

"I HATE MY VOICE": Coming to Terms with Minor Bodily Stigmas

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This article presents a narrative, autoethnographic, theoretical account of the public and private negotiation of "minor bodily stigmas," which are mild physical "imperfections" that make us fear we stand out and might be rejected. To examine the situated complexity of stigmatized identity, I tell a story that shows concrete interactional details of an episode in which minor bodily stigmas evolved into a significant topic of conversation between strangers. My personal narrative explores the felt experience of minor bodily stigmas from the perspective of the experiencing and interacting holder. Thus, my work problematizes Erving Goffman's sociological approach to stigmas, which examines inclusively all forms of stigmas from a distanced observational stance of beholder that privileges the outsider perspective of how others see us. Using minor bodily stigmas as a heuristic category, I emphasize how they are experienced as a double bind in interaction (to notice or not to notice) and a double bind in personal feelings (of moral character as well as physical appearance). I seek to connect theoretical and categorical understandings of minor bodily stigmas to their concrete felt experience in day-to-day life in order to examine possibilities for resisting and reframing stigmas in everyday life.

"I hate my voice," the clerk says, spitting out the word "hate." As I leave the store, his words reverberate inside my body, enter my consciousness, and only now, many months later, find their way out onto these pages. I hate my voice too, but I never have said so to anyone.

The words uttered by this clerk have moved me to write about hating my voice as an example of "minor bodily stigmas," those small physical imperfections that make us fear we stand out and might be rejected. While often evident to others, minor bodily stigmas rarely are severe enough to become the focus of attention or to interrupt social interaction. Nonetheless, minor body stigmas often are "interiorized" to such a degree that they produce distress and anxiety regarding how others perceive and attribute meanings to them and how these characteristics influence self-presentation, social location, and subsequent action. I begin with the story of the shopping excursion that initially raised these issues to my consciousness.

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My partner Art abruptly makes a ninety-degree turn into a small Greenwich Village

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store. I follow him into a kaleidoscope of colored handbags propped in layers on every shelf, hanging side by side on walls, and dangling like mobiles from the ceiling. My hand affectionately pats the functional bag I have carried on my shoulder for more than a decade.

A small board of earrings off to the side immediately catches my eye. You see, I have a harmless earring fetish, aptly demonstrated by the numerous pairs occupying every inch of spare space in my bathroom—on cork boards, pegs, wicker shelves, even decorating the top of the toilet tank. For me, earrings signify frivolity and lightness in a life that often threatens to become overly serious. Earrings decorate and let me play with my surface identity, yet ironically do not violate my feminist consciousness that eschews other decorations such as makeup and high-heeled shoes.

Since a petite woman stands in front of the earring display, I reluctantly turn back to the pocketbooks. "These are nice," I say with mild enthusiasm to my partner Art, who closely examines the various styles.

"These are all hand-made, tanned, and designed. Real leather," the handsome, middle-aged, African American clerk says quietly in a melodic voice as he passes by and disappears into a back room. His graceful, flowing stride matches his soft, rhythmic voice.

Although the clerk's words remind me of the environmental incorrectness of leather, I place a bag on my shoulder. It contours snugly against the upper part of my hip, allowing my left hand to fall comfortably on top. As I fantasize owning this attractive purse, I search discreetly for the price tag unobtrusively attached to the bottom. When I see the price, I put the bag on the shelf and start for the door, almost colliding with Art who is heading down the narrow aisle toward me. "How much?" he asks quietly, his hands placed momentarily on my shoulders to steady our near collision.

"Too much," I say without looking up, as I move around him and continue walking slowly toward the door.

"Everything is half price," the clerk says soothingly, as he reenters the store from the back room. He speaks as though he just remembered the sale and not because he saw my response to the price tag.

"Everything?" I ask.

"Yes, everything." My eyes open wide in delight, although I quickly narrow them to conceal that my earlier disinterest was connected to price.

Now I'm especially interested in examining the earrings. Since the same woman continues to monopolize the earring board, I think of approaching her from the side, excusing myself, and reaching in front of her to take an earring from the display. But, no, the awkward movement would violate shopping etiquette regarding space and turn taking. Besides, she holds in her hands earrings from the two pairs that, from a distance, seem the best. I watch her as she holds the earrings in front of her lobes, tilting her head, first to the right, then the left, and back again, many times. Still grasping both earrings, she pushes her lush black hair behind her ears with the three available fingers on each hand, then brushes it quickly forward, showing no signs of making up her mind.

I drift slowly to the pocketbooks along the back wall, and Art follows. Picking up the bag I had admired, I hold the price tag so that it is visible to both of us. We calculate silently: \$490 divided in half is \$245. Art's raised eyebrows ask what I think. "Still too much," I convey by narrowing and moving my eyes quickly to the right and left, puckering my eyebrows and mouth slightly. Nevertheless, to occupy time until I can get to the earrings, I put the bag on my left shoulder for Art to see.

"It sure looks better than what you're carrying," Art responds, nodding toward my old pocketbook, suddenly transformed into a dirty, misshapen bag that too comfortably sags against my right side. Slightly embarrassed because the clerk is listening, I chuckle, "Yes, there is quite a difference, isn't there? Guess I do need a new one."

When Art offers, "I'll buy it, for your birthday," I understand his sudden interest in pocketbooks.

"No, I won't let you," I reply, unwilling to forgo one of his patented birthday surprises and anyway not wanting such an expensive gift.

"The bags are lovely," I say to the clerk, who stands just close enough to be invited into the conversation yet not intrude. The clerk describes the materials in the pocketbooks and their artistic construction. "They're all made by the owner. . . . He combines the colors. . . ." I hear only part of his well-practiced speech, though I am lulled by his voice.

Just then Art reaches up for a bag high on a shelf, a bag I haven't yet noticed, our different vistas no doubt affected by his extra seven inches of height. Slightly larger than what I am used to, the purse he pulls down is a beautiful tweed of light brown, dark brown, and almost black leather, overlaid with half circles that give it the texture of alligator skin. A vertical, leather braid and long double shoulder straps communicate a casual yet elegant look.

"Wow," I say, taking the bag from Art's hands, obviously searching for the price tag this time. I laugh at the absurdity of the marked price; at the same time I do quick calculations: "\$290," I whisper to Art.

"This one is the best," I say. Art looks pleased that I like his discovery. "Beautiful, could go with black or brown, the right size, the snap is easy, but . . ." I inspect the inside, "it has only one side pocket. I like lots of pockets so I can organize my things and find them easily."

"It's your call," Art announces, looking disappointed.

I continue examining the bag, stroking the leather, placing it on, then off my shoulder, turning around to see how it swings. "Do you have one with more pockets?" I ask the clerk, my enthusiasm apparent. I anticipate he will answer no and I will feel relieved to have a way out of this overly expensive purchase.

"No, but some women put in plastic pouches to keep things together." This quick inadequate answer lets me know he's heard this comment before even though he has no solution. I consider and reject the plastic pouch idea as I move to place the bag back on the shelf.

"The one you're holding converts into a backpack," the clerk says, again piquing my interest. He shows me how to loop the straps through the snap on the bottom. I put the straps over my back, look into the mirror, then back at Art. I like my stylish, sophisticated, yet playful image, just the right suggestion of "hippie," yet not enough to indicate that I am stuck in the sixties or trying to look younger than I am. "I think I have to have this," I say, my usual preface to buying something expensive.

"Do it," Art says. "If you won't let me buy it for you, buy it as a gift for yourself."

Now on a buying spree, I finally approach the woman still trying on earrings. To make my intrusion more appropriate, I say, "Those are nice on you. Both pairs." I speak to her neck and the side of her hair. The partial image of her face with different earrings held up to each ear reflects back at me from the mirror she looks into. She stands so that I see the earring closest to me, but her face is turned away to such a degree that I must awkwardly walk around her to see the other earring. When I do, she turns that side of her face away.

"They're a gift for a friend, not for me," she says, sounding apologetic.

Since her voice is friendly, I continue, "Still they're lovely on you. Let me see the other one again?" I ask. When she turns to face me, she quickly raises her elbow so that her hand and wrist turn in front of her face, all the while holding the two earrings to her ears. I admire the earring before she hurriedly buries her face back into the mirror.

I scan the small display of earrings. Just as I thought, she has the two pair I like most. Feeling disingenuous now, I hope she doesn't buy both of them. From my partial view, I try to decide which pair I want, although choosing is difficult without seeing the earrings against my face and fine, light brown hair. The beige bone tubes linking a red ball at the top to an opaque white glass circle at the bottom are elegant but would demand I wear red, not one of my favorite colors. I am pulled to the pair with darker bone cylinders connecting a white ball to a pink glass circle, translucent enough to reflect the color of my clothing. Although not as dramatic, they have that funky yet sophisticated look with which I identify—not so extreme that they will attract undue attention, yet they are sure to engender mild celebration, a second glance perhaps, or a few words of approval and admiration.

The woman continues to hold the earrings to her ears. I can tell from her intense, yet microscopic movements that she tries hard to imagine how they'd look on her friend. Perhaps she pretends to be her friend. "They're the two best," I say, to make her feel confident of her choices and to hurry her along.

"Oh, yes," she says still facing away from me and providing only a partial reflection in the mirror. Does she think that the face in the mirror is different from the face I would see if she turned around? "But they're not for me," she repeats.

"I don't know what your friend looks like, but they look wonderful on you," I say. She turns around for a moment, eyes open wide, looking straight at me for the first time, now not hiding, as if to ask, "Do you mean it?" I admire the Asian face in front of me, though I am surprised to see scars extending into her chin, around her mouth, and up both sides of her face. I nod, then smile at her. She turns back quickly, and I move away so as not to appear to rush her.

When the woman finally moves from the display, I'm happy to see she has left behind my favorite pair. I quickly take the bone earrings from the display and glance at the back. Half price, only \$40; what a steal. As I carry my purchases to the counter, the bargain makes me feel better about the cost of the purse.

While the clerk wraps the earrings the woman chose, I show her the pair I am about to buy. When she smiles at me, I see her face is more scarred than I thought, the surgically repaired sides unmatched in size and shape. I wonder if she had enjoyed pretending her friend's face was her own as she looked in the mirror. Is that why the purchase took so long? I wonder if she ever buys a gift to decorate her face. Might she see her face differently after this experience? Maybe she'll keep the earrings for herself, be unwilling to let something go that looks so good on her.

"This is buffalo bone," the clerk says, turning now to my purchase and pointing toward the cylinders. "This white bead is over four hundred years old. It's from China. The bottom disk is clear quartz." His description reminds me that neither of my purchases is environmentally correct.

I begin to pull items out of my old pocketbook, packing them into my new one. Empty, my old bag tiredly sags into itself, readied for retirement. The clerk laughs out loud when I say, "I guess my husband was right. I did need a new purse." I think again that the clerk is attractive. In addition to his harmonious voice, he has a pleasant face, soft demeanor, and an open and inviting interactive style.

"Have you lived in the city long?" I ask, intrigued to know more about him.

"Oh, yes," he says and smiles, "for twenty-five years."

"I lived on Long Island for eight years," I reply, to draw a connection.

"Where?"

"Stony Brook."

"I grew up in Riverhead," he says.

"That's a long way from Manhattan," I respond, chuckling and emphasizing "long," as I think of the potato and cauliflower farmland of Riverhead, an area stuck between Stony Brook's radical intellectuals and East Hampton's rich and famous.

"Only about ninety miles," he says, not getting my double meaning.

"But culturally it's much farther than that," I explain.

"Oh, yes," he says, and smiles again. "My family still lives there."

I wonder what a black family did in Riverhead twenty-five years ago. Maybe they were farmers or migrant workers. I think that this man is similar to me—grew up in a small town, probably with parents who had little education, then moved away.

"Would you like a shopping bag for this one?" he asks, pointing to my old purse.

"Thanks, that would make it easier to carry."

I put the earrings I purchased into my new pocketbook and hand the old one to the clerk. Treating my old pocketbook with the same gentle reverence he would a new one, he smooths out the wrinkles, wraps it gently with purple tissue paper, and inserts it carefully into a shopping bag.

I pick up the package and start toward the door. "Did you get the earrings?" he asks, at the same time I look back and say, "By the way, I love your voice."

"What?" he asks, frowning and somewhat befuddled.

"Yes," I respond, our conversation now out of sync. "Your voice. I love your voice."

"Oh, I *hate* my voice!" he says, blushing through his dark brown skin, his speech taking on a coarse edge.

"I'm sure others must tell you this all the time," I say. "Your voice, I mean. How nice it sounds."

He leans over the counter, rolls his eyes, and waves his hands in dismissal, as if my compliment is the most absurd thing he has ever heard. "I've always hated my voice," he continues loudly. "I won't even let it be taped. I can't stand hearing it. Oh, I'll speak into an answering machine, if I have to, but I don't even like to do that." The words fly fiercely from his mouth.

As he talks, the roughness of his words more and more camouflages the melodic qualities of the voice that attracted me so strongly. Concentrating on his face as he talks, I note that his front teeth are crooked. Suddenly I hear the sound, more apparent in the passionate voice he uses now than when he spoke calmly before. Later, when I recreate this scene in my mind, I will realize that the imperfection was always there, lingering in all his quiet talk. For now, though subconscious, a sense of identification starts to form.

"The earrings?"

"What?"

"Did you get them?"

"Oh . . . yes," I say, patting my new backpack, as a distinct image of putting them carefully inside comes into focus. Taking his repeated question as the end of the conversation, I follow Art through the doorway. "Well, now maybe you'll change your attitude about your voice," I say, unwilling to drop the conversation.

"No, maybe you'll change *your* attitude about my voice," he says in a surprisingly aggressive tone, as the door swings shut. I sense that his anger is not at me, but at himself, his voice, a lifetime of self-consciousness about how he talks, and how others hear his sounds. I am amazed at the vehemence and passion with which he uttered the last words to me, a stranger.

Out on the street, my emotions and desires collide as I hurry to catch up with Art who has walked a few steps ahead. I want to rush back into the store and continue to talk to the tall, good-looking, African American man with the crooked teeth and melodic voice, to the one who has a slight lateral lisp on the "s" sound that he tries to cover by speaking softly, to the one who hates his voice.

I understand how he feels. I want him to know that I hate my voice too, hate it every time I have to listen to it, every time I have to say a word that has an "s" sound. I'd tell him how much I hate repeating my office phone number—974-3626—even my last name. We'd laugh at how often I practiced before recording the message on my home answering machine and then how many times I recorded it before I was satisfied. "Hello. You have reached 989-0544 [better to say "o," not zero]. Please [the "l" and "s" combination are a disaster] leave a message [double "s" in that one] at the sound [remember to place tongue in the "t" position] of the tone."

I'd tell him that I make my living with my voice and how, as a professor in a speech communication department, I fear I'm judged by my voice. I want to tell him how hard it is to speak in public without being aware of my voice; how I sometimes hear the slurred "s" sound as I talk, my self-consciousness at the moment making the slurring worse; how I rarely make short comments in a public forum because I know I am most nervous then about my lisp; how I refuse to watch myself on videotape because I don't want to be confronted with my voice. I can't stand to hear my voice either, I'd tell him with passion, perhaps a touch of anger and frustration, and not worry that, in that self-conscious, emotional state, my lisp would be more apparent, and I more aware of it.

At that moment, I realize that I have never admitted these feelings to anyone. I am ashamed of the strength of these feelings. I regret, yet am relieved, that the opportunity to have talked with the African American man about our mutual experience has passed.

As my emotions recede to a familiar and protected place, I say to Art, "I think I gave that man a very important gift. What I said to him, I mean. I know why he hates his voice."

We both say, "Because he has a lisp." I am surprised, and then I am not, that Art understands exactly what has happened in our interaction. So he heard the lisp, too. Just like he hears mine. Just like other people hear mine.

"I understand because of my own lisp," I continue, feeling self-conscious even with Art and realizing, as I speak, that the word "lisp," cruelly enough, is probably the most difficult word in the English language for someone with a lisp to say. Perhaps I should call it a slur. No, slur is the second hardest word to say. Problems with "s"? No wonder I never talk about it.

"Go back and talk with him about your lisp," Art suggests.

I don't admit how uncomfortable that would make me. Instead I say, "I'd like to, but that would take away the gift, to admit I heard his speech problem, I mean." I know how happy I would feel if someone admired my voice, seemingly without noticing my lisp. I smile as I remember once receiving a misdialled call and continuing to talk to the man who said I had a beautiful, sensuous voice; I was too delighted to wonder at the time if he was an obscene caller.

"What I don't understand is why you think you gave him a gift. He certainly didn't react as though he were receiving one."

"Did he think I was insincere, or making fun of him?" I wonder aloud. Then, "I don't believe how much I just paid for a pocketbook," I say, suddenly changing the subject. "If it had been marked \$290 to start with, I doubt I would have bought it. Probably the man's melodic voice lulled me to buy," I laugh. "Or my unconscious identification with him. Or the magic of watching the woman try on her friend's face," I add.

When Art looks questioningly at me, I tell him about the woman buying the earrings. I am not surprised when he remembers her but says he never noticed her scarred face. She did a good job of hiding herself. I think about how the woman reacted as though I *had* given her a gift when I complimented her face. I wonder about the differences between her reactions and the clerk's. Do they relate to gender? Ethnicity? Severity of the stigma? To the constant visibility of her scar? Or are the reactions simply a reflection of individual differences? I wonder whether the clerk and customer recognized my speech problem. Do they identify with me as I now do with them?

"Don't tell anyone," Art says, interrupting my thoughts.

"What?"

"How much you paid, for the bag, I mean. You deserve it."

"Don't worry. I'd feel weird if my friends knew I'd spent that much for a handbag."

"Look. There's another handbag store," Art points out, "on the next block."

"And another," I say soon afterward. "I've never noticed so many interesting pocket-book stores."

"And this one has handbags made into backpacks, similar to yours," Art says. "But, of course, not as nice," he hurries to add.

"Of course not," I say loudly, to reduce any dissonance I still feel over the cost of my purchase. "This morning I had no eye for attractive handbags, now I see them everywhere!"

"Like being exposed to a new word or concept," Art responds. "Suddenly you notice it's always been there and you become more aware of its existence. The phenomenon is much more salient."

"Sure is," I respond. Silently, I wonder whether lips also work that way.

CATEGORIZING OUR COMMONALITIES

"I Hate My Voice" is a "true" autoethnographic story (Ellis 1997). The narrative displays concrete interactional details of an episode in which minor bodily stigmas played a significant role and evolved into a topic of conversation in a public setting. Thus, it follows the tradition of research on stigmas in which investigators observe brief interactional sequences in public spaces (e.g., Cahill and Eggleston 1995; Gardner 1991; Goffman 1963; Gussow and Tracy 1968). This story deviates from traditional stigma research in a number of ways: most obviously, it *shows* through *narrative* rather than *argues* from *data* (Bochner 1994); it deals with a kind of stigma—minor bodily stigmas—that has been ignored by sociologists; it contextualizes stigmas within non-stigmatized mundane interactions; it describes complex interactions among stigmatized people (Gussow and Tracy 1968), instead of concentrating solely on encounters between "normals" and stigmatized; and, most importantly, it begins to examine how living with a stigma feels over time, how

subjective responses are managed, and the thoughts and feelings associated with one's self-construction as a stigmatized person (e.g., Perry 1996).

The remainder of this article moves back and forth among theory, narrative, and personal experience to try to understand and convey the process of living with a stigma. I try to show that the personal and the categorical go hand in hand in understanding the interactional experience of minor bodily stigmas (cf. Daly 1997). In this section, I examine minor bodily stigmas as both a category of stigma and as felt experience in order to ameliorate some of the criticisms of Erving Goffman's (1963) broader concept of stigma. I discuss how minor bodily stigmas are experienced as an interactional double bind (Bateson, Jackson, Haley, and Weakland 1956)—to notice or not to notice—and an emotional double bind—of moral character as well as physical appearance.

Rather than a strict category of specific attributes, minor bodily stigmas might better be presented as a point on a continuum of relational activity (Laurel Richardson, personal communication). Since a relational language to describe such experience is lacking (Goffman 1963, p. 3; Bochner 1984; Haley 1963), I employ the language of attributes and categories as heuristic devices. Minor bodily stigmas may include "blemishes" potentially perceptible by sight (that is, impaired appearance such as buck teeth, hair lips, moles, scars, acne, psoriasis, scales, baldness, red hair, curly hair, big breasts, flat breasts, tall or short stature, heavy or skinny bodies; missing or damaged body parts, such as chipped or crooked front teeth, missing or malformed digits on fingers or toes, scoliosis, or one leg shorter than another; or impeded bodily movement such as tics, shaking, limping, squinting, unbalanced eye tracking or crossing); by hearing (that is, minor speech problems, such as lisping and mild stuttering, or speech impaired by lack of hearing); by smell (that is, chronic halitosis, body odor, or putrid cysts); or by the presence of an aid or sign of impairment (that is, a toupee, hearing aid, thick glasses, brace, or cane). Whether a particular characteristic is treated as a minor bodily stigma depends on the context in which it occurs, its degree of perceived distance from some imagined or accepted norm, the bearer's self-perception, and others' reactions.

To be included as minor bodily stigmas, these characteristics should be involuntary and perceived by self and/or some others as undesirable. Sometimes people are born with minor bodily stigmas, such as birthmarks; other times these attributes, such as scars or baldness, are acquired through aging or accidents. The characteristics may be present always, as in the case of disfigurement, or their performance may vary according to interactional context, as in the case of stuttering. Although not necessarily detectable at all times, minor bodily stigmas are difficult to hide. Still, they rarely if ever serve as master statuses or stand in the way of everyday life. Since only on rare occasions (such as in plastic surgery) are holders able to rid themselves of stigmatized characteristics, *they must figure out ways to live with minor bodily stigmas*. Many develop concealing or coping mechanisms (e.g., Rochford 1983), while some, paradoxically, turn a potential stigma into something valued, such as a tall woman becoming a basketball player or model. In either case, except in severe forms of a stigma (e.g., extreme stuttering [Carlisle 1985] or hearing impairment [Perry 1996]), the solution usually is an informal interactive effort rather than a formal collective one (such as the formation of support groups).

The category of minor bodily stigmas refers to a small and similarly situated subset of characteristics normally included under the general label of stigma. Goffman's *Stigma* (1963), out of which most of the work on this topic grows, dealt with such disparate attributes as serious physical deformities, unemployment, criminal behavior, addiction,

homosexuality, radical political orientations, and particular racial characteristics, without distinguishing between voluntary and involuntary activities. In his discussion of physical deformities, Goffman (1963) briefly mentioned a few minor bodily stigmatized characteristics (e.g., stuttering, scars, hair lips, misshapen noses, and hearing impairment) but these were not his primary interest.

A number of researchers have argued that Goffman's concept of stigma is "so inclusive as to be uninformative" (Cahill and Eggleston 1995, p. 682; see also Murphy, Scheer, Murphy, and Mack 1988; Susman 1994). Since *Stigma* (Goffman 1963), researchers usually have isolated one segment of the stigmatized population at a time; for example, J. Ablon (1984) studied dwarfs, G. Becker (1980) focused on older deaf people, and M. Angrosino (1997) examined adults with mental retardation. Or they have concentrated on a segment categorized by a particular symbol of stigma, such as S. Cahill and R. Eggleston's (1995) work on wheelchair users, or by location, such as R. B. Edgerton's (1967) study of former state hospital inmates. A few researchers have focused on one type of stigma that fits under minor bodily stigmas, for example, speech problems such as stuttering (Carlisle 1985; Petrunik and Shearing 1983; Rochford 1983) or physical blemishes such as burns, birth defects, dermatological disorders, height, weight, and eye problems (Beuf 1990; Herman, Zanna, and Higgins 1986; Millman 1980). Those who have examined more inclusive categories of stigmatized behavior have concentrated on Goffman's (1963, p. 4) three major categories of stigma, consisting of "physical deformities" (e.g., Susman 1994; Davis 1961; Frank 1988), "blemishes of individual character" inferred from actions regarded as deviant, such as homosexuality or alcoholism (e.g., Kowalewski 1988), and the "tribal stigma of race, nation, and religion" (e.g., Broaded 1991), or they have continued to study stigmas in general (e.g., Jones, Farina, Hastorf, Markus, Miller, and Scott 1984).

Neither Goffman nor those following him have defined or examined the interactional particularities that differentiate minor bodily stigmas from severe and obvious physical disabilities or other stigmas. Perhaps minor bodily stigmas have been neglected by social scientists because of their perceived unimportance; a lack of publicly displayed talk and feelings about them in daily discourse; the mild, often subtle, reactions they generate from others; or the lack of clearly defined boundaries to define the category as well as the situated variability of attributes included therein. After all, what may be a minor stigma for one person may be major for another but nonexistent for a third, varying with age, gender, ethnicity, and across interactional situations.

The category of minor bodily stigmas shares many characteristics with Goffman's broader concept of stigma. As Goffman noted, there is nothing crediting or discrediting in the attributes themselves. Rather stigmas occur in the context of relationships with others (Goffman 1963, p. 3); to some extent, we all take on both normal and stigmatized roles (p. 138); and ambivalence is built into the way both the holder and beholder view the characteristic (p. 38). Goffman argued that the same features are involved whether a "major" or "picayune" differentness is at question (p. 130).

In light of their interactional particularities, however, minor bodily stigmas deserve more attention than the phrase "picayune differentness" indicates. For example, the more minor the stigmatized characteristic, the more ambiguous the interaction may be: others' reactions and the holder's self-definition regarding the attribute can be hidden easily. Normally, a minor bodily stigma does not interrupt communication—thus, few situations require the stigma to be either acknowledged or actively concealed to maintain interaction.

The holder of a stigma may wonder whether others have noticed the blemish and, if they have, whether they consider it stigmatizing. Interactants may wonder if the holder is aware of its presence and, if so, how it is defined and coped with. The very "smallness" of the stigma may make interactants less, rather than more, willing to call attention to the characteristic. The ambiguity in whether, when, under what circumstances, and by whom these attributes are noticed and defined is integral to the complex interactional character of minor bodily stigmas, more so even than in situations involving more critical stigmas.

Minor bodily stigmas appear to have become more important markers of difference today than Goffman may have anticipated when he published *Stigma* in 1963. Americans seem preoccupied with minor physical blemishes (Valdez 1997), as demonstrated by the consumer-driven development of plastic surgery (liposuction, aesthetic reconstruction, spider-vein removal, tummy tucks, and face-lifts), cosmetics, exercise clubs, weight reduction plans, psychotherapy, and the emphasis given to overcoming natural signs of aging and avoiding the negative consequences of being overweight or out of shape.

This ideal image is largely a creation of mass media. The perfectly airbrushed and computerized models in magazines and the heavily made-up and rehearsed characters on TV ads show few signs of the stress and physical blemishes that they and we suffer in everyday life. At the same time, we (women especially) are reminded of our own blemishes and the need to do something about them by advertising that plays into anxieties about imperfections, holding out remedies for overcoming the tendency to smell, look, or feel bad. Perhaps we are reminded of them as well as we laugh heartily at sitcoms, such as *Seinfeld*, where the main characters plot secretly to deal with or avoid someone with a minor bodily stigma, such as oversized hands and nose or a bald head (David Payne, personal communication). Are we laughing at the person with the stigmatized characteristic, the stigmatized characteristic itself, the *Seinfeld* characters who react inappropriately to minor bodily stigmas, our own hangups about our blemishes, or to relieve our anxieties about them? Whichever, minor bodily stigmas have become a salient part of everyday life, yet we have little guidance about how to act, talk, or think regarding them. That we have some guidance from support groups, lawmakers, media, and social scientists for responding to other stigmatized characteristics (such as disability, sexual orientation, or race) may make us even more apprehensive about our actions toward those with minor bodily stigmas—we think we *should* know how to regard them but we don't.

This leaves interactants in a Batesonian double bind (Bateson 1972; Bateson et al. 1956) in two ways. First, without rules for how to deal with the minor bodily stigmas of others, social interactants often are confused about how to respond appropriately. If I mention my stigma, will it be easier or more difficult to interact around it? If you mention my stigma, is that evidence that my "spoiled identity" is salient for you or that the blemish is so trivial that it can be spoken of offhandedly? If you don't mention it, is that evidence of its triviality or its unmentionability (Robert Drew, personal communication)? If you do mention it, will I see you as an insensitive and uncaring person? Is our silence meant to protect each other's identities and, as Goffman (1956) says about embarrassment, the interactional encounter as well?

Second, the holder of a minor bodily stigma must cope with a subjective double bind of feeling not only shame for having the stigma but metashame as well—feeling ashamed for feeling ashamed about a seemingly trivial blemish, a point that Goffman (1963, p. 130) mentions in passing. The blemish is so small that we shouldn't care; at the same time, it is so big that it prevents us from measuring up to the images of perfection we are encouraged

to seek by mass media. Thus, bearers suffer a blemish in moral character that might impact their experiences as much, if not more than, the blemish in physical appearance.

Stories of stigma, most told in response to my request on a list serve, demonstrate some of the complex relationships between responses to stigma and the bearer's feelings. For example, a woman wrote about her sister's birthmark on her neck. "For years, I don't think she was ever affected by it and then in the vulnerable adolescent years, someone made a comment and it was turtlenecks for years, followed by two types of treatment to rid herself of this." Another related that when someone mentions her eye-tracking problem, her composure dissolves almost instantaneously. A third wrote that it does not bother her when people inquire about her hearing aids, yet she is "very conscious and embarrassed" about the birthmark on her cheek "even though no one ever mentioned it." The type and frequency of comments also play a part in how people feel about the minor bodily stigmas they bear. For example, a tall woman suggested that the frequency and variety of people's comments about her height, some positive and some negative, probably desensitized her to the idea that being tall was a stigma.

These stories also display the deep emotional pain, shame, and metashame connected to minor bodily stigmas. For example, a woman with an amputated finger tip said, "I feel almost embarrassed to call it a minor stigma. . . . It is such a tiny stigma, but wow, it rules my life." The woman who has the eye that doesn't track properly wrote, "If you ever want to see me lose my shit during an interaction, arrange to be present when someone asks why my eyes don't move like they should. . . . My heart seems to suddenly freeze rather painfully, before resuming its normal beat. My goddess, someone notices! I'm a freak, a fucking freak." In addition, Susan Krieger (1996, pp. 74–75) wrote, "If only my hair would be straight, I used to feel, I would be like everyone else. I would be happy."

Such stories indicate that these stigmatized characteristics, though minor, often are so problematic that bearers go to great lengths to pass as "normals." For example, the woman with an eye-tracking problem wrote: "The way I have usually dealt with my eye problem is to turn my head a little to the right, so that I am looking at people more out of my left eye." Another wrote about the missing tip of her finger: "I do everything I can to hide it (put my right hand in a fist so the finger is less noticeable, etc.)." And, Krieger (1996, p. 75) described sleepless nights on large, hard curlers.

With the exception of Krieger's contribution, the severity and complexity of the felt experience of stigma has not been developed in social science literature and is more likely to be found in novels, popular literature, and short stories (e.g., Jezer 1997; Updike 1989). This lack of attention by social scientists may stem from the interactionist emphasis on the "beholder" rather than the "holder" of an experience such as a stigma. Research is almost always conducted from the perspective of distanced observers with privileged insight, such as in Goffman's *Stigma* (1963). As Ann Branaman (1997, p. lii) points out, "In *Stigma* (1963), Goffman defines personal identity in terms which require no corresponding subjective experience of the individual at all. What matters is not how the individual identifies him or herself but rather how he or she is identified by others." Likewise, the emphasis in C. H. Cooley's (1902) looking-glass self is on how we tend to see ourselves as we imagine others see and judge us. What about the individual looking into the looking glass who often takes an active role in presenting a particular characterization of self to others (Branaman 1997; Goffman 1959)? Except for the case of a one-way mirror, the looking glass reflects two ways—others also tend to see us as they imagine we see and

judge ourselves, and the self feeling that results from the looking-glass process in turn affects how others see and judge us.

With these conceptual ideas in mind, I next continue my exploration, begun in the opening narrative, of my own minor speech problem. In contrast to most interactionist work on stigmas, I concentrate on telling my story from the perspective of the involved, emotional, interacting subject who feels a moral as well as a physical stigma. In place of a static, categorical portrayal of stigma emphasizing strategies or patterns in brief encounters and others' rejection of the holder of a stigma, my goals are to intersect categorical understanding with concrete experiences of stigmas in day-to-day life (Scott 1970) and to connect the complexity and variability of interaction around stigma (Anspach 1979; Hahn 1985; Thomas 1982) in a public setting (Cahill and Eggleston 1995, p. 682) with the intimate experience of dealing with stigma over time (Frank 1988; Wright 1983) in sustained relationships (Bogdan and Taylor 1989). In contrast to work on speech disorders, research designed with the goal of *correcting* stigmas (but see Carlisle 1985; Petrunik and Shearing 1983; Rochford 1983), my narrative concentrates on *living and coping with* stigmas and recognizing the commonality of vulnerability that our differences may mask (Perry 1996, p. 259).

BREAKING MY SILENCE

To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where.

Erving Goffman, *Stigma*

And, of course, I am afraid—you can hear it in my voice—because the transformation of silence into language and action is an act of self-revelation and that always seems fraught with danger. . . . I speak now these words . . . to break that silence and bridge some of those differences between us, for it is not difference which immobilizes us, but silence. And there are so many silences to be broken.

Audre Lorde, *The Cancer Journals*

I have been silent about my lisp, rarely volunteering feelings or thoughts. Unlike stigmas where distinct physical markers, such as wheelchairs, are evident (Cahill and Eggleston 1995), few people have ever admitted noticing my lisp or initiated a conversation about it. In the few incidents I remember, the details stand out and remain vivid (cf. Richardson 1996).

The most painful memory I recall regarding my speech involves the first time someone acknowledged my lisp. As a child, I never suspected I had a problem with speaking, and the public recognition shattered my self-image. The event occurred in third grade when my teacher refused to let me read aloud to the class, a favorite activity for which I always volunteered whenever the opportunity arose. In front of the class in response to my outstretched waving hand, the teacher said, "Carolyn, I'd rather you didn't read because your voice is so hard to understand." That day I hid behind the girl sitting in front of me and cried. I thought I read so beautifully, with so much expression, and I always knew all the words. Hard to understand? Wasn't I the best reader in the class? Embarrassed beyond words, I never again volunteered to read in class, nor did the teacher ask me.

Many years later, in Spanish class, a high school teacher said, "You have a natural Castilian Spanish." Smiling and nodding, she demonstrated the slurred "s" sound, holding it long with lots of slur and loose spit sounds for emphasis. Although she was trying to "normalize" my speech, I turned red, feeling put on the spot and uncomfortable that my

speech needed normalizing. After that, I hated Spanish with its frequent “s” sounds and spoke it aloud only when the teacher demanded.

My next memory is of a drama teacher who refused to give me a part in the high school senior play, even a minor one, while all my friends had major roles. “Because of your voice,” was all she would say. Frankly, I didn’t want her to elaborate. I attended the play, all the while feeling left out and disconfirmed, an experience that stood out all the more because of the rarity of these feelings during high school. By then, it was hard to deny that others perceived my speech as a problem.

I have no memory of similar incidents during college and graduate school, although I remember being quiet in classes. But I believe I was more concerned then with learning to “speak clearly” in other ways that, at that point, seemed more important than my lisp and over which I could exert some control (cf. Richardson 1996). With my dictionary, and sometimes with close friends, I practiced saying unfamiliar words. In front of the mirror, I rehearsed speaking without the heavy southern accent I had carried from small-town Virginia to New York—the accent that always reappeared when I talked to my relatives over the phone. In interaction, I practiced interrupting aggressively yet politely and speaking assertively, similar to others I admired in the northeastern university setting. I worked hard to develop a voice that clearly articulated ideas, if not sounds. I wanted the voice of a professor—even if it had a lisp attached.

Early in my first teaching job, a student from an undergraduate class I had taught told me that at first my voice “drove her crazy” but that after a while she liked the class so much she “didn’t notice it.” Soon after that, a colleague said that it was a shame my parents never did anything about my speech. These comments motivated me to go to speech therapy.

At first I dreaded hearing my voice so accurately represented on the high-tech recording machines—no denying my lisp then—but I loved listening to myself toward the end of therapy, when I had “improved.” Years later, I ran into my speech therapist at a party. When I reminded him I had been his client, he said (in front of others), “So let me hear you talk.” My face turned red and I was speechless, knowing that if I spoke I would “let him down.” This situation felt quite different from the lack of stress I experienced during therapy.

The problem is that speech therapy “works” only when I remember to place my tongue for “s” sounds in the same way I place my tongue behind my front teeth to make “t” sounds. When I read aloud, I get into the rhythm of proper placement. But when I have to think on my feet—well, it’s just too much to consider at one time, and the practice (though I drilled myself for hours a day for months) never became routine. Besides, focusing on the “t” sound and making it so often and unnaturally makes my jaw muscles ache.

I told my mother I was in speech therapy, to see what she would say, since no one in my family had ever mentioned my speech to me. “There’s nothing wrong with the way you talk,” she said. “Did you ever notice I spoke differently from others when I was a kid?” I asked, wanting to know when this problem started, longing to get to the “cause.” “You didn’t talk no different than anybody else,” she said and changed the subject.

But not everyone agrees with my mother. Once a colleague mentioned my speech problem in a scholarly article. He described meeting me: “I was surprised by her accent. She had a slight lisp and a southern trailer park drawl” (Shelton 1995, p. 83). Actually, I celebrated the chutzpah it took for this author to mention my lisp in a public forum. I thought he had thrown in “southern trailer park drawl” for literary effect—there wasn’t much of the southern speech left; I wondered how much “lisp” was for effect as well. How stigmatizing could it be if a friend would say it in print?

I fantasized about people reading this passage. Would they wonder how it made me feel? Would they imagine how they'd feel if they were me? I didn't mind being noticed for difference as long as the difference wasn't too extreme—sort of similar to the effect I looked for in choosing my earrings. At the same time, I feared this passage might make people more aware of my lisp, similar to the effect of examining pocketbooks in the story that began this article.

The few times I've opened up conversation about my lisp with my partner Art, he has maintained, "I hardly ever notice it. Your speech—the slight lisp, if you want to call it that—is part of your total presentation, not a characteristic that stands out." While his response pleases me, sometimes I'd like more concrete details. I think of asking, "How does my lisp compare to the lisp of the clerk in the store?" But I don't. After reading an early draft of this article, Art asked if I wanted to talk about my lisp. Actually I didn't. That's the strange thing. Sometimes I think I really don't have a problem, and that my focusing on it, such as in writing this article, makes a big deal out of what is, or at least should be, a minor inconvenience. After all, I often go long periods—at least weeks—without thinking about my speech. I am proud of my ability to teach and give speeches, and I think of myself as an effective speaker. As far as I know, my lisp has never stood in the way of friendships or romantic attachments.

Other times, I know I suffer from my speech difficulty, and I define it as an impediment, not merely an inconvenience. Yet Art has trouble pronouncing his "l's" so that "roll" becomes "row," "cool" become "cole," and neither of us thinks of his speech as impaired. So why do I think of my own as impeded? Is there something specific about the "s" sound that makes it more likely to be stigmatized? Certainly we have a commonly known label of "lisp" for this problem, while there is no such label for difficulties with other letters of the alphabet. I wonder if our evaluations would be the same if we spoke a language that had fewer "s" sounds (Rhonda Rubin, personal communication). Even so, what is there to say about my lisp that will help? I know too well that the most successful strategy is to forget about it, because the more self-conscious and anxious I am about doing well, the worse the lisp seems to be (cf. Carlisle 1985). There doesn't seem to be much I can do one way or the other about the way I talk.

How I do and should feel about, experience, and cope with my minor stigma are not simple issues. Since I'm ambivalent regarding how to think about and whether to talk about my lisp and how others' responses will affect me, most of the time I have found Art's rather neutral reaction and the silence surrounding my stigma comforting. Given my hesitations and concerns then, how did I decide to write about something so uncomfortable to acknowledge and reveal?

My decision was influenced by the scene I describe in the opening narrative. Fortunately, telling this story allowed me to confront my stigma first through other characters, thus giving me the distance (and courage) I needed to begin this exploration. Having such intense emotions and reflections after interacting in the store made me think more deeply and analytically about the meaning of stigma in my life. Seeing the similarity between the clerk and me revealed my lisp as a social problem, where before I had considered it solely as a personal idiosyncrasy. Encountering the woman with facial disfigurement presented the commonalities of lisps and scars and spurred me to seek other stories about how people deal with minor bodily stigmas in our culture.

The more I wrote about and theorized from my personal experience, the less inhibited I felt writing openly about this issue—there's no lisp in my writing. The writing process itself and imagining readers provided companionship and a chance to "try on" my stigma.

Yet I still gave vague answers—"a shopping trip"—to those who asked what I was writing about, since I did not want to talk face to face with others, who could observe the lisp as we discussed it. I feared that level of reflexivity and awareness and the resulting self-consciousness (and increased lisping) would make me feel out of control. Given that I have written and spoken rather easily about many personal topics in my life—for example, death, intimate relationships, and bodies (Ellis 1993; 1995; 1996)—my difficulties in revealing myself seemed extreme. The rough journey made me realize how much I experienced my lisp as a stigma and how horribly difficult it was to speak out.

In February 1997, six months after writing the introductory story to this article, I broke the secrecy surrounding this work by agreeing to be on a panel on stigmas, organized by Janet Yerby, for the National Communication Association conference. That task left me encouraged yet a bit unsettled—I was taking a big risk to talk openly about my voice problem to academics who often judge each other according to verbal performances. How, I wondered, would I be able to present this work at a conference? Should I try to control my lisping when I presented? I recalled Janet Yerby saying, "I never noticed your lisp as a problem. It's in the background. The lisp makes your presentations more down to earth, like you're a little vulnerable, and that's good. But that kind of thing adds only when you give a competent performance, as you do." Yet, Art had told me that the only time he noticed my voice was when I read papers at conventions. "I can tell you are working to control your voice then. I wish you'd just forget about it and read more naturally." I felt the remnants of my third grade teacher saying she didn't like the way I read. Reading without a lisp was the only time I felt proud of my voice. How ironic! To Art, my attempts at speaking "correctly" sounded odder than when I spoke "incorrectly."

I had solicited the feedback, and I appreciated how hard it was to give. I wondered how this feedback would affect me. What if it had been more negative? How will others react to me after reading this article? When I present it, might it be the only public performance I've ever given in which I don't worry about my voice? Or might I worry even more now that I've made my lisp into an object to be noted, talked about, dissected, and commented on?

The last set of questions brings me finally to another awareness. People interacting with me will more likely be concerned with how I, an ethnographer of stigmas, perceive *their* blemishes than how I sound. I have to wonder then whether this article will help those who anxiously experience their minor stigmas. Have I bought into a category (stigma), and created a version (minor bodily stigmas), that might be better left ignored? Might my work serve to remind people of their "flaws" when they would be better left unacknowledged? As a result of this work, might others redefine a personal characteristic as a stigma? Will the awareness brought to life then tighten the double bind that we all are made to feel regarding how we negotiate our stigmas? What seems to be called for is a way to reframe stigmatized experience, to unravel the knot that entangles us.

SPEAKING THE UNSPEAKABLE/CONNECTING TO OTHERS

"What are you up to these days?" my colleague Rob asks, as he stands in the open doorway of my office.

"Oh, just getting through the semester and writing a paper on stigma." I feel a twinge of nervousness since, with this lead-in, I have invited Rob, an expert on Goffman, to probe for details.

"A paper about stigma? What on?" he asks.

"Minor bodily stigmas," I respond. "It's a category that not much has been written about. Most attention has been paid to the other kinds of stigmas Goffman discusses. Like disability and deviance." The mini-lecture I give lets me postpone answering Rob's real question.

"What are you examining exactly?"

"It's an autoethnographic study," I respond quickly, stepping into risky territory but still evading Rob's question. It's April 1997 and I've done several rewrites by now. Still, I have not shown this paper to anyone. Am I ready to talk about what I'm doing? Perhaps Rob might be satisfied with what I've already told him, or, sensing my hesitation, he might steer away from the original question, as most people do. A part of me hopes he won't; still I continue to buy time. "You know, we all have little physical characteristics that bother us. It's amazing, almost everybody I talk to admits to something. Like . . ." I hesitate as I search for examples.

At the same time, I focus on Rob's thick glasses. The right side seems much thicker than the left, almost hiding his eye from my view. He seems to turn his head away as though he is keeping that eye out of my sight line. I have noticed before that it's hard to tell when Rob is looking at me, but I'd never recognized it to this degree.

I carefully leave out any mention of stigma concerning vision. ". . . oh, like having the tip of your finger cut off . . . or a birthmark or speech difficulties." I have moved another step toward inviting attention to myself. Perhaps I am fishing to see if Rob has noticed my speech, and if he'll say anything about it.

"You mean Loyd?"

"What?" His question seems to come out of left field and I wonder for a moment whether he has been following what I said.

"Loyd, our colleague. You know . . . the end of his finger is missing."

Hesitating, I search for an image of Loyd's shortened finger.

"When I first met Loyd and he shook my hand," Rob continues, "he mentioned immediately that he was missing the end of his finger."

I ask, "On his right hand?" to which Rob shakes his head yes. "Wow," I continue, "that counters my argument that we usually don't point out minor bodily stigmas to others."

"Well, Loyd did, and it surprised me. I wondered how often he had to do that and how awful it must be."

"Yeah, me too," I respond and think that having to acknowledge the problem to others upon shaking hands is probably as problematic as having a fingertip missing. "You know, now I think I do remember about Loyd's finger, but if someone had asked me if I had a colleague with a missing finger tip, I think I would have said no."

"It's not something you'd readily notice."

"No, it isn't."

"You said your study was autoethnographic. . . . So what are you studying?"

Although I feel my face flush a bit, I like Rob's direct question. I ease into my answer. "Well, it's a story about an interaction in a store with someone who has problems speaking, ah . . ., with the 's' sound." My tongue was in position to say "lisp" instead of "s," but I moved quickly away from the slurred "sp" sound. It is difficult to place my tongue correctly behind my upper teeth for the "t" sound as I slide into the "s" and then move immediately into the "p" sound, which demands my tongue be behind my lower teeth. No doubt I also still resist using lisp as a label. I continue, "Talking with the clerk makes me confront my own speech problem so then I introspect about my own experiences. I want to show how a narrative description of a scene can be connected to introspection about one's

life and then to theory. I try to theorize from my own experience and use my experience to clarify and expand theory, extending my observations to other people."

I have given Rob many points to respond to now, so that he can, if he desires, ignore the revelation of my speech problem. Rob goes straight for the jugular. "You know, your lisp has always been ground for me," Rob replies thoughtfully.

"What?" I ask, not understanding, probably because I am too focused on his use of the word "lisp" and the direction of the conversation.

"You know, ground not figure. Except right now, as we're talking about it. Now it's figure. And I just noticed that you just said an 's' sound without lisping."

"Probably because I was self-conscious about focusing on it in our conversation so I tried to say it right, which I can do if I concentrate," I respond proudly.

"I guess my stigma is that I'm a few pounds overweight," Rob reveals, patting his tummy. We've never spoken in this way before, and I note that my revelation has permitted his. "My friends are always kidding me about my weight, saying I need to lose a few pounds."

I note Rob's size; the "extra" pounds look good on him. Maybe it's that vulnerability-competence dialectic at play: Rob is articulate and competent, yet being a few pounds overweight makes him seem a little vulnerable and approachable. It's an attractive combination. He appears to enjoy life and not be taken up with body image, weight control, and exercise. Perhaps the image is false, I think, since I also am a few pounds overweight, and I think about weight and exercise. Yet I don't consider my size a stigmatized characteristic.

"It's interesting that your friends kid you about your weight. That challenges another thing I thought about minor bodily stigmas—that people don't say anything to you about it. Maybe it's because weight is such a commonplace topic in our society." I realize as we continue talking that I didn't invalidate his "few extra pounds," and I wonder if he will conclude from my omission that I too think he is overweight. Maybe I should have said something.

"Well, I think people feel okay teasing you if it's only a few pounds, but if you're a lot overweight, they don't say anything," Rob offers.

"Maybe because they think you can do something about the problem. People must assume I can't do anything about my speech, or that a severely overweight person can't do anything about their weight." I wonder, at what point does "a few pounds" become "a lot overweight"?

Rob nods, seemingly in agreement. "Don't get me wrong," I add before he can say anything. "I don't have all this figured out. It's just amazing that we all have these stigmas and often they affect us so intensely, yet we don't talk about them."

"Yeah, also I have my glasses. I started wearing them in second grade," Rob says, grabbing onto his glasses, "so I was called four-eyes all the time." He says nothing else about his vision, and I don't either. But from Rob's serious expression, I sense that his vision, not his weight, is his most bothersome minor bodily stigma.

"Geez, I have to go to class," I say, looking at my watch and hurriedly gathering my books. "What's interesting is bodily difference that is not considered a stigma. Like with Art," I continue, as we walk down the hall. "He has double-jointed fingers, but he doesn't consider them a stigma. He likes them and sometimes shows them to people. He says he used to hold them up to scare kids." I demonstrate and Rob laughs at the image.

"Let's talk again," I say as we reluctantly part.

"Yes, let's," Rob replies enthusiastically.

"You'll probably be a character in my story now." (I laugh as I recall Janet Yerby telling me she'd rather be a character than a citation in my paper.)

"That's fine. Use our conversation any way you want."

On my way to class, I duck into the bathroom to collect my thoughts for a moment. I think about how confirming Rob's comments were. Yes, Rob acknowledged he had noticed my stigma, but he basically validated what Art and Janet had said—that my problem was not something that dominated my presentation of self. Having a sense of how others saw me made me feel better, more confident of myself really; this felt much better than keeping silent and wondering.

Maybe someday I'll be able to say "lisp" without flinching, I think, looking into the bathroom mirror. Maybe someday I'll view my speech as simply a variation, more similar to a southern accent or Castilian Spanish, instead of a stigma. Maybe someday I'll be able to read my paper in a public presentation without correcting for my "ss." Who said all our voices have to sound the same? I glance again at how well the turquoise, purple, and silver earrings I have on match the colors in my shirt. I brush my hair back so my ears are in full view and flip my handbag over my shoulder, smiling as I walk out the door.

BREAKING THROUGH OUR CATEGORIES

This article offers autoethnographic storytelling as an alternative to the common practices of concealing, underplaying, manipulating, or denying stigmatized differences, practices that allow the "world of normals" to go unchallenged (Branaman 1997, p. lix). In telling my own story, I seek to understand minor bodily stigmas and to decenter the normal in terms of these differences in the same way others before me have decentered the normal relative to race and disability. I problematize these categories by consciously moving back and forth, in and out of them.

Since my conversation with Rob, I have engaged in a number of discussions about minor bodily stigmas with people who have read this article or heard me present it. Similar to Rob, these readers have helped me understand that my lisp is minor, though this validation was not primarily what I sought. After all, I realized from the beginning that my stigma was minor, but that knowledge had not helped me cope. Instead, the minor quality of my lisp generated a larger moral problem of feeling ashamed of feeling ashamed of something so small.

The alliance with people who share these feelings has lessened the burden of undesired difference. Readers have drawn comparisons from their own lives, telling vivid stories and expressing strong feelings about their interiorized anxiety, shame, and dread. Many have said that reading about my lisp encouraged them to speak about their stigmas, often for the first time. Focused on our common experiences, our talk defused some of the feelings of shame and stigmatization that we shared.

Although the physical manifestation of my lisp has not changed in any appreciable way, I rarely feel shame or metashame about it now. Without shame, the physical part of my lisp just does not seem like a big deal, and perhaps it is less physically prominent without the accompanying emotional stress of feeling shame. Sometimes I am able to laugh with others now about the ways we have twisted ourselves into pretzels to conceal and cope with our stigmas. I seem to have stopped fantasizing about how much better my life would be without a lisp. I noticed my lisp the other day in class; what stood out for me was how long it had been since I last paid attention to it. After this exploration, I doubt my lisp will ever have the same hold over me again.

I do not claim, however, that I am now completely comfortable about my lisp. Two nights before I submitted this article for publication, I dreamed I was giving a speech and my lisp

was so severe that no one in the audience could understand what I said. Then, before I actually presented a paper from this work at the National Communication Association meetings in November 1997, I practiced it aloud daily for three weeks, making sure that I could say "lisp" without stumbling. Immediately before the presentation, I worried that I had practiced so much that I wouldn't lisp at all. Would the audience then wonder why I had written about such a trivial topic? If I did lisp, after all this practice, would I feel shame? These events help me hesitate whenever I move toward romanticizing stigma or claiming "recovery."

Nevertheless, I have been able to reframe my lisp as part of my total identity. Now I even think of what I like about my voice—its expressiveness in tone and the face work that goes with it—and consider the ways in which my lisp may have contributed positively to who I have become (cf. Updike 1989). Perhaps my lisp reminds me to think before I speak and to try to have something worthwhile to say before I do. Perhaps my lisp makes it difficult to talk like a professor, preventing me from lecturing at the drop of a question and rushing to fill every hole in conversation. Perhaps my lisp enhances my desire to speak clearly in other ways, such as in my writing. Perhaps my lisp makes me a better listener, reminding me to be more empathic and sensitive to others' differences, insecurities, and frailties. Perhaps my lisp allows others to approach me more easily because they see me as vulnerable. Perhaps my lisp helps me serve as a role model—if she can do it, so can I. And perhaps my lisp has given me the gifts that accompany hardheaded determination, making me work harder to succeed and overcome my limitations.

I doubt that I would have been able to move outside the category of minor bodily stigmas without first immersing myself in it. Categories too often limit us without our being aware of their influence; once we are aware, too often we assume there is no use in trying to break through them. Telling and analyzing my personal story not only helped generate and make visible the category of minor bodily stigma, it also provided a way through. The categorical story offered a name to my experiences where before there was only dread; the personal story connected real people with feelings to the labels, where before there were only tactics of concealment and denial. This research helped me understand the inextricable connections between categorical and personal knowledge.

The fear I had initially that concentrating on lisps or minor bodily stigmas in general might make me and others see them everywhere—as concentrating on pocketbooks in the first story made us see pocketbooks everywhere—held true. But in seeing stigma everywhere, I came to see it nowhere. Now I expect to encounter minor bodily stigmas, but in the way that I expect to see beards or brown hair or hear accents and dialects. Minor bodily stigmas have become part of the landscape of human variability and commonality.

In surrendering attachment to myself as minor bodily stigmatized, I am able now to take attention off my mouth and how I speak myself out there. I end then where I began, with my ears, eager to hear others' stories of minor bodily stigmas, so that we all might continue "coming to terms with" and, in the process, learning to cope better with our differences, however minor they may be.

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