Self-Stigma, Bad Faith and the Experiential Self

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Abstract

The concept of self-stigmatization is guided by a representational account of self-hood that fails to accommodate for resilience against, and recovery from, stigma. Mainstream research on self-stigma has portrayed it only as a reified self, that is, as collectively shared stereotypes representing individuals' identity. Self-stigma viewed phenomenologically, however, elucidates what *facilitates* a *stigmatized self*. A phenomenological analysis discloses the lived phenomenon of stigma as an act of self-objectification, as related to the experiential self, and therefore an achievement of subjectivity. Following a phenomenological account, the stigmatized self can thus return to a state-of-being, similar to that Jean-Paul Sartre once referred to as *bad faith*. Regarding your identity as analogous to an inanimate thing is ultimately self-deceptive. Self-stigma is here phenomenologically illuminated as constituted by *basic discretion*, that is, as a minimal form of agency. The study found that basic discretion can uphold the possibility for emancipation from a stigmatized self.

Keywords Self-stigma · Phenomenology · Experiential self · Bad faith · Internalization · Representationalism

Introduction

Exposure to prejudice has been viewed as the external cause directly contributing to an internalized stigma, resulting in low self-esteem and low self-efficacy (Link et al. 1989). This process has been referred to in the social sciences as *self-stigmatization*, signifying that the stigmatized individuals' state of self-devaluation is a result of their sense of identity being synonymous with public stereotypes (Bos

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et al. 2013). Nevertheless, some empirical social researchers have questioned if self-devaluation can really be predicted by the possession of a stigmatizing attribute (Crocker and Major 1989). On the one hand, most researchers take for granted that prejudice causes self-stigma and self-devaluation. On the other hand, some conflicting empirical evidence points in the direction that being exposed to prejudice does not automatically predict self-devaluation. Such a divergence in terms of social research findings could easily be resolved and explained by the difference between causality and correlation. However, and according to Patrick Corrigan (e.g., Corrigan 1998; Corrigan and Watson 2002), the conflicting results also set up a paradox in terms of the concept of self-stigma. Corrigan and Rao (2012: 466) state that, “[s]ome people with mental illness internalize it [i.e., a stigma] and suffer the harm to self-esteem, self-efficacy, and lost goals. However, many others seem oblivious to its effects and report no pain. Yet another group is especially interesting: people who seem to report righteous indignation at the injustice of stigma”. Corrigan and Rao further argue that the resilient group of individuals might hold the key to how to empower self-stigmatizing individuals. However, such a conclusion also poses yet another problem of selfhood: What aspect or aspects of the self would then facilitate resilience against, or, mutually, recovery from self-stigmatization? Perhaps the paradox has not been considered seriously enough.

The purpose here is to make an attempt to resolve Corrigan’s paradox by turning to the phenomenological tradition. The self then becomes a phenomenon to be disclosed and self-objectification, in turn, becomes an achievement of subjectivity. Lately, contemporary phenomenologist Dan Zahavi (e.g., 2009, 2014) has elucidated a fundamental part of selfhood, referred to as *the experiential self*. This may contribute in resolving Corrigan’s paradox by also engaging the transcendental layer of the self as it relates to the phenomenon of stigma. Thus, a phenomenological account may provide us with the meaning of self-stigma as a phenomenon and perhaps guide us towards insights regarding emancipation.

Humanity, Self-Stigma and the Experiential Self

A suitable starting point seems to be to argue for stigmatization as an expression of the human condition rather than a threat to it. In the classic account provided by Erving Goffman (1990), to be stigmatized is to have your humanity challenged by the possession of a spoiled social identity. Goffman (1990: 15) claims, “[b]y definition, of course, we believe [that] the person with a stigma is not quite human”. According to this view your humanity is disputable, that is, something that can be denied by others. Yet, the very discovery of stigmatization furnishes a critical vantage point as we find in, for example, Goffman’s (1990) notion of the normal deviant. Regardless of the abnormalities that stigmatized individuals display, the coping strategies they tend to utilize (e.g., information control) can be generalizable as highly normal behavior. Returning then to the human condition, Goffman reinstates a sense of resourcefulness to stigmatized individuals in the way that they handle their situation. Similarly, Wolfgang Lipp (1977), an early adopter of the notion of self-stigma, portrays stigma as a reflexive opportunity, one that makes it possible for

the individual to rebel against different social conventions. In summary, Both Goffman and Lipp show that the recognition of stigma also means a human challenge to normativity.

Alongside this analytical approach to stigmatization, John Manzo (2004) seems to doubt that stigmatization can be regarded as an everyday human phenomenon. Manzo's chief concern is that empirical research conducted on stigmatization often assumes that the concept of stigma corresponds with *something* that is taken to reside within the population under study (see Englander 2018). The problem is that the sample is determined by a stigmatizing condition (Manzo's case in point is HIV and AIDS) that is already theoretically presumed. The fallacy of non-falsification is, to Manzo, epitomized by the notion *internalized stigma* (see self-stigma). Manzo (2004: 409) states that it may be "omnisciently applied to any condition that is hidden, regardless of the 'victim's' emotional valence towards it or justification for secrecy about it". In an analytical sense then, Manzo's concerns are well-grounded although his rather skeptical account would imply that the experience of possessing a stigma cannot even be considered as being independent from the theoretical concept. Yet, the aim of Manzo's critique remains highly agreeable from a phenomenological perspective. For example, Manzo stresses that a naïve approach to stigma may "impede researchers from noticing the extent to which persons might undo or manage or make irrelevant the victim-casting status that the expression 'stigma' implies" (Manzo 2004: 413). Manzo advertises a first-person-perspective that seems absent in the current debate on stigma and selfhood.

But how could we problematize the present concept of self-stigma and its overall structural approach to selfhood? Goffman somewhat presumed a *stigma identity* by studying it intrinsically. Later research has instead come to ask why some people identify themselves as stigmatized in the first place and why others do not. Perhaps such an interest could be partly understood as carrying the view of stigmatization as an amenable social problem (e.g., Link and Phelan 2001). Now, the notion of self-stigma has become relatively important for differentiating between individuals who are merely confronted with stigmatizing attitudes in society (that is, social or public stigmatization) and those who seem to succumb to such attitudes. In relation to the stigma of mental illness, Corrigan (1998: 208) clarifies that "the detrimental impact of stigma is not limited to discrimination by others. Some persons with severe mental illness also endorse stigmatizing attitudes about psychiatric disability and, in essence, about themselves". Awareness of a negative stereotype is therefore not sufficient in order for self-stigmatization to develop, because the stereotype also needs to be accepted and applied to the self (Corrigan et al. 2009). As such, self-stigmatization can provide nuance for the empirical variability of effects that stigmatizing attitudes may have on groups and individuals affected. However, there is a serious issue inherent in such a pragmatic approach. Ironically, the distinction self-stigmatized and non-self-stigmatized only seems to take us further away from being able to disclose how empowerment in the face of self-stigma is at all possible (see Corrigan and Rao 2012). Take, for example, resilient and resisting individuals who seem to share very little with their self-stigmatizing counterparts. Individuals who revolt against a stigma that is being imposed on them by others arguably enjoy a critical distance to prejudice and then do not suffer from a self-stigma. Self-stigmatizing

individuals, on the other hand, are *defined* by their very endorsement of the same prejudice, referred to as *internalized* as a negative self-image (Corrigan and Kleinlein 2005; Link et al. 2015).

Resilience or reaction therefore appear to find little room in a straightforward explanation of self-stigmatization. Corrigan and colleagues (e.g., Corrigan and Watson 2002; Corrigan and Rao 2012) recognize this fact and regard it as paradoxical. The thrust behind the argument of self-stigma lies instead in an attempt to bring social and psychological aspects together into a new construct. Consequently, using mental illness as an example, Corrigan and Watson (2002: 36–38) states, “people with psychiatric disability, living in a society that widely endorses stigmatizing ideas, will internalize these ideas and believe that they are less valued because of their psychiatric disorder... [This] leads to negative emotional reactions. Prominent among these is low self-esteem and self-efficacy”. Later research calls this the *why-try-effect* (Corrigan et al. 2009, 2016). What appears to be lacking, is an account of why possession of a trait that is generally known to be stigmatizing (in a particular social context) does not automatically lead to self-stigmatization.

Furthermore, Corrigan and Watson identify the need for unity. They write that their “model is useful for explaining situational reactions to stigma, [but] fails to account for consistent patterns which people show in their self-image across situations” (Corrigan and Watson 2002: 47). Their suggestion for further research consists of clarifying how personality types and other individual factors may predispose self-stigma development. However, this would mean reducing selfhood to empirical difference. But, what makes public stereotypes personal, that is in that they feel like something *for me*?

From a first-person-perspective what is *mine*, what I see as my self-image, is not automatically interchangeable with pre-established social roles. Contrary to simply being moved by external social forces, I also take an *active* part in shaping my personality through my intimate and continuous experience of it. Edmund Husserl captures this as he writes:

In order to know what a human being is or what I myself am as a human personality, I have to enter into an infinity of experience in which I come to know myself under ever new aspects, according to ever new properties, and in an ever more perfect way. Only this experience can exhibit (or perhaps repudiate) what I am and even that I am. (Husserl 1977: 154, cited in Zahavi 1999: 158)

Even something as *anti-personal* as a stigma can only have an impact on me by manner of being personal.

This *for-me-ness* quality of experience is what Zahavi (2014) refers to as *the experiential self*, a basic form of selfhood that is an *intrinsic feature of experience*. However, and as Zahavi (2014) points out, this is not to suggest that the experiential self *re-presents* itself in each and every experience. On the contrary, the *I* does not vanish when I change my mind about who I am. For example, I do not become mentally ill to myself at the moment I identify myself as such. Instead, the *I* makes the attendance to the temporality and fluctuation of self-experiences possible in the first place (Levinas 1969). The self may only be examined in reflection, though it is completely evident to me that *I* do not always reside in such a modality of thought.

The fact that I can attend this shift of focus through experiencing it suggests that the content of an object of thought (e.g., self-image) alone cannot exhaust what it means to be a self (Zahavi 2009).

Importantly, this phenomenological account does not in any way abandon sociality in favor of a solipsistic approach. Take the case of depression for example. The knowledge of my symptoms and the utilization of medication are only comprehensible to me in being traditions of meaning I partake in together with others (see Husserl 1970). Even more saliently, Martin Heidegger (2008) makes the point that the question of being can never be posed by a subject who is without context. By drawing on Heidegger's notion of the subject—*Dasein*—as always *being-in-the-world*, Zahavi (2009: 553) concludes that “when we look at concrete experience, we always come across a co-givenness of self and world”. Hence, only the worldly involvement of the subject can disclose what it means to be a self, “intertwined with, shaped and contextualized by memories, expressive behaviour and social interaction, by passively acquired habits, inclinations, associations, etc”. (Zahavi 2009: 560). What does it then mean to make the world of others into my own personal world—a world that I already belong to? And more specifically, how does a stigma become *my* stigma?

Internalization Versus Stigmatization

Keeping the above account in mind, let us now turn briefly to how the notion of internalization is used in two well-known sociological theories. For Pierre Bourdieu (1990), the term internalization accounts for his notion of *habitus*, namely, the very manner in which social dispositions influence personal preferences (e.g., that I enjoy certain things is a result of my upbringing and milieu). According to Dermot Moran (2011: 65), Bourdieu's view is that “[h]abitus produces individual and collective practices; it is a more or less anonymous collective system for instituting, passing along, and stabilizing practices in a society”. George Herbert Mead, on the other hand, uses the term internalization differently, namely to account for the intersubjective foundation of selfhood. Mead states (1934: 178f.) that “[t]he organization of the social act has been imported into the organism and becomes then the mind of the individual. It still includes the attitudes of others, but now highly organized, so that they become what we call social attitudes rather than roles of separate individuals”. Regardless of any mutual differences, both Bourdieu and Mead portray internalization as a means for an implicit symbiosis between subject and their, so to say, *social background*. This is the opposite of Goffman's (1990) account of stigmatization. Namely, internalization in the context of *habitus* is a process of sedimentation and familiarity, whereas *stigmatization* is a process of alienation. As Goffman (1990) implies, a stigma discloses abnormality, not normalcy.

One way to circumvent the aforementioned problem is to embrace the element of conflict in the internalization of identity. Peter Berger and Thomas Luckmann (1966) provides such an approach. To them, a stigma identity is dependent on internalization, which “refers to the process of retrojection of the social world into the subjective consciousness of the individual which is achieved in socialization” (Dreher

2016: 56). We find a very similar idea in the self-stigma literature. Bruce Link and colleagues (1989: 402, citing Scheff 1966) argue that since people already have an idea of what it means to be mentally ill, it is a matter of “incorporating [that idea] as a central identity” if such becomes relevant to them (e.g., through the onset of mental illness). However, what sets these accounts apart is that Berger and Luckman argue that stigmatization is an example of unsuccessful socialization. That is, a stigma is the result of asymmetry. As Berger and Luckman (1966: 185) explain, “asymmetry between the socially defined reality in which [the stigmatized individual] is de facto caught, as in an alien world, and his own subjective reality, which reflects that world only very poorly”. In other words, the stigmatized self is a shattered and confused self, which may result in low self-esteem—as a case of incommensurable normative standards applied to the self. Berger and Luckman allude to the idea that a stigma is generated precisely when the world of others cannot be fully internalized.

I here identify a confusion between the meaning of a stigma and the explanation of the process of stigmatization. In the self-stigma concept, stigma experiences are brought on deterministically by cognitive priming (Link et al. 1989; Corrigan and Watson 2002). Congruently, Elizabeth Pinel and Jennifer Bosson (2013) argue that stigma components in social situations trigger self-awareness of a stigmatized identity. The mind is here viewed as a passive receptor of information, and a stigma, then, resides in the mind as a representation that is activated by outside stimuli. Such a representational account of selfhood can be contested by phenomenology.

It is fair to depict the phenomenological tradition as a reaction to representationalism. The *representational theory of mind*, upon which Corrigan’s (e.g., 1998) self-stigma concept is arguably built, proceeds from the assumption of a pre-established separation between mind and world. What happens on the outside, in a mind-independent reality, determines what goes on inside the mind. Since knowledge is principally mind-dependent, knowledge of such an external reality can only be achieved through inference. The mind must then work with imprints, traces or copies of objects, that is representations, and not the objects themselves. A phenomenological perspective adamantly rejects such a dualism for a number of reasons (e.g., Gallagher and Zahavi 2012). The most important reason (in terms of our present discussion) seems to be that it fails to emphasize that objectification is an act of consciousness, and therefore an accomplishment of subjectivity. As Zahavi (2014: 16) states, “my experiences are not given as objects for me pre-reflectively. In short, I do not occupy the position or perspective of an observer, spectator, or in(tro)spectator of these experiences... In pre-reflective or non-observational self-consciousness, experience is given, not as an object, but precisely as subjectively lived through”. When revisiting the self-stigma concept, what becomes clear is that it fails to account for the self-object-distance that reflection entails when it delimits selfhood to social identity as collective representations.

What becomes pertinent here is to address how a stigma presents itself to consciousness. Contrary to what the concept of self-stigma implies, negative self-assessment cannot only mean reference to a pre-acquired social identity. Such an approach departs from a view of selfhood that is already reduced to its evaluative aspects. Rather, when I evaluate myself negatively, I live through this as an experience and

as a discontinuation of my casual preoccupation with daily life and the activities that absorb me. Eva Schwarz draws a similar conclusion when she considers the presentation of self in relation to self-esteem:

It is exactly when I feel, for instance, insecure about a situation the ‘self’ becomes thematic: Will I succeed? ... We do not know that we have low or high self-esteem until we encounter a situation in which our ‘self’ becomes problematic. I might not be aware of any ‘low self-esteem’ at all until the moment I doubt whether I can achieve a certain goal. (2010: 61)

From the first-person-perspective, the stigmatized self presents itself as already contextualized. For example, I come to think about my minority status the moment I hear some racial slur dropped by a stranger I pass on the street. Or, I am suddenly reminded of my dyslexia when I realize that I am expected to read something out loud in front of the whole class. Moreover, and similar to the phenomenon of low self-esteem, self-stigma is not always an issue for me.

The very manner of presentation as something that I necessarily attend to discloses the constitutive role of consciousness. This is true whether we speak of the researcher who seeks to uncover the social mechanisms or functions of stigmatization aside from its psychology, or people who experience it first-hand. While I arguably may be discriminated against without knowing about it, the same thing cannot be said about a self-stigma. This does not mean, however, denying the possibility that my stigma may affect me even when I do not think about it. My prejudices intertwined with my self-stigma may very well bias my everyday decisions. I may often be oblivious to my inclinations or preferences when I thoughtlessly value things around me, or what I myself am capable of. After all, and as Hans-Georg Gadamer (1989) stipulates, the *hiddenness* of prejudice is precisely what makes it into prejudice and not a volitional judgment. For example, I may be surprised to learn that another person views me much more favorably than I do, thereby showing me that I have taken something (or someone else) for granted. But this is precisely when my stigmatizing attitude towards myself is clearly revealed. When I do look upon myself negatively because of my alleged flaws, what I also come to find out is that I do not always reside in an evaluative attitude towards myself—I have to adopt such an attitude. A stigma is dependent on consciousness for its realization.

To conclude this section, the psychological impact of stigmatization does not need to rely on internalization if instead insisting on the presentational aspects of self-stigma as a phenomenon. Whether I agree with or simply am aware of a stereotype, the stereotype *qua* stigma is not given as private or latent. It appears as firmly situated *in the world and in relation to others*. As Brenda Major and Laurie O’Brien (2005: 395) stress, “stigma is relationship- and context-specific; it does not reside in the person but in a social context”. Phenomenology would come to a similar conclusion in that there is always some distance from objects intended in experience, *precisely because they are intended*. Acceptance or rejection as attitudes and ways of intending must instead be a matter of the quality of the specific intentional act involved, not the “empirical location” of the object. These acts can then be studied by tending to a context where the phenomenon presents itself, such as a personal narrative (see “[On the Possibility of Emancipation](#)” section below). If the notion

of internalization is to have any place in clarifying an interdependency between the dimensions of subjectivity and sociality, it must be in relation to a context. An internalized set of norms form a background against which the phenomenon of stigma may stand out.

Shame, the Stigmatized Self and Bad Faith

From a phenomenological point of view, shame and stigma share a number of similarities. Remember how Goffman (1990) views stigmatization as the possession and management of a spoiled social identity. Consider his account together with the flawed self that Zahavi (2010) describes in his investigation of shame. Even though shame may often be associated with a private emotional domain, Zahavi argues that shame is a social phenomenon. This on the basis that shame “presupposes the intervention of the other, not merely because the other is the one before whom I feel ashamed, but also and more significantly because that of which I am ashamed is only constituted in and through my encounter with the other” (Zahavi 2014: 213). Shame presents itself immediately, it washes over me and instantly exposes myself as precisely a self that others can judge. That is, the feeling of shame is dependent on others. Shame demonstrates that self-objectification cannot start with a pre-experiential self, which is what the concept of self-stigma dictates. We turn the tables here by not limiting shame to an outcome of self-stigmatization (see Corrigan 1998). By staying faithful to the phenomenological first-person-perspective, we can disclose that the stigmatized self may instead be preceded by shame. That is, I can stigmatize myself only after becoming viewed as a thing by others.

In order to flesh out this proposal, we will turn to Jean-Paul Sartre’s (1992) notion of *The Look* (*Le regard*). The look is a metaphor in Sartre’s theory of intersubjectivity (i.e., being-for-others), for which the experience of shame serves as an example. The look does not reside in the other’s eyes but lies precisely in its intentionality. In other words, what I am conscious of when the other looks at me is that I am being *looked at*.

What I apprehend immediately when I hear the branches crackling behind me is not that *there is someone there*; it is that I am vulnerable, that I have a body which can be hurt, that I occupy a place and that I can not in any case escape from the space in which I am without defense—in short, that I am seen. (Sartre 1992: 259)

What the look signifies is that it interrupts my spontaneous and unconstrained engagement with the world. According to Thomas Flynn (2013), what Sartre means is that the look shows that our being-for-others implies an existential dimension that co-presents itself in experience. This dimension gets lost in conceptual thought. Hence, James Aho and Kevin Aho (2008: 111) make a hasty generalization when they draw upon Sartre’s work and conclude that “[o]thers are looking at me, judging me, defining me as a clod. The gaze of others leaves a stigma... that colors my sense of self”. This is to argue that the look implements a kind of value-transaction through a mutual objectification of one’s self. Sartre’s

point, though, is that I precisely cannot treat myself as a thing as ruthlessly as the other can (Zahavi 2014). Primarily, the look *separates* me from others. Perhaps this is what Emmanuel Levinas (1969) conveys when he constitutes the other as someone who I cannot fully know, and who remains independent from me. Importantly, the look pertains to a persistent uncertainty as to what it is exactly I am being perceived as.

The experience of my stigma cannot precede, but rather is conditioned by my, objectivity to others. Therefore, what I am proposing here is that while the look of the other is constituted by vagueness, a stigma always reinstates to me a certainty of that very thing the other sees and finds wrong with me. Or as Goffman (1990: 132) writes in a passage about a man feeling repulsion for the people of his own kind, “ashamedness itself [is transformed] into something of which he is ashamed”. My stigma is not just myself taken as an *object*, but *the* specific object that I reduce myself to reflectively. Consequently, when I *self-stigmatize* I am held captive to a particular image *qua* conception of myself—a conception that I share with others.

However, and as already indicated, such a captivity must be mistaken since I cannot completely become an object to myself. Just as the other, per definition, remains elusive to me in perceiving me, I also remain elusive to the other. I am much more than what other people see, which is evident in that I can feel misunderstood, or hide my feelings and intentions from others. Furthermore, I even remain elusive to myself as I can surprise myself, or feel conflicted about, or estranged to myself. As Maurice Merleau-Ponty so eloquently puts it:

It is often a matter of surprise that the cripple or invalid can put up with himself. The reason is that such people are not for themselves deformed or at death's door... Consciousness can never objectify itself into invalid-consciousness or cripple-consciousness, and even if the old man complains of his age or the cripple of his deformity, they can do so only by comparing themselves with others... that is, by taking a statistical and objective view of themselves, so that such complaints are never absolutely genuine. (1962: 434)

What awareness of my stigma really tells me is that I transcend that of which I am aware. Not only is this the case in moments when I question it, or ignore it, but also when I try to reconcile with it. This may be part of what makes a stigma so unbearable to possess. To *self-stigmatize* is merely an attempt to treat my being as purely factual. For example, when I contend that my obesity makes me worthless, as someone who cannot amount to or succeed at anything, I make myself into a thing: the obese. But my sense of self or my existence cannot be an object in empirical space in the same sense that a chair in a room is (Heidegger 2008). This factuality, what Sartre (1992) calls *being-in-itself*, is an impossible position for me to uphold. I cannot exist as the image of mental illness or the cancer patient or the homeless person. Nevertheless, people readily tend to take refuge in social roles and conditions, and by doing so, deny their personal involvement in making such assertions about themselves. This move or attitude is by Sartre referred to as *bad faith* (*mauvaise foi*). Surrendering myself over to *the mercy of circumstance* of worldly things, is still a

doing on my part, and never simply something done to me. Thus, I deceive myself. I act in bad faith by expressing my agency while at the same time trying to deny it.

However, bad faith implies yet another aspect. Consciousness is intentional, that is directed towards and presenting itself together with, the objects of its concern. Therefore, mindedness cannot be found in the removal of objectivity. Such a modality of existence, and what Sartre calls being-*for-itself*, is therefore equally unattainable. We are thus left with a view of being as having dual properties. Merleau-Ponty (1962: 453) declares that one is “never a thing and never bare consciousness”. Sartre shares such an insight. He sees the human condition as essentially ambiguous.

In terms of a conceptual analysis, the ambiguity may appear problematic. The main issue for Sartre, however, is the forced disclosure (e.g., bad faith) of an ambiguity that is evident to experience. It is precisely the arbitrariness of the experience of adhering to a stigma that the concept of self-stigma fails to capture. When the concept tends to selfhood merely as a consequence of being-with-others it ignores the aspect of being-*for-itself* in favor of being-*in-itself*. It could even be concluded from this that to view the stigmatized self merely in a deterministic manner means also to surrender to the mercy of circumstance, and thus bad faith is reiterated on a conceptual level. What it means to be a *self* that self-*stigmatizes* is then not properly considered.

From our discussion above, there is enough phenomenological evidence to support an understanding of the phenomenon of stigma that includes the experiential self. We have seen how self-stigmatization in terms of an internalized stigma identity does not exhaust what it means to be a self. Rather, succumbing to a stigma concerns bad faith. Your agency is directed towards reifying your *self* within the totality of your interdependency on others. Only by way of explicating the experiential self can bad faith be challenged. This may be the first step towards emancipation.

On the Possibility of Emancipation

It may be tempting to regard bad faith as a psychological problem to be resolved. Corrigan and Rao (2012) opt for such a constructive approach in regard to self-stigma. Their suggestions for ways to reduce self-stigmatization appear to fall within a medical discourse. Similar to mental illness itself, the *stigma* of mental illness is viewed as a condition that is inflicted on the person, and as a condition that can be subject to care. Self-stigmatizing individuals are hence without blame for their situation but are still ultimately responsible for employing various initiatives aimed at promoting well-being (e.g., utilizing critical thinking towards stereotypes, or attending peer-group sessions). I do not here seek to discuss the implications of the various suggested interventions against self-stigma. Instead, I would like to call attention to the fact that the concept of self-stigma, from the start, fails to accommodate an interventional approach. From the outset of this paper, I critiqued the concept of self-stigma for lacking an account of selfhood that could ground the possibility of emancipation from a stigma. In this last section, I would like to address how the experiential self may facilitate such a pre-condition. First, however, we need to

scrutinize what this possibility of emancipation from a stigma really amounts to, and essentially what freedom is in relation to bad faith.

In my reading of Sartre, bad faith is something other than simply a detrimental thought pattern to be mended. Believing such would essentially mean believing that self-objectification can be evaded, and that it would be desirable to do so. Instead, according to the existential perspective, we need to confront ourselves with our naïve understanding of the notion of freedom. Sartre famously stated that “[w]e are ‘condemned to be free,’ which means that we can never simply *be* who we are but are separated from ourselves by... having perpetually to re-choose, or re-commit, ourselves to what we do” (Crowell 2017: 3.1, §6). Freedom is always situated and therefore can never be a state where every restraint or limitation has been lifted. As Merleau-Ponty elucidates, “[e]ven what are called obstacles to freedom are in reality deployed by it. An unclimbable rock face, a large or small, vertical or slanting rock, are things which have no meaning for anyone who is not intending to surmount them” (Merleau-Ponty 1962: 436). What is regarded as obstacle, or perhaps an asset for my particular course of action is designated by my existential project. This is what bad faith is oblivious to. A stigma, though dictated by others, is something that I myself must commit myself to for it to become a stigma. Then, to lay bare that commitment precisely as a commitment would be to challenge one’s own captivity to a stigmatized self and to take the initial step towards emancipation.

Certainly, my suggestion is really the opposite to Pinel and Bosson’s (2013) bypass-strategy. They argue that relief from the psychological harm of stigmatization hinges on avoiding situations that may trigger self-focused attention on the stigma. I find that such a pragmatic approach misses an important point. Even if I could avoid stigmatizing situations, how would I know what situations to avoid if not first relating such predictions precisely to my stigma (see Merleau-Ponty 1962)? Whenever my stigma *does* present itself to me, it becomes clear that I cannot annul this particular involvement with the world through wishful thinking. Following Heidegger’s description of the subject as being-in-the-world, Merleau-Ponty (1962) portrays the subject as being-*for*-the-world. I *already exist* as dysfunctional or crippled (Merleau-Ponty 1962: 443). This is what it means to be stigmatized, as something I first live through rather than think. Freedom of a stigmatized self, then, cannot be a question of denying what I have found to be true for my narrative sense of self.

Instead, what I would like to emphasize here is that a stigma must be a *discovery* that I make about the world. This is true even if it means discovering that these conditions are imposed upon me by others. Even as I realize that my motivations are informed by my specific habitus, this state of affairs is not entirely dictated to me.

I am free, not in spite of, or on hither side of, these motivations, but by means of them... this certain significance of nature and history which I am, does not limit my access to the world, but on the contrary is my means of entering into communication with it. (Merleau-Ponty 1962: 455)

All this may elicit a sense of powerlessness in me, namely I do not and cannot have the life I would want for myself. However, even in the incapacitation of the stigmatized self, there is a subject that is involved in a personal world in which he or she

lives. I exert some control over this world as I constitute it, even if the conclusion I draw is that it dominates me. Even despair is an expression of my understanding of my situation; hence, elucidating my experiential self.

In order to clarify the above, let us exemplify with a vignette taken from an interview with Annika Östberg—a Swedish citizen and former convict in US prison. In a radio documentary following her release, Östberg shares her story. Among other things, she talks about her first experience with prostitution at the age of sixteen:

I remember when I left [his apartment] how I saw my own reflection in the storefronts I passed... and I looked different. I did not look the same, and I remember all the people who passed me by. I felt like they knew, as if they watched me and just knew who I was, what I had done. Something had definitely changed forever, and I felt like the whole world knew. (Östberg 2017, my transcription)

Östberg emphasizes her experience as a moment of change. What happened is irreversible and it has separated her once and for all from other people. Still, she is not a silent bystander to a series of events. She discovers her own self-transformation. Furthermore, she does not believe that the strangers she just met independently knew of her act of prostitution. Sufficiently, she felt *as if* they knew. In other words, she is committed to her full experience as precisely her experience; she owns up to it, including her experiential self.

We can now maintain that a stigma is an expression rather than a restriction of agency. Or, as Lipp (1977: 72) suggests, that “self-stigmatization may be perceived as a process that actually allows victims—the bearers of stigmata—to seize the social initiative in a reflexive act”. While the stigma as content is not my initial creation, nor my fault that such a content now applies to me—the act of identification belongs to me.

I call this finding *basic discretion*. In doing so, I aspire to adhere to the antique sense of the word discretion, that is as ‘separation’ or ‘distinction’; and not in the sense of acting on your own authority. Rather, what I mean by basic discretion is that the very separation in reflection between self and identity is an expression of agency that is present even though you are in the process of reifying your own self-image. Acceptance of a stigma identity does not exhaust basic discretion, nor is rejection or indifference interchangeable with it (see Corrigan and Watson 2002). In comparison, Alain Touraine (1995) argues that subjectivity cannot be entirely subordinated to identity since the individual is capable of resisting societal conventions. Such a basis is rejected here as not radical enough. What must be considered in overcoming stigma is a self that amounts to more than the negation of stereotypes (see Thoits 2011). That is, before resistance can emerge, you have to discover for yourself what you are resisting. Hence, basic discretion can be accommodated even in compliance. To say that “I am a victim of circumstance” is still to accomplish the *I am*, reflectively.

I do not hereby mean, though, that basic discretion originates in reflection. Agency, when viewed in this manner becomes primordially an intellectual faculty. It could be argued, as Margaret Archer (2000) does, that since social systems require the recognition of a thinking actor, agency of thought is not subordinated

to them. However, if we limit ourselves to such a view, subjectivity cannot ever transcend its objectifying state. The ego is then reduced to the Cartesian cogito, that is, a *thinking thing*. Yet again, selfhood would only amount to being-in-itself, and thus we would slip back into bad faith. The emancipation from a stigma can instead only be made intelligible by tending to the open-ended-ness and non-certainty that characterizes experiential life. For example, I cannot perfectly predict when and how my stigma will appear to me next. Such an experiential fact, and not reason alone, reveals to me that I never truly can become the very object to which I am committed by self-stigmatization.

What basic discretion discloses is that the meaning of emancipation already resides within the phenomenon of stigma and its meaning horizon. It is not as if I would need to acquire a representation of a *better life*, or a *positive self-image* in order to posit such a possibility for myself. My hope for liberation is with me intuitively and persistently as the very background from which my sense of captivity can stand out. Or as Merleau-Ponty (1962: 452) concludes, “I can at any moment interrupt my projects. But what *is* this power? It is the power to begin something else”. In other words, even to be defenseless and victimized by a stigma is also to see your freedom—and perhaps, such is the ground for empowerment.

Conclusion

I have attempted to show that some of the key texts on the self-stigma concept offer a premature view on what it means to be a self especially in relation to resilience against, and recovery from, stigmatization. Insisting that the stigmatized self is simply a result of collective representations impedes the idea that the person in question can do anything about the predicament. By tending to the phenomenology of the self, I have found that the stigmatized self can be described as a form of bad faith. Self-stigmatization is therefore a matter of commitment to your existential project. The experiential self is thus never annulated, as testified by basic discretion. However, this is a finding that must not suggest that the social responsibility of stigma should be simply placed on the stigmatized. Rather, the phenomenological fact elucidated in this study is that the possibility of emancipation from a stigma relies on its discovery, that is, my discovery of change *for me*.

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Compliance with Ethical Standards

Conflict of interest The author declare that there is no conflict of interest.

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