interactive paradigms, stigmatized targets are sometimes confederates who feign that they are stigmatized (e.g., Piliavin, Piliavin, & Rodin, 1975), naive participants who are unaware that they are labeled with a stigma (e.g., Sibicky & Dovidio, 1986), or people who are actually stigmatized (e.g., Miller et al., 1995). There are strengths and limitations to each of these approaches. For instance, procedures that use confederates whose responses are scripted or standardized (e.g., tape recorded; Gaertner & Dovidio, 1977) may provide strict experimental control for observing stigmatizers' unilateral responses (see Table 3), but these studies may not illuminate the

**Table 5.** *Research Questions to Address Using the Original and Extended Patterson (1982) Model of Mixed Social Interactions*


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Antecedents	
Patterson stigmatizer:	How does the experience that people have with members of a stigmatized group moderate their cognitive and emotional responses?
Extended stigmatizer:	How do different characteristics of stigmas (e.g., visible, controllable) moderate the impact of interactions on subsequent goals and motivations? How are stigmatizer's antecedent conditions influenced by different types of stigmas?
Patterson target:	Does experience in mixed interaction affect the cognitive and affective responses of targets?
Extended target:	Are different types of stigma (e.g., visible, controllable) amenable to change as a function of mixed interactions, and does this occur equivalently for both stigmatizers and targets? How do different characteristics of stigmas influence the ways in which targets select particular coping strategies?
Pre-interaction mediators	
Patterson stigmatizer:	How does affect and arousal differentially impact verbal and nonverbal behaviors in mixed interactions?
Extended stigmatizer:	How does the ambivalence differentially translate into verbal and nonverbal behaviors of the stigmatizer? What is the content of verbal and nonverbal behaviors as a function of different pre-interaction mediating circumstances?
Patterson target:	How do the meta-stereotypes that targets hold influence the types of coping strategies that they adopt, which in turn influence their verbal and nonverbal behaviors?
Extended target:	How do motivations that stigmatized targets have, such as a motivation to conceal their stigma, influence the accessibility of stereotypes and meta-stereotypes? What are the specific coping strategies that targets use when they attempt to avoid discrimination?
Interaction phase	
Patterson stigmatizer:	What's the relative influence of a stigmatizers' verbal and nonverbal behaviors on their assessment of how well they met their goals during the interaction. What sorts of interaction phase cognitions are most effective in changing stigmatizers' antecedent conditions for the long term?
Extended stigmatizer:	How does stigmatizer's ongoing assessment of how well they are meeting their goals influence the further display of nonverbal and verbal behaviors. How do coping strategies of the target influence the expression of discriminatory verbal and nonverbal behaviors on the part of stigmatizers?
Patterson target:	How does the nonverbal and verbal behaviors of the stigmatizers influence the targets' assessment of the interactant? How do targets respond to verbal/nonverbal mismatches, and is that different when self-stereotypes are salient?
Extended target:	How does stigmatizer's ongoing assessment of how well they are meeting their goals influence the further display of nonverbal and verbal behaviors? How do targets negotiate their identity in an interaction?

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full nature of reciprocal responses. In fact, using scripted confederates may distort the subsequent responses of stigmatizers who may potentially react to the perceived unresponsiveness of the confederate to their comments and actions. Interactive paradigms that use participants in the role of stigmatized people permit the study of reciprocal responses between stigmatizers and perceived targets, as well as how attitudes, affect, and expectancies of stigmatizers translate initially into behavior; but the behavior of naive participants may differ fundamentally from chronically stigmatized people who have developed coping styles and interaction strategies with experience. In fact, Crocker (1999) has expressed reservations about the validity of this type of paradigm.

Interactive paradigms may also involve interactions between nonstigmatized and actually stigmatized participants. This paradigm permits a more direct examination of the responses of targets of stigmatizer and their impact on the dynamics of interaction. Targets are not simply passive "recipients" of bias; they are active partners whose construals of the situation and reactions have important implications for the interpersonal transactions that occur (see Table 4). As Shelton (2000) concluded in her review of work on racial prejudice, "Blacks should not be treated as passive targets because they do not behave as passive targets" (p. 385). These construals are typically very sensitive to the situational context. Crocker (1999) argued that "the effects

of stigma on the self are negotiated, created, and acted upon in the situation. In other words ... it emerges in the situation and is a function of the meaning given to that situation" (p. 91). Although this type of paradigm has important strengths, it also has limitations. Whereas external validity is heightened when using truly stigmatized individuals, the results of these studies may be attributable to alternative factors (e.g., expectancy biases, social class, intelligence) that could differentiate stigmatized from nonstigmatized individuals. The use of multiple confederates can reduce some of these concerns and potential confounds. Video-taping (e.g., less likely to attribute the findings to idiosyncratic mannerisms of the single confederates) and coding such individuals' behaviors (see Kleck et al., 1966) also may be used to reduce the threat to methodological integrity.

As a whole, we believe the limitation involving confederates and/or targets may be best overcome by continuing to use all three types of designs (using confederates, using naive subjects, and using truly stigmatized individuals) described in Tables 1–4. At present, the results suggest that these three designs tend to show converging results and future research might best be directed by simply being aware of each design's strengths and weaknesses. In addition, researchers' particular goals might further drive a choice between the three designs. For instance, researchers may choose confederate studies if they want to maximize the removal of variance

due to targets' reaction to their treatments. However, researchers might choose naive target studies if they want to remove confounds due to targets' idiosyncratic features by assigning them to be either stigmatized or nonstigmatized. In sum, we do not contend that one particular design is always better; rather, the use of each of the three designs can be advantageous to more clearly understanding mixed interactions.

Second, researchers conducting interactive research need to consider the limitations of examining only one type of stigma (e.g., race) or context (e.g., the interview setting) when generalizing about the processes involved in stigmatization. Cross-stigma and cross-context studies, which are typically rare, are critical for revealing similarities and differences in the processes and outcomes of stigmatization. Even within the same general type of stigma, researchers need to attend to the variations in operationalizations. For example, in the study of obesity, there is no consistent definition for what obesity is and no attempt to recognize that some levels of obesity (e.g., perhaps extreme obesity) evoke reactions that other levels (e.g., perhaps slight obesity) might not. In the Crocker et al. (1993) study, individuals were categorized as "overweight" if they weighed as little as 10–15 lb. over their desired body weight. The definitions of "overweight" and "obesity" are fluid and the weight standards obtained from the Metropolitan Life Insurance Company (1959) are not only outdated but may also be inappropriate. Another example of difficulty in operationalizing stigma is visible in research on race. Black targets with more prototypical features elicit more negative spontaneous evaluations by White respondents (Livingston & Brewer, 2002), and darker skinned Blacks are treated generally more negatively than their lighter skinned counterparts (Russell, Wilson, & Hall, 1992); yet we do not know how this distinction unravels in social interactions—the darkness of the confederates or of actual interactants may greatly influence the findings, and no real measure has captured how social interactions are influenced by the shades of skin colors that individuals possess. Similar variations exist when contexts change. Interactive research, as well as research on stigma more generally, will benefit by not overgeneralizing the results obtained from particular stigma and single context-based investigations.

Third, researchers conducting interactive studies need to consider the measurement challenges that emerge in some types of interactive designs. Undoubtedly, past researchers have tended to adopt noninteractive designs because they typically are less complex, allow for greater precision in measuring attitudinal states, and allow for relatively intrusive forms of measurement (e.g., self-reports). If designed correctly, interactive studies need not be void of these elements—they do not need to be complex and they can address cognitive states and use self-reports. For instance, Ickes' (1984) interaction paradigm involves

videotaping interactions and then having participants watch their videotapes and indicate the cognitive and emotional states they were exhibiting during the interaction. Again, we propose that the goals of the researcher will largely address the appropriateness and the type of interactive study that is employed.

Despite the difficulties that can arise when conducting interactive research, we believe that many of these can be circumvented. Currently, there is an over-reliance of studies conducted in the laboratory on college students. Moreland, Hogg, and Hains (1994) reported that 75% of recent articles on groups appearing in social psychology journals described laboratory experiments. Whereas similar base rates may apply to psychology as a whole, there may be serious implications for research particularly focusing on stigma-related phenomena. Institutional norms within a university accentuating egalitarianism and the presence of so much diversity within most university settings may not completely override some student participants' prejudice, but it is likely that these norms diminish or at least suppress overt expressions of discriminatory beliefs, statements, and behaviors. Similarly, laboratory research suggests that overt expressions of prejudice and discrimination are not as strongly visible in this population as they once were (see Dovidio & Gaertner, 1986). It is thus unclear about the extent to which findings with college populations in this domain can generalize to the population as a whole. We therefore encourage researchers to consider work beyond the walls of the university laboratory to further establish the external validity of findings in this area.

### Summary and Conclusions

In summary, social stigma is defined in the context of social interactions, yet the vast majority of research on stigma has been devoid of interactions. Instead, researchers have overrelied on asking participants to imagine scenarios and reveal their attitudes on paper-and-pencil measures, or to record behavior when participants are put in a laboratory context and led to believe that there is an ostensible interactant in a nearby room. Rarely, however, is that other interactant actually present. In addition, a reliance primarily on self-report responses may systematically distort conclusions about the dynamics of stigma. People are often not aware of their biases (Gaertner & Dovidio, 1986; Greenwald & Banaji, 1995), and they are frequently not conscious of the actual sources that influence their decisions (Wilson & Nisbett, 1978).

This article develops a theory of mixed interactions that we present in a framework we hope will guide future research. We fully acknowledge the value of other types of research and do not suggest the end of pa-

per-and-pencil, laboratory, and other traditional methods. Rather, we believe that the framework we have proposed, an extension of Patterson's (1982) model, illustrates the important and unique opportunities that interaction research provides. The increased reliance on interactive paradigms will enable researchers to learn different sorts of information, to ask different types of questions, and to observe different sets of dependent measures (e.g., verbal vs. nonverbal, self-reports vs. actual behavior).

Interactive studies are not easy to conduct or analyze, and the methodological complexities may be the leading reason as to why social psychologists do not rely on this as the standard paradigm. Certainly person perception measures are less complex, easier to collect, allow for multiple measures, and are often an appropriate and important level of measurement. However, the questions that we hope future research on stigma can address require understanding the dynamic aspects of stigma within an interaction context. Not only does this allow for a simultaneous examination of both perceiver and target, but it also allows for a process-oriented look at interactants' behaviors and interaction outcomes. This article has articulated this process in terms of antecedent conditions, pre-interaction mediators, and interactions themselves. Interactive studies, both alone and in combination with attitudinal studies, may clarify greatly how individuals think, influence, and interact with each other, as well as enable increased comparisons between cognitive and behavioral studies. Furthermore, interactive studies capitalize on a methodology that may be higher in external validity than traditional methods that have been used (see Arons, Wilson, & Brewer, 1998).

In conclusion, this review attempts to highlight the value of putting more of "the social" back into social psychological research. A decade ago, Hendrick and Clark (1990) argued that advances in both social methods and computing power are making it "now possible to gather data in complex, naturalistic settings and in laboratory settings in an abundance and variety undreamed of a generation ago" (p. 7). As we noted earlier in this article, there is strong consensus about the importance of studying behavior related to stigma within interactions because of the dynamic nature of stigma. As of yet, however, the benefits of interactive research have yet to be fully realized. This framework, we hope, identifies some of the benefits of such research and hopes to inspire an interactive movement in stigma research.

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