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A Typology of Stigma within Organizations: Access and Treatment Effects

Abstract

Stigmatization is a process by which certain individuals are devalued and alienated from specific types of social interactions, because they are perceived to possess a negatively valenced characteristic (e.g., age, gender, medical condition). Due to its diverse and context-driven nature, stigmatization potentially affects a large percentage of the population. Consequently, many individuals are likely victimized by stigmatization processes in a particular situation and subsequently may be deprived of the organizational opportunities available to non-stigmatized individuals. The purpose of this paper is to review and organize the literature by drawing on a suggested typology of stigmas found in organizations. We ground this novel typology in both the stigmatization and management literatures, incorporating the dimensions of controllability and visibility of stigmatizing attributes as well as whether or not the attribute is protected under federal law. Because all stigmatizing characteristics are not equally deleterious, we present eight separate groups of stigmas and the differential effects that each have on stigmatized individuals' opportunities within organizations (i.e., access and treatment discrimination). Further, we outline mechanisms (i.e., imputed characteristics) that underlie the differential treatment afforded those who are stigmatized. We then provide a research roadmap to better understand the role stigmas play in organizations moving forward.

Keywords: stigma, hiring, evaluation, promotion, discrimination

TYPOLOGY OF STIGMA

A Typology of Stigma within Organizations: Access and Treatment Effects

“Stigma is the reason there is so much social and legal discrimination against people”

-David L. Rosenbloom, Professor of Public Health, Boston University

Traditionally, stigma research has revolved around identity-centric characteristics, both visible¹ (i.e., race, gender, and age) and invisible or concealable personal attributes including, sexual orientation, religion, and affliction with various illnesses (Sanchez & Schlossberg, 2001). As the workplace becomes more diverse in terms of individual differences across employees (e.g., new generations, cultures, ideologies; Triandis, Kurowski, & Gelfand, 1994) and employees are increasingly asked to work closely with colleagues in team-based organizational structures (Kozlowski & Bell, 2003), the potential for stigmas based on a diverse set of personal characteristics also is increasing. While organizational research abounds on discrimination regarding protected attributes, such as gender (Kray, Thompson, & Galinsky, 2001) and race (Link & Phelan, 2001), research exploring how to effectively implement HR practices to manage the myriad potentially stigmatizing conditions likely to be exhibited by current and potential employees is limited (Paetzold, Dipboye, & Elsbach, 2008).

In fact, despite its theoretical and practical importance, research on stigmatization is scant in organizational and work settings in general (Baur, Hall, Daniels, Buckley & Anderson, 2017; Paetzold et al., 2008). Moreover, the extant literature is deficient in terms of providing an overarching framework for recognizing and grouping different types of potentially stigmatizing attributes in a theoretically and practically useful manner to promote a deeper understanding of the antecedents and consequences of stigmatization in organizational settings. Thus, the purpose of this paper is to develop a typology of the different types of stigma found in organizations and to explicate their differential effects on individual entry (e.g., hiring decisions) and subsequent treatment in organizations (e.g., evaluations and promotions). Moreover, we focus on stigmas

¹ As noted by Clair, Beatty & Maclean (2005), we recognize that in many cases there is disagreement over the most appropriate terminology for referring to various individual attributes, and we too adopt the approach of utilizing terms presently in popular use without implying endorsement (or critique) of any position in the ongoing debate.

TYPOLOGY OF STIGMA

that are newer to the research enterprise (e.g., body modification and mental illness) and forgo emphasizing heavily established stigma (e.g., gender and race; see Colella, McKay, Daniels, & Signal, 2012 for an in-depth review of these and other more established domains and McCord, Joseph, Dhanani, & Beus, 2017 for a meta-analysis). We also detail *why* individuals are stigmatized due to the imputed characteristics imposed upon stigmatized individuals by the observer(s)—that is, the inferences (e.g., traits or behaviors) that raters bestow upon individuals with a stigma (McElroy, Summers, & Moore, 2014).

Our typology comprises three factors: the degree to which the potentially stigmatizing condition is visible, controllable (Goffman, 1963), and legally protected in the United States (EEOC). When combined, these three dimensions produce eight distinct stigma categories, which we utilize to explain how/why different types of stigmas influence the organizational outcomes of affected individuals in terms of the degree to which they experience access and treatment discrimination (Jones, 1997; Levitin, Quinn, & Staines, 1971).

Consequently, we contribute to the literature (van Knippenberg, 2012) by systematically reviewing and integrating a wide-ranging stigma literature to highlight both relevant findings as well as gaps requiring future research. Specifically, the purpose of this paper is three-fold. First, we create an organizationally relevant typology to categorize stigmas. Second, we elucidate how the characteristics of a potentially stigmatizing attribute, as described by combinations of these dimensions, impact an individual's organizational experience. Finally, we outline avenues for future research in order to better understand what we currently do not know about stigmas and their organizational effects.

Stigma

According to Crocker, Major, and Steele (1998, p. 505), “stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context”. An important note is that individuals need not actually possess the characteristic; the perception that they possess it is sufficient for stigmatization to occur (Kulik, Bainbridge, & Cregan, 2008). In the context of organizations, stigmas influence a

TYPOLOGY OF STIGMA

number of individual-organizational relationships including recruitment (Dineen & Soltis, 2011) and hiring decisions (McElroy et al., 2014), performance expectations and evaluations (Link & Phelan, 2001), and promotion rates (Puhl & Brownell, 2001).

Historically, stigma was thought to diminish a person's social identity resulting in exclusion from future social interactions (Goffman, 1963); however, this is not the only explanation for how stigmatization works (Kurzban & Leary, 2001). Jones et al. (1984) proposed that a person is stigmatized when a distinguishing feature results in specific characteristics being attributed to that person (e.g., employees who smoke have been found to be perceived as less productive than those who do not smoke; Roulin & Bhatnagar, 2016) and that it is these imputed characteristics that result in diminished social interaction, not a rejection of the person as a whole. In employment contexts, this view is highly pertinent as the imputed characteristics associated with a stigmatizing attribute may deny a qualified applicant a job or a deserving employee a promotion. Further, research on the effects of stigma and related imputed characteristics associated with facial piercings (McElroy et al., 2014), tattoos (Timming, 2015) and obesity (Hosoda, Stone-Romero, & Coats, 2003; Ruggs, Hebl, & Williams, 2015) supports the cogency of this view.

Consequently, stigmatization results in the stigmatized person being negatively affected, typically manifesting in some form of exclusion. However, not all characteristics are equally stigmatizing, and the probability of stigmatization is greater when a particular characteristic is visible and is perceived as being controllable (Crocker et al., 1998; Jones et al., 1984). As such, these two dimensions "are of critical importance in understanding the subjective experience of stigmatized individuals" (Crocker et al., 1998, p. 507).

Further, for organizations doing business in the United States, exclusion is not always an option (Outtz, 2011). Consequently, we include a legally (i.e., U.S. federal law) protected dimension (Levitin, Quinn, & Staines, 1971) in our typology of stigmas (e.g., Civil Right Act of 1964, Age Discrimination Act of 1967, Americans with Disabilities Act of 1990, Family Medical Leave Act; U.S. Department of Labor). Simply put, some potentially stigmatized groups are

TYPOLOGY OF STIGMA

shielded by law (e.g., older employees), while others are not (e.g., those with piercings/tattoos), which likely influences the degree to which exclusion/differential treatment may manifest. Given the myriad other national, state, and local protections, we rely on federal law in the United States when discussing whether a particular attribute is protected or not. While there are obviously additional legal protections that exist at these levels (e.g., state laws protecting sexual orientation, cross-cultural legal differences), attempting to present a finer resolution would be intractable. Mirroring the contextual nature of stigma, our goal is to provide an overall framework, with examples, recognizing that local differences may influence the assignment of a particular attribute across multiple dimensions. Consequently, we base our typology upon these three organizationally important dimensions: visibility, controllability, and whether or not the attribute is legally protected.

A Novel Typology of Stigma in Organizations

In order for a characteristic to stigmatize, it must be visible (Goffman, 1963; Jones et al., 1984). Unseen negative characteristics, such as nonvisible tattoos, cannot stigmatize if no one knows about them. While invisible or concealable stigmas may affect the self-identity/well-being of the individual with the stigma (Jones & King, 2014; Ragins, 2008), if others are unaware, then the likelihood of damage to that person's social identity is greatly diminished, nor will others harbor negative imputed characteristics based on invisible or concealed stigma.

The term "visibility" has a prominent place in previous work (e.g. Crocker et al., 1998; Jones et al., 1984; Ragins, 2008); however, we define the term more broadly as an index of discernibility via any sense. Some attributes will be visually apparent (e.g., gender, race), but in other instances other senses may be utilized (e.g., the lingering odor of cigarette smoke, Roulin & Bhatnagar, 2016; an accent when speaking, Hosoda & Stone-Romero, 2010; Huang, Fridleger, & Pearce, 2013; Russo, Islam, & Koyuncu, 2017). Thus, consistent with past work (e.g., Goffman, 1963), we use the term visibility to imply a broader notion of discernibility or perceptibility. Further, the temporal nature of individual characteristics (Jones et al., 1984) is important to consider when making this distinction as some characteristics may start out invisible

TYPOLOGY OF STIGMA

and over time progress to being visible (e.g., pregnancy). For purposes of our typology, we categorize conditions as being visible if they are or will practically be visible in the future by virtue of the condition itself.

The second critical dimension is based on the degree to which the underlying condition for the stigma is perceived to be controllable (Goffman, 1963; Jones et al., 1984). Some stigmatizing characteristics are *generally perceived to be* uncontrollable (e.g., gender, ethnicity, and physical stature) while others *are thought to* result from volitional behavior (e.g., facial piercings, tattoos, and smoking). Weiner et al. (1988) use attribution theory to explain how controllability perceptions change how a person views a negative characteristic, noting that people are more likely to dislike someone with a negative characteristic perceived as controllable but are more likely to show empathy toward someone with a stigmatizing characteristic perceived as uncontrollable. Thus, the distinction between controllable and uncontrollable is important as the negative perceptions of stigma are likely to be more severe in the case of controllable as opposed to uncontrollable conditions.

Finally, legal concerns play a substantial role in how organizations make employment decisions (Outtz, 2011). Because one of the fundamental consequences of stigma is exclusion from future interaction (Goffman, 1963), organizations may choose not to hire stigmatized individuals or assign them to less demanding and valued tasks, resulting in lower performance evaluations (Jones, 1997; Stone & Colella, 1996). While organizations may legally discriminate based on some potentially stigmatizing attributes (e.g., piercings, tattoos, and smoking), the law shields other attributes (e.g., race, religion, and gender) from discriminatory actions. As such, the controls in place to mitigate stigmatization of particular groups are apt to vary considerably across categories, making legality a third critical dimension for understanding stigmatization in organizations.

Table 1 shows our typology of stigma in organizations based on the dimensions of visibility-invisibility, controllability-uncontrollability and protected-unprotected. The following is a description of representative examples of the types of stigma in each category for U.S. based

TYPOLOGY OF STIGMA

firms given generally prevailing societal perceptions, along with a discussion of the effects of these types of stigma on human resource decisions². Specifically, we will differentiate between access discrimination (i.e., stigmas that create barriers to entry) and treatment discrimination (i.e., stigmas that create barriers to equal opportunities; Jones, 1997; Levitin et al., 1971), because the different categories of stigmatizing conditions may operate differentially across these two domains.

Insert Table 1 about here

Visible Stigmas

Controllable, unprotected stigmas. Examples of stigmas in this octant include obesity³ (Puhl & Heuer, 2009), body modifications, such as facial piercings⁴ (McElroy et al., 2014) and tattoos (Dale, Bevill, Roach, Glasgow, & Bracy, 2009), and smoking (Roulin & Bhatnagar, 2016). Although research is nascent, we expect that stigmas associated with this octant will result in high levels of access and treatment discrimination. For example, obesity has been shown to be detrimental at every stage of the employment process, including selection, placement, compensation, training contexts, and promotions (Finkelstein, Demuth, & Sweeny, 2007, Roehling, 1999; Shapiro, King, & Quiñones, 2007). Moreover, overweight individuals are perceived to be less active, energetic, outgoing, hardworking, and successful (Harris, Harris, & Bochner, 1982; Popovich, Everton, Campbell, Godinho, Kramer, & Mangan, 1997; Rothblum, Miller, & Garbutt, 1988; Schwartz, Vartanian, Nosek, & Brownell, 2006) as well as lazy, sloppy,

² Please note that the stigmatizing characteristics listed in Table 1 are not all inclusive. They are representative examples of each type of stigma. Moreover, not all of the examples listed in Table 1 have empirical research investigating their effects in HR decisions.

³ We recognize that obesity can be the result of genetic or other medical factors (e.g., hypothyroidism), but it is the perception that obesity is controllable, a prevailing perception, even among medical professionals, that belies a notion of uncontrollability (Puhl & Heuer, 2009).

⁴ We specifically address facial piercings, since ear lobe piercings, especially in women, are not viewed stigmatically.

TYPOLOGY OF STIGMA

and lack conscientiousness (Hebl & Heatherton, 1998; Hebl & Mannix, 2003; Polinko & Popovich, 2001).

However, the negative stigma does not end there. Obesity also has been associated with perceptions of low competence, and this attribution of low competence often results in affective (e.g., disgust, sympathy) and behavioral (e.g., low help, high harm) responses by coworkers (Levine & Schweitzer, 2015). In fact, the negative stigma associated with obesity trumps the positive social status of being a CEO or member of the C-suite (i.e., conveys wealth, power, prestige, and competence; Ravlin & Thomas, 2005). King and colleagues (King, Rogelberg, Hebl, Braddy, Shanici, Doerer, & McDowell-Larsen, 2016) found that performance ratings of CEOs were negatively impacted by the weight-related negative imputed characteristics conveyed upon them when assessed by peers, subordinates, and supervisors.

More contemporary work concerning stigmas representative of this octant has focused on body modifications in the form of tattoos and facial piercings. Despite the fact that the vast majority of those with hiring authority would negatively rate a job candidate for possessing such a body modification (Swanger, 2006), many individuals possessing visible body modifications believe that these modifications will not negatively factor into their likelihood of being hired (Dale et al., 2009). Given the increasing prevalence of facial piercings, McElroy et al. (2014) examined their effect on applicant suitability in more detail in an attempt to elucidate this relationship. Applicants with facial piercings were judged as significantly less hireable than those without piercings. Further, raters perceived pierced applicants as less conscientious, competent, and of lower character.

Recently, public attitudes toward smoking tobacco have become more negative; yet, research investigating the stigmatization of smokers in the workplace is sparse. However, a recent study by Roulin and Bhatnagar (2016) demonstrated that these negative opinions of smokers carry over to the hiring process with smokers eliciting more negative initial impressions and greater expectations of demonstrating counterproductive work behaviors than nonsmokers. Further, smoking has long been directly associated with multiple mechanisms that increase on

TYPOLGY OF STIGMA

the job injuries and illness (Rothstein, 1983). Indeed, smokers are less productive and exhibit higher levels of absenteeism (Bunn III, Stave, Downs, Alvir, & Dirani, 2006), while reporting similar rates of stigmatization as those with physical disabilities (Kim & Shanahan, 2003).

Thus, the visible and controllable nature of these stigmas evoke negative biases towards individuals, especially applicants, because of the negative characteristics that are imputed to them as a result of the stigma. As discussed previously, presumption of possession of attributes in this octant is likely to result in negative attributions, including reduced perceptions of competence and conscientiousness. In turn, these imputed characteristics form the basis for applicants to experience diminished access to organizations (e.g., Bellizzi, Klassen, & Belonax, 1989; Dale et al., 2009; McElroy et al., 2014; Rudolph, Wells, Weller, & Baltes, 2009; Swanger, 2006). Further, those that do gain access to the organization are likely to face significant treatment discrimination (Rudolph et al., 2009).

Uncontrollable, unprotected stigmas. Examples of such attributes include physical attractiveness and height, along with some types of birth defects and physical deformities⁵. Evidence suggests that this type of stigma also results in access and treatment discrimination (given that these stigmas are not protected), but data further indicates that this type of stigma may not be as deleterious as those that are visible and unprotected, but judged controllable (e.g., Judge & Cable, 2004; Morrow, 1990).

Most of the organizationally-centric research on stigma falling within this cell centers on height and attractiveness. While there is substantial research on birth defects and unfavorable physical attributes, it tends to focus on the social distance (Albrecht, Walker, & Levy, 1982) between stigmatized and non-stigmatized individuals rather than on organizational outcomes. Thus, we choose to focus on height and physical attractiveness as being most illustrative of this type of stigma.

⁵ Here we review research on non-ADA protected stigma of height, birth defects, and physical deformities while fully recognizing that in some instances (e.g., dwarfism, cerebral palsy, and orthopedic impairment, respectively) these examples would be covered by the ADA and would fall under the protected category.

TYPOLOGY OF STIGMA

For example, Judge and Cable (2004) found that height is associated with employee success. Further, they found it also relates to earnings, with those 5'5" tall expected to earn almost \$166,000 less over a 30-year career than those seven inches taller (6'). Persico, Postlewaite, and Silverman (2004) also found a positive association between height and earnings, but argue that it is not one's final height but rather height at adolescence that determines the effect of height on earnings. In terms of magnitude, both sets of researchers argue that the effect of height on earnings is comparable, if not greater, to that of gender. In addition, Morrow, McElroy, Stamper, and Wilson (1990) demonstrated a positive albeit modest effect for physical attractiveness on promotion decisions.

Taller people are seen as more capable, able, and competent (Hensley, 1993), as well as more persuasive (Young & French, 1996) and more likely to emerge as leaders (Bass & Avolio, 1990). Similarly, physically attractive people are perceived to have more socially desirable personality characteristics and to be happier and more successful (Dion, Berscheid, & Walster, 1972). Consequently, shorter and less attractive people may be stigmatized and treated differently due to negative characteristics imputed to them.

While the above evidence suggests that individuals stigmatized in this manner will experience access and treatment discrimination, additional evidence also suggests that the nature of the discrimination will not be as severe as the previous octant. For example, Albrecht et al., (1982) suggest that stigmas based on uncontrollable physical attributes (e.g., disabilities) were viewed less negatively than those based on social deviance (e.g., drug use). With respect to height, self-confidence (which people associate with height) may actually underlie the apparent positive relationship between height and performance (Judge & Cable, 2004). In addition, Heilman & Saruwatari (1979) suggest that factors other than appearance may be used to downplay the degree to which attractiveness results in stereotyping. Others (Eagly, Ashmore, Makhijani, & Longo, 1991) make the same basic argument in noting that the effect of attractiveness may be moderated by the presence of salient information, including competence (Jackson, Hunter, & Hodge, 1995) or past performance (Morrow & McElroy, 1984). Stated

TYPOLOGY OF STIGMA

differently, while physical attractiveness might play a role in an employment decision (Hosoda et al., 2003), potential/current employees may be able to alleviate negative consequences by stressing personal attributes and accomplishments.

Uncontrollable, protected stigmas. A substantial amount of existing research and case law has evaluated the relationship between uncontrollable, protected attributes (e.g., gender, race, and age) and access and treatment discrimination. Given that this type of stigma has been heavily researched (e.g., Heilman, 2001; Kray et al., 2001; Link & Phelan, 2001) and space limitations, we focus on more contemporary research investigating controllable attributes.

Controllable, protected stigmas. Examples of this type of stigma include pregnancy and whistleblowing, the latter of which necessarily takes place in an organizational context (Near & Miceli, 1985). Research indicates that women who are visibly pregnant are stigmatized in the workplace (Fox & Quinn, 2015). Specifically, pregnant women are viewed as being more emotional, less competent, as well as being less committed to and more likely to withdraw from the organization (Cunningham & Macan, 2007; Halpert, Wilson, & Hickman, 1993; Major, 2004). Thus, access and treatment discrimination are likely, despite the legally protected nature of pregnancy.

For example, in terms of hiring decisions, pregnant applicants are rated as less suitable for a position than a non-pregnant counterpart with equal qualifications (Bragger, Kutcher, Morgan, & Firth, 2002). While structured interviews may close the applicant suitability gap for equally qualified candidates, a pregnant candidate is still significantly less likely to be recommended for hiring (Cunningham & Macan, 2007). For existing employees, pregnancy has been found to reduce 3rd-party performance/promotability ratings when performance is equivalent (Halpert et al., 1993). In addition to lower performance ratings and fewer promotion opportunities, supervisors tend to reassign the pregnant to less demanding, less valued work tasks (Halpert & Burg, 1997).

Interestingly, the ultimate result of pregnancy, becoming a parent, seems to interact with parental gender to predict employee stigmatization. A substantial body of research has

TYPOLOGY OF STIGMA

demonstrated a motherhood wage penalty and a fatherhood wage premium (e.g., Cooke 2014; Kahn, Garcia-Mangano & Bianchi 2014; Pal & Waldfogel, 2016)—that is, mothers earn less than observationally similar childless women, and fathers earn more than observationally similar childless men (Weeden, Cha, & Bucca, 2016). Thus, the stigmas associated with pregnancy (e.g., lower competence, and organizational commitment) adhere to women after childbirth, resulting in continued discrimination (e.g., lower promotability ratings and pay levels; Correll, Benard, & Paik, 2007), while the pattern is largely reversed for men. Compared to childless men, being a father is associated with increased organizational commitment, pay recommendations, consideration for promotion, and preferential work policy application (Correll et al., 2007).

A second example of this type of stigma, whistleblowing, is unique in that it originates in organizational contexts. Whistleblowing is defined as “disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect action” (Near & Miceli, 1985, p. 4). Because whistleblowing is often counter-normative, it can form the basis for stigmatization, and acts of reprisal against whistleblowers are relatively common (Near & Miceli, 1985).

While the specific nature of experienced retaliation may vary, it generally revolves around social exclusion and reduced life quality, including disgracing, isolating, and excluding the whistleblower, with more comprehensive retaliation increasing the likelihood that the whistleblower will turnover, either voluntarily or involuntarily (Near & Miceli, 1985). Further, retaliation may be enacted via systematic, universal, top down responses as well as more organic and idiosyncratic condemnation, and the prevalence of retaliation increases with the frequency and uniqueness of the reported activity (Mesmer-Magnus & Viswesvaran, 2005). That is, frequently occurring activities that deviate substantially from generally accepted practices are more likely to illicit retaliation, potentially because these sorts of activities are seen as typical in the focal organization and reporting them is seen as a violation of organizational norms (Watt & Buckley, In press).

TYPOLOGY OF STIGMA

It is also interesting to note that other stigmatizing characteristics may interact with whistleblowing to predict the prevalence of experienced retaliation. Specifically, those who are already stigmatized may incur additional stigmatization costs. For example, women may be more likely to experience retaliation for whistleblowing (Rehg, Miceli, Near, & Van Scotter, 2008). Furthermore, an ethnic minority experiences increased likelihood of retaliation (Near & Miceli, 2008). Thus, while little is known about how previous whistleblowing would impact future life chances at a new employer (i.e., access discrimination), it seems as though whistleblowing leads to significant treatment discrimination.

Invisible Stigmas

The extent to which attributes are visible plays an important role in understanding the stigmatization process (Crocker et al., 1998; Goffman, 1963). Specifically, invisible characteristics afford the opportunity to conceal personal attributes that might be stigmatizing so as to avoid negative consequences, but have the increased liability of needing to manage the timing and extent of disclosure to others (Clair, Beatty, & MacLean, 2005; Goffman, 1963; Ragins, 2008). As such, research on invisible stigmas takes an actor-centric approach, focused on both disclosure antecedents as well as personal consequences of managing these choices (e.g. Clair, et al., 2005; Jones & King, 2014; Ragins, 2008). Consistent with the focus of the current discussion, we focus more on associated professional implications.

In addition, while fully recognizing the substantial personal costs associated with continued concealment (Clair et al, 2005; Jones & King, 2014; Ragins, 2008), we believe that focusing on the characteristics of the underlying condition offers a meaningful distinction between visibility and invisibility. Thus, if the course of the underlying condition (Jones, 1984) itself allows it to remain invisible, we consider that attribute to be invisible. Further, we have chosen to address all invisible types of stigma together, recognizing that once an invisible stigma becomes visible, it (and its proposed effects) will shift into the corresponding visibility cell based on whether it is controllable and/or protected. However, unlike visible stigma, characteristics that are initially hidden do not stigmatize individuals in the selection process, so we anticipate less

TYPOLOGY OF STIGMA

access discrimination⁶. To follow then are representative examples of invisible stigmas and the organizational effects of such stigma on individuals should they become known during the course of employment. Specifically, we focus on previous employment history, sexual orientation, marital status, religion, and mental illness as exemplars of invisible stigmas, while recognizing that there are other invisible characteristics that can stigmatize individuals should they become known (e.g., medical history; Martinez, White, Shapiro, & Hebl, 2016).

Past employment. One consideration that may be particularly relevant for understanding stigma in the workplace is that of past employment experiences. While previous work experiences may be kept hidden in many life domains, they are typically disclosed by applicants during the selection process. As a controllable, unprotected attribute, past work experiences may prove stigmatizing in at least two ways. First, the nature of the organization itself may lead to stigmatization. Second, the type of job held, independent of the organization in which it was held, may be stigmatizing. Below, we discuss both.

Given the recent spate of corporate scandals and financial hardships, it is not surprising that the concept of organizational stigma is well established (Devers, Dewett, Mishina, & Belsito, 2009). While research investigating the individual-level after-effects of previously working for a stigmatized organization is limited, executives associated with poorly performing companies endure decrements to their professional reputation and future employment opportunities (Wiesenfeld, Wurthmann, & Hambrick, 2008). This is particularly true for those *believed* to be liable for the organization's failures (Semadeni, Cannella Jr, Fraser, & Lee, 2008), which may vary substantially from actual culpability (Wiesenfeld et al., 2008).

In addition, working in socially scorned industries (e.g., tobacco, pornography) may result in stigmatization independent of firm performance (Vergne, 2012). Moreover, employees who personify commonly held negative attributes of a particular industry segment are more likely to be stigmatized in their current role than those that appear incongruent (Mikolon,

⁶ Two exceptions to this general conjecture are mental illness and past employment, which have been shown to have access discrimination effects.

TYPOLOGY OF STIGMA

Kreiner, & Wieseke, 2016). Thus, both the characteristics of the organization itself as well as the industry it operates in may be a source of stigmatization. However, outside of research considering the carry-over implications for executives associated with failing organizations, little is known about the magnitude and persistence of these effects.

Another way that previous work experience may prove stigmatizing is via the nature of the job itself. For example, working in food service, as a wait-staff member in particular, can be stigmatizing (Wildes, 2005). Becker and Strauss (1956, p. 257) note the difficulty in finding and retaining workers for these positions: “positions without prestige, without future, without financial reward.” They go on to note that these positions are typically filled by “failures” – people with few alternatives. As such, working in such a position may result in future stigmatization commensurate with being a professional “failure”.

This is consistent with research highlighting the relationship between job prestige and presumed individual attributes. The prestige of one's current position has been found to be positively related to the prestige of the next position when controlling for personal and structural attributes (Wegener, 1991). Scherer (2004) explained this in terms of signaling theory, noting that job prestige may act as a signal of an individual's professional competence and future promise to subsequent potential employers. As a result, entering the job market in a low-prestige position lacking parity with one's education and experience may have long-term, detrimental career impacts (Scherer, 2004).

Related research has revealed that a variety of typically stigmatized groups are associated with low prestige jobs. For example, Stewart and Perlow (2001) noted that people with negative views towards Black individuals were more comfortable assigning them to a low status (compared to a high status) job. Similarly, Kalin and Rayko (1978) found that individuals with an accent were evaluated disproportionately positively for low status jobs and negatively for high status jobs compared with similarly qualified native speakers. In addition, a non-native accent may result in a systematically lower career trajectory independent of starting point (Russo et al., 2017), further hindering attained prestige. Other work has demonstrated that an expected

increase in female participation in an occupation is sufficient to lower occupational prestige, illustrating a perception of fit between female employees and low status positions (Touhey, 1974). Thus, to the extent that previous employment in low prestige occupations leads to negative perceptions about an individual's career potential, access and treatment discrimination may result. In summary, there seem to be several avenues by which previous employment may imbue individuals with a stigmatized identity, but more work remains to be done to examine the mechanisms, boundary conditions, and impacts of these effects.

Sexual orientation. A second example of an invisible stigma is sexual orientation (Anteby & Anderson, 2014). Even though sexual orientation is becoming an increasingly protected attribute, it is important to note that it is not yet completely covered by federal law. As a result, the experience of sexual-orientation based discrimination is widespread for lesbian, gay, and bisexual (LGB⁷) employees (Ragins, Singh, & Cornwell, 2007). Previous estimates suggest that between 1/4 and 2/3 of gay and lesbian employees (Croteau, 1996) and 3/4 of transsexual employees (Ruggs, Law, Cox, Roehling, & Weiner, 2013) have experienced work-place discrimination due to sexual orientation. More specifically, Ragins and colleagues (2007) report that approximately 1/3 of LGB respondents have reported treatment-level discrimination.

Perceived discrimination has been found to be positively related to turnover intentions and negatively related to objective promotion rates for LGB employees (Ragins & Cornwell, 2001; McFadden, 2015). This is consistent with work indicating that LGB workers generally earn less than heterosexuals, though there is indication that the effect may be more robust for men than women (Badgett, 1995), which may be explained in part by an increased propensity for lesbians to enter traditionally male dominated professions and gay men to enter more female dominated professions (Tilcsik, Anteby, & Knight, 2015; Kaplan, 2014; Weichselbaumer, 2003).

The impact of being LGB on organizational access is less clear as it is relatively easy to shield one's sexual orientation during initial interactions with an organization. In order to

⁷ The reviewed research focused on the LGB community. The more recent abbreviation used is LGBTQ+.

TYPOLGY OF STIGMA

overcome that issue and issues related to self-reports of perceived discrimination, recent research has explicitly manipulated sexual orientation of job candidates to gauge organizational responses. Specifically, Van Hove & Lievens (2003) considered the effect of being gay on the suitability for hire ratings of male applicants. While they found effects for applicant quality (e.g. relevant experience), sexual-orientation had no effect.

This result differs from other work reporting negative effects for gay male applicants compared to heterosexuals. Specifically, Drydakis (2009) found lower call-back rates for gays than heterosexual males whose applications were otherwise identical. This is consistent with Horvath and Ryan (2003), who found that job applicant suitability ratings were lower for gay men than heterosexuals. Conversely, the effect found for women was in the opposite direction. That is, on average, lesbian applicants received higher suitability ratings than did otherwise identical heterosexuals (Horvath & Ryan, 2003). In contrast, Weichselbaumer (2003) found significant negative effects in terms of call-back frequency for lesbian job applicants compared to heterosexual female applicants with equivalent job relevant applications.

Thus, the effects of stigma associated with sexual-orientation on access discrimination remains equivocal. However, part of the discrepancy in results may be due to country/cultural variation as the above studies were conducted with Belgian (Van Hove & Lievens, 2003), Greek (Drydakis, 2009), American (Horvath & Ryan, 2003), and Austrian (Weichselbaumer, 2003) respondents. Due to the context-specific nature of stigma, it is possible that the discrepant results instead reflect systemic national differences in underlying attitudes toward sexual-orientation.

Marital status. In contrast to sexual-orientation, marital status is a protected individual difference that should preclude negative effects associated with stigmatization. However, evidence shows persistent differences in earnings related to marital status that may be due in part to stigmatization. Further, it has long been posited that organizations may view marital status and parenthood differently depending on the employee's gender. Specifically, married men may be viewed as more stable and better suited to holding higher paying positions compared to their unmarried counterparts while married women may be viewed as less dedicated to the

TYPOLOGY OF STIGMA

organization with higher expectations for absenteeism and turnover that may discourage assignment to the most desirable positions (Malkiel & Malkiel, 1973). To the extent that this is the case, *unmarried* men and *married* women may be stigmatized in the workplace.

Starting with men, the empirical evidence seems to be consistent with the presence of a marriage premium, indicating that being single may be a stigmatizing attribute in organizations. In fact, “virtually all studies find that married men tend to earn significantly more than single men, with estimates of the marriage premium usually exceeding 10 percent” (Dougherty, 2006, p. 433). However, many potential reasons have been put forward to explain this difference (e.g., increased focus on work activities), so the impact of stigmatization alone is difficult to ascertain.

Nevertheless, a more fine-grained analysis conducted by Loh (1996) supports the view that stigmatization may play a role. Specifically, being married was positively related to earned wages for men employed by an existing organization and negatively related to earned wages for self-employed men (Loh, 1996). Again, there are multiple possible explanations, but if marriage did positively impact actual ability and productivity, it would seem plausible that positive effects would be observed across work domains. In contrast, stigmatization of unmarried men by others in the organization would seem consistent with the reported pattern of results.

For women, the effects of being married are smaller and more variable, with many reports of no significant difference in wages related to marital status (Dougherty, 2006). This may be due in part to the differential effects associated with child rearing discussed previously. In addition, some limited evidence suggests that race may be a moderator of these effects for women. Specifically, marriage seems to have a positive effect on the earnings of Black women while the effect appears negative for White women (Betts, 2001; Duncan, 1996). In total, it seems that being single may be stigmatizing for men, but the effects for women seem more ambiguous and nuanced.

Religion. In contrast to the work on marital status, religious affiliation has received much less attention from researchers, resulting in a relative dearth of information (Ghumman & Jackson, 2010; Sheridan, 2006). This may be due in part to the fact that the United States has

TYPOLOGY OF STIGMA

historically been relatively homogeneous in terms of religion (Tracey, Phillips, & Lounsbury, 2014). However, recent research has started investigating the extent to which being Muslim is stigmatizing, presumably due to a potential increase in the likelihood for stigmatization following the events of September 11th, 2001 in the United States (Sheridan, 2006) and July 7, 2005 in Great Britain (Everett et al., 2015). Previous work has linked traditional Muslim dress with negative stereotypes and increased aggression (Everett, 2015; Unkelbach, Forgas, & Denson, 2008). Consistent with the expectations of Muslim women who choose to wear a hijab (Ghumman & Jackson, 2010), this effect has been shown to extend to job applicant evaluations conducted by student participants, with women depicted wearing a hijab receiving lower evaluations than when they were presented bare headed (Unkelbach et al., 2008).

In contrast, King & Ahmad (2010) did not find any significant differences in job applicant call-back rates due to the absence or presence of traditional Muslim dress when female applicants applied to a variety of actual organizations. However, despite the lack of overt discrimination, those dressed in traditional Muslim attire did report more subtle interpersonal discrimination (i.e., reduced enthusiasm, smiling, eye contact, and helpfulness as well as increased distance, attempts to end the interaction, and rudeness on the part of existing employees). In this instance, the legal protections afforded to religious affiliation may have limited organizational access discrimination. However, it is likely that if interpersonal discrimination of the type described persisted over time, treatment discrimination would result (Jones, Peddie, Gilrane, King, & Gray, 2016).

Mental illness. Negative perceptions associated with mental illness are longstanding with the label of mental illness eliciting many negative stereotypes, such as being unpredictable, ignorant, weak, and dangerous (Link, Cullen, Frank, & Wozniak, 1987; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Phelan, Link, Stueve, Pescosolido, 2000; Phelan & Link, 2004). Farina, Felner, and Boudreau (1973, p. 363) remarked, “people in decision-making positions are reluctant or absolutely unwilling to hire such individuals. And even among those who would be willing to hire them, many would restrict them to less desirable jobs requiring little skill.” Today,

TYPOLOGY OF STIGMA

stigmatizing attitudes toward those with mental illness are still generally widely held (Rüsch, Angermeyer, & Corrigan, 2005), and the strength of the perceived association between mental illness and violent or frightening behavior seems to be increasing in the United States (Phelan, Link, Stueve, & Pescosolido, 2000).

Evidence of discrimination in organizations against those with actual or perceived mental illness is indicated in higher rates of unemployment and underemployment for those persons when compared to the general population (Baldwin & Marcus, 2007; Cook, 2006; Kessler et al., 2008; Stuart, 2004). As a result, most individuals with a mental illness intentionally hide that information when interacting with organizations. Relatedly, applicants suffering from mental illness also report being passed over for jobs for which they were qualified (Wahl, 1999) and employees report being demoted or fired as a result of their mental illnesses (Cook, 2006; Corrigan, 2003; Stuart, 2004). In addition, mental illness is associated with 28-30 days of lost productivity per person per year (Tsuchiya et al., 2012), lower work performance and advancement (Erickson et al., 2009) and higher absenteeism (Gilmour & Patten, 2007).

Of course, it is impossible to know the extent to which these effects are driven by actual differences in job relevant behaviors or by stigmatization. However, there is some research attempting to more clearly unpack that relationship. For example, while previous research focused on self-reports, more recent efforts have attempted to incorporate objective data to better isolate and understand this phenomenon (e.g., Gilmour & Patten 2007). In addition, Cherry (1978) suggests that certain types of work lead to increased levels of mental illness, suggesting that the relationship may be recursive (i.e., a feedback loop exists that worsens the impact).

In summary, given the ability to conceal certain attributes, research into the implications of discovery or disclosure of invisible conditions is somewhat limited. However, there is evidence that those with invisible conditions are apt to experience stigmatization if and when organizational members become aware of them. Presumably, treatment discrimination would be more prevalent than access discrimination in such circumstances, and there are some initial indications that this may be the case, although mental illness in particular seems to be an

TYPOLOGY OF STIGMA

exception , impacting both access and treatment discrimination. As such, employees with invisible and potentially stigmatizing characteristics may be faced with the unfortunate task of trying to cost/benefit the collective negative effects associated with stigmatization against the personal benefits associated with disclosure (Clair et al., 2005; Jones & King, 2014).

Future Research

In addition to integrating existing literature streams and focusing on organizationally relevant outcomes of stigma, our typology highlights several areas fecund for future investigation. In this section, we note several specific avenues that we feel would be beneficial to advance our understanding of stigma. While the list that follows is by no means exhaustive, we hope that these suggestions are useful for spurring further thought and investigation moving forward.

While we integrated three logical and well-documented dimensions in our typology, it is possible that other bases for classifying stigma exist. As such, one area for future research is evaluating the degree to which our typology is exhaustive. One such possibility is a notion of universality or generalizability, related to how broadly something is recognized as a stigma. For example, while illicit drug usage is widely recognized as a discrediting negative characteristic, other potentially stigmatizing characteristics, such as religious affiliation, may be much more situation-specific. That is, the breadth of organizational contexts in which an attribute may be considered stigmatizing can vary considerably.

In order to investigate the possibility of additional dimensionality, we encourage research focusing on the effects of different attributes within the cells laid out in our typology as evidence noting differential within-cell effects, which points to the possibility of uncaptured dimensions. For example, if the effects of being short are systematically different from the effects of having birth defects (both of which are visible, uncontrollable, and unprotected stigmas), then an additional dimension may be warranted. In particular, identifying a dimension that demonstrates consistent moderation effects for attributes currently grouped together in the present typology may prove a fruitful method of investigation.

TYPOLOGY OF STIGMA

A second related possibility is to look more deeply for differential effects of between-cell stigma. While we posited earlier that visible, controllable, unprotected stigma would have the most negative stigmatizing effects, it remains largely an empirical question. Future research could identify which categories are associated with more blatant effects, as well as those that act primarily as tie-breakers between otherwise similar candidates. In addition, some stigma categories may be more deleterious than others in terms of access versus treatment discrimination and vice versa.

Additional insights also may be gained by examining the simultaneous manifestation of multiple attributes with a focus on identifying causal mechanisms and boundary conditions for associated negative effects of stigmatization. Swami and Furnham's (2007) work coupling attractiveness with body modifications is an example of this type of work. Specifically, they found that those with body modifications possess lower physical attractiveness, which may demonstrate that physical unattractiveness/attractiveness can mediate the body modification – employability link. In addition, this research presents the opportunity to identify important interaction effects. How can we better understand the effects on individuals who are characterized by more than one stigma and explore whether the category of stigma matters? In other words, do multiple stigmas magnify or mitigate stigma? Moreover, do stigmas of the same type, (e.g., having tattoos and being obese) in terms of their visibility, controllability and protected status act to self-reinforce imputed characteristics and exacerbate negative effects?

Some work has begun to consider such attribute combinations. For example, as previously discussed, there is some initial evidence that being homosexual may be detrimental for men but beneficial for women (Horvath & Ryan, 2003), and the effect of marital status depends on gender (Dougherty, 2006). Other work illustrates that being stigmatized due to multiple characteristics can be universally deleterious. For example, among disabled individuals, those that are non-White are less than half as likely to be employed full-time as their White counterparts (Braddock & Bachelder, 1994). When considering multiple stigmas, Jones (1997, p. 60) noted: “the most stigmatized group appears to be African American women with a disability

TYPOLOGY OF STIGMA

due to negative attributions and stereotypes related to race, gender, and disability.” In addition, due to conceptual similarity in attributes imputed to disabled and older workers (e.g., slower, less capable), it is likely that stigmas affecting older, disabled workers would result in fewer life chances than those afforded to individuals occupying only one of the two (Jones, 1997).

While scholars in a variety of domains have begun to investigate this sort of intercategory intersectionality (McCall, 2005), considerable additional work remains to be done in order to characterize how multiple stigmas combine in general, and in organizational contexts in particular. For example, the effects might be additive, such that the total effect for having multiple stigmas is the sum total of the effect for each characteristic independently. Alternatively, it is possible that the effects are synergistic such that possessing multiple stigmas would be more harmful than what would be estimated based on the effects of each characteristic independently. While the nature of this relationship is an empirical question, we anticipate a nuanced relationship depending on the nature of the stigmatizing characteristics (as described by our typology) as well as the consistency of the imputed characteristics across stigmatizing conditions. Thus, we encourage future research to incorporate multiple stigma into future studies as opposed to the current tendency to study a single stigma in isolation.

A fourth area of research we might suggest is the need to better understand important contextual moderators. While previous work in this area is informative, additional work remains to gain a fuller understanding of the nature of these relationships. For example, hiring manager tenure mitigated some of the stigmatizing effects of physical unattractiveness/attractiveness and gender, suggesting that experience can mitigate the effect of stigmas (Marlowe, Schneider, & Nelson, 1996). However, age also has been shown to be positively related to physical attractiveness stigma (Morrow, 1990), which might work to offset the aforementioned experience-based effects. Additional contextual moderators to further explore include job type, which has been shown to have a moderating effect for attractiveness and gender effects (Heilman & Saruwatari, 1979), previous experiences, as past performance has been shown to mitigate

TYPOLOGY OF STIGMA

negative effects associated with unattractiveness (Morrow & McElroy, 1984), and the use of ingratiation tactics by those with potentially stigmatizing characteristics.

Organizational-level contextual moderators also may provide additional insights. For example, previous work has demonstrated that even seemingly innocuous attitudes and behaviors towards individuals can have substantial detrimental effects, particularly those stigmatized on the basis of race or gender (Jones et al., 2016b). Yet, little is known about what effect these subtle manifestations might have upon those stigmatized on the basis of characteristics less likely to be central to their identity (e.g., facial piercings). Similarly, research on the effects of diversity climate (e.g., McKay et al., 2007; Ziegert & Hanges, 2005) and climate for inclusion (e.g., Nishi, 2013) has demonstrated the potential for organizations to reduce detrimental impacts of stigma related to race and gender, while research investigating effects on other stigmatizing conditions is largely lacking. In sum, more research on the generalizability of these findings to other forms of stigma and the identification of other possible moderators is warranted. While additional work remains to fully understand stigmatization processes in organizations, our typology provides a useful framework for identifying and understanding likely effects in order to better guide effective mitigation and research efforts.

Culture constitutes an additional contextual factor. Clearly, different countries/cultures offer varying degrees of protection for stigmatized individuals based on differences in their respective legal systems. In addition, culture may play a role in both what constitutes a stigmatizing characteristic and the nature of the characteristics imputed to an individual having a stigmatizing characteristic. An example of the former is that fact that tattoos, even facial tattoos, are commonly accepted in some cultures, such as among the Maori tribe of New Zealand. More relevant, however, is the latter; whether a stigmatizing characteristic in the U.S. is similarly viewed as such and has similar access and/or treatment effects in other countries/cultures.

More research differentiating the types of effects that stigmas have in terms of access versus treatment discrimination also is warranted. While one might expect protected stigma to have less of an effect on access discrimination than unprotected stigma due to differential

TYPOLOGY OF STIGMA

organizational controls, subsequent, subtle treatment discrimination may be more difficult to detect, resulting in less differentiation across the protected-unprotected dimension for treatment compared to access effects. For example, while intentionally or unintentionally excluding individuals from future interactions is likely to have negative implications for those excluded, future work could investigate differences relating to the nature of exclusion experienced. In this instance, the categorization model put forth by Elsass and Graves (1997) may be useful in exploring determinants of the extent to which stigmatized individuals are excluded in particular contexts. In particular, some types of stigma may negatively affect social interactions within a group but not task-related interactions. Based on the idea that not all stigmatizing attributes are equal, it would be interesting to explore which types of stigma lead to global exclusion and which lead to more specific, subtle forms of treatment discrimination like exclusion from social interaction. Further, it would be interesting to see how this applies to other forms of stigma, beyond the gender and ethnic differences considered in their theoretical formulation.

An additional subtle form of treatment discrimination that could be further explored is Lefkowitz's (1994) notion of ethnic drift. In essence, ethnic drift refers to admitting people into the organization (an absence of access discrimination), but then "herding" them together in one or a few low-prestige units within the organization. While this concept was based on ethnic and gender stigma, for example, assigning Blacks to current Black supervisors (which may in turn reduce supervisor performance ratings: Hernandez et al., 2016) or women to human resources (Kossek, Su, & Wu, 2017), it would be interesting to determine how it applies to more contemporary types of stigma.

Relatedly, questions remain in regards to understanding what happens when someone acquires a stigmatizing attribute after admission to an organization. For example, a person might acquire body modifications, experience a large weight gain, become pregnant, or develop an alcohol problem after joining an organization. Does delayed manifestation result in similar or differential outcomes compared with individuals who enter an organization already burdened by these stigmas? In such a situation, it is possible that previous experiences with the individual

TYPOLGY OF STIGMA

might ameliorate potential deleterious effects associated with the stigma. Yet, research related to pregnancy notes that even when peers espouse support for pregnant coworkers, they tend to resist personally performing extra work in order to support and accommodate pregnant employees (Gueutal & Taylor, 1991). Such findings point to potential limits regarding the efficacy of such effects. As such, paralleling our discussion of potential effects that might manifest when invisible stigma become known, this area warrants additional research.

Further, we have noted that invisible characteristics only have the potential to stigmatize when they become known, but additional work remains to be done in exploring effects related to the method of transition. For example, does the individual choose to make the negative characteristic known (e.g., “I have a sleeve of tattoos even though I wear long sleeve shirts at work”) or have others found out about the stigma by other means (e.g. “I never knew he had a sleeve of tattoos until I saw him at the gym”)? Contemporary research on invisible stigmas has focused considerable attention to the antecedents and consequences of the decision to disclose (e.g., Clair, et al., 2005; Jones & King, 2014; Jones, et al., 2016; Ragins, 2008; Ragins et al., 2007), and other research has begun to investigate the effects of disclosure timing. Based on this work, Jones and King (2014, p. 1481) note: “Generally, we expect later disclosures to foster more favorable confidante reactions relative to earlier disclosures in first-time interactions. In contrast, earlier disclosures will be more beneficial when the concealable stigma has some bearing on the work experiences of the confidante”, as recently demonstrated with autism spectrum disorders (Johnson & Joshi, 2016).

This contingency-based sentiment is hardly new. The dual pressure on those with invisible stigmas to refrain from disclosing their characteristics to avoid the associated negative consequences while also facing increasing expectations to “volunteer information about himself [sic]” has been long established (Goffman, 1963, p. 64). Failing to disclose information deemed relevant by an exchange partner in an appropriate timeframe can result in lost trust and engender negative affect (Goffman, 1963). However, less is known about the differences between

TYPOLOGY OF STIGMA

disclosure and discovery (rather than disclosure or non-disclosure, the latter of which is assumed to result in the underlying condition remaining invisible).

This notion of disclosure versus discovery offers a wealth of research possibilities related to the sources of revealing information. The directionality of discovery may have a substantial impact on the ramifications for the focal individual. If the new co-worker finds out about the condition via an old friend of the focal individual, the effects may differ substantially from the case where the old friend discovers something new via the new co-worker. Similarly, research on the role played by social media in the discovery process would seem timely, as the opportunities for organizations to discover and misuse employee/applicant information has increased with social media (Brown & Vaughn, 2011). In addition, there are potential ethical and legal considerations related to employee privacy and the extent to which discovered (vs. disclosed) information can/should be used when determining organizational access and treatment.

More broadly, these examples highlight the need to more explicitly focus on the dynamic nature of stigma. For example, understanding issues unique to the course of the stigmatizing attribute as well as related notions involving discovery and disclosure require a longitudinal focus, both in terms of theory as well as empirical design. In addition, it may be informative to consider time as an important contextual factor in its own right. For example, until relatively recently, smoking was considered glamorous, not stigmatizing (Roulin, & Bhatnagar 2016). In addition, changes in the prevailing attitudes concerning the controllability of various stigma (e.g., obesity, sexual orientation) may occur, and differences in controllability perceptions are likely to change the responses elicited (Weiner et al. 1988). Further, even without concordant shifts in controllability perceptions, responses to stigmatizing attributes can evolve over time (e.g., McCord et al., 2017). Thus, future research should more comprehensively consider temporal issues.

In addition to more appropriate theoretical considerations, a recognized increase in the importance of temporal and other contextual issues should drive more specific empirical changes as well. For example, as illustrated above when discussing results related to sexual orientation,

TYPOLOGY OF STIGMA

the source of the sample may have a considerable impact on findings related to stigma. In addition, an individual's attitudes towards tattoos seem related to their age (Taylor & Keeter, 2010), and behaviors related to potentially stigmatizing attributes may evolve over time (McCord et al., 2017). As such, it is important to be particularly diligent in considering and subsequently reporting relevant aspects of the sample used to empirically investigate questions pertaining to stigma. For example, beyond typical sample demographics, information relating to the time and place of data collection is apt to be particularly relevant (and should be reported by authors and expected by reviewers).

Given the myriad of potentially stigmatizing attributes, intersectionality issues (McCall, 2005) also should be considered as failing to do so could potentially bias results. For example, obesity in the United States is related to numerous other attributes that also may prove stigmatizing including age, race, gender, socioeconomic status, and geography (Wang & Beydoun, 2007). As such, failing to also consider these attributes may result in effects attributed to obesity that are in reality an amalgamation of multiple dimensions. Ideally, these considerations would be taken into account during the study design phase, though in other cases statistical methods might need to be employed during the analysis phase. Again, this reinforces our call for researchers to go beyond studying individual stigma in isolation.

Finally, to formalize what has been alluded to previously, our typology recommends numerous ways for future research to explicate various aspects of context on the stigmatization process. Since stigmatization is context dependent, what then are the properties of societies, industries, organizations, and individual perceivers that facilitate or hinder stigmatizing in a particular context? As noted previously, the current typology and examples are based largely on Western conceptualizations (and U.S. based legal structures more specifically) prevalent at the time of writing. Investigating the nature of these relationships and structures in other societal contexts might elucidate important and interesting differences. More broadly, to the extent that these contextual factors are understood and controllable, opportunities to better understand and ultimately reduce stigmatization may become manifest.

Overall Conclusion

Because much of the research on stigmatization is fragmented, the purpose of this typology is to classify the various types of stigmas one might find within organizations and to delineate the effects of those stigmas on access to and treatment within organizations. Specifically, we point out a number of things we know about stigmas in organizations and also raise a number of questions related to what we do not know. First, by bringing together key insights from the stigma (i.e., visibility and controllability) and organizational (i.e., protected as well as access and treatment effects) literatures, our typology offers a novel and useful classification scheme for thinking about stigmas in organizations and shows that any number of personal attributes may prove to be stigmatizing, leading to varying degrees of access and/or treatment discrimination. Second, it demonstrates that not all stigmatizing characteristics are perceived in an equivalent fashion. Stigmatizing characteristics that are visible, controllable and unprotected result in more severe access and treatment discrimination, while invisible stigmas should have the least adverse effects, to the degree they remain concealed.

Although the nature of the topics discussed have been mostly ignored or deemed too sensitive, it is imperative that we openly discuss these issues, and we hope that the current work represents positive movement in that direction. The three critical dimensions of visibility, controllability, and legal protection provide a concise framework for characterizing the myriad conditions that may be stigmatizing in any given context. Our synthesis also reveals a number of potentially fecund avenues for future research. There is still much to learn concerning the organizational implications of stigma, but we believe we have delineated a number of useful paths for future inquiry. We encourage future researchers to continue to investigate this critical domain in order to further characterize and structure current and future knowledge on stigmas in organizations.

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Table 1: Imputed Characteristics and Outcomes of Selected Stigmas

Visibility	Legal	Control	Stigma	Reference	Imputed Characteristics	Access	Treatment
VISIBLE	UNPROTECTED	CONTROLLABLE	Facial Piercings	Dale et al., 2009; McElroy et al., 2014	Less agreeable, conscientious, attractive (from a social and task perspective), competent, sociable and trustworthy; of more questionable character	X	
			Obesity	Bellizzi et al., 1989; Finkelstein et al., 2007; Harris et al., 1982; Heble & Heatherton, 1998; Heble & Mannix, 2003; King et al., 2016; Klesges et al., 1990; Larkin & Pines, 1979; Pahl & Heuer, 2009; Popovich et al., 1997; Polinko & Popovich, 2001; Ravlin & Thomas, 2005; Rothblum et al., 1988; Schwartz et al., 2006; Shapiro et al., 2007	Lack self-discipline and self-control; lazy; put forth less effort than others; poorer work habits; lower in conscientiousness, intelligence, skill, and ability; slower, sloppier; less active, energetic, outgoing, and successful	X	X
			Smoking	Bunn III et al., 2006; Kim & Shanahan, 2003; Roulin & Bhatnagar, 2016	Less productive	X	
			Tattoos	Dale et al., 2009; Swanger, 2006; Timming, 2015	Less honest and competent; Anger management problems; dangerous; suffering from reduced mental health; substance abuse; externalized risk behaviors	X	
		UNCONTROLLABLE	Attractiveness	Dion et al., 1972; Dipboye et al., 1975; Hosoda et al., 2003; Morrow et al., 1990	Less socially desirable personality characteristics; less happy and successful	X	X
			Height	Bass & Avolio, 1990; Judge & Cable, 2004; Hensley, 1993; Persico et al., 2004; Young & French, 1996	Less capable / able, competent and persuasive; less likely to emerge as leaders	X	X

TYPOLOGY OF STIGMA

INVISIBLE	PROTECTED	CONTROLLABLE	Pregnancy / Children	Cooke 2014; Correll et al., 2007; Bragger et al., 2002; Cunningham & Macan, 2007; Fox & Quinn, 2015; Halpert & Burg, 1997; Halpert et al., 1993; Kahn et al., 2014; Little et al., 2015; Major, 2004; Pal & Waldfogel, 2016; Weeden et al., 2016	Women: less competent, less committed to work; more likely to leave; more emotional, irrational; Men: more committed	X	X
			Whistleblowing	Rehg et al., 2008; Mesmer-Magnus & Viswesvaran, 2005; Near & Miceli, 2008, 1985; Watt & Buckley, (In-press)	Challenge to organizational authorities; violation of organizational norm		X
		UNCONTROLLABLE	Accent (National Origin)	Hosoda & Stone-Romero, 2010; Huang et al., 2013; Kalin & Rayko, 1978; Russo et al., 2017	Less competent and sociable; lower in character and composure	X	X
			Gender	Colella et al., 2012; Joshi et al., 2015; Roth et al., 2012; Touhey, 1974	Less suitable, dedicated; lower performance and leadership potential	X	X
			Physical Disability	Baldwin & Choe, 2014; McElroy & Crant, 2008; Villanueva-Flores et al., 2015	Isolated; helpless; unappealing; quiet; shy	X	X
			Race	Colella, et al., 2012; Roth et al., 2017; Stewart & Perlow, 2001	Varies by race	X	X
		UNCONTROLLABLE	Past Employment	Mikolon et al., 2016; Scherer, 2004; Semadeni et al., 2008; Vergne, 2012; Wegner, 1991; Wiesenfeld et al., 2008; Wildes, 2005	Failure (related to one's organization failure); Character congruent with that of the industry (e.g., pornography); low status congruent with job (e.g., wait staff)	X	
			Medical History	Martinez et al., 2016	Lower levels of competence	X	
INVISIBLE	UNPROTECTED	UNCONTROLLABLE	Sexual Orientation	Badgett, 1995; Croteau, 1996; Drydakis, 2009; Horvath & Ryan, 2003; McFadden, 2015; Ragins & Cornwell, 2001; Ragins et al., 2007; Reyna et al., 2014; Ruggs et al., 2013; Weichselbaumer, 2003	Violation of traditional family values; low tolerance; low self-discipline	X	X

TYPOLGY OF STIGMA

	PROTECTED	CONTROLLABLE	Religion	Everett, 2015; Ghumman & Jackson, 2010; King & Ahmad, 2010; Sheridan, 2006; Unkelbach et al., 2008	Less educated; suspicious; unfriendly; lacking warmth; less sincere	X	X
			Marital Status	Betts, 2001; Dougherty, 2006; Duncan, 1996; Malkiel & Malkiel, 1973; Loh, 1996; Weeden et al., 2016	Men: more stable, better suited to holding higher paying positions; Women: less dedicated to the organization, higher expected absenteeism and turnover		X
		UNCONTROLLABLE	Mental Illness (disability)	Angermeyer & Dietrich, 2006; Baldwin & Marcus, 2007; Cook, 2006; Corrigan, 2003; Devonish & Devonish, 2017; Farina et al., 1973; Gormley, 2015; Kessler et al., 2008; Link et al., 1987; Link et al., 1999; Phelan & Link, 2004; Phelan et al., 2000; Rüsch et al., 2005; Stuart, 2004; Wahl, 1999	Unpredictable; in need of help; dependent on others; more prone to being violent and dangerous	X	X