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Face and the embodiment of stigma in China: The cases of schizophrenia and AIDS

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Abstract

The majority of theoretical models have defined stigma as occurring psychologically and limit its negative effects to individual processes. This paper, via an analysis of how face is embodied in China, deepens an articulation of how the social aspects of stigma might incorporate the moral standing of both individual and collective actors defined within a local context. We illustrate (1) how one's moral standing is lodged within a local social world; (2) how one's status as a moral community member is contingent upon upholding intrapersonal and social-transactional obligations; and (3) how loss of face and fears of moral contamination might lead to a social death. We first draw from Chinese ethnographies that describe the process of human cultivation before one can achieve fully moral status in society. We integrate findings from empirical studies describing how social-exchange networks in China are strictly organized based on the reciprocation of favors, moral positioning, and

“face”. We further ground these Chinese constructs within a theoretical framework of different forms of capital, and discuss the severe social consequences that loss of face entails. By utilizing the examples of schizophrenia and AIDS to illustrate how loss of moral standing and stigma is interwoven in China, we propose a model highlighting changes in moral status to describe how stigma operates. We suggest that symbolic restoration of moral status for stigmatized groups takes place as local-level stigma interventions. By analyzing the moral aspects of “face”, we propose that across cultures, stigma is embedded in the *moral experience* of participants, whereby stigma is conceived as a fundamentally moral issue: stigmatized conditions threaten what matters most for those in a local world. We further propose that stigma jeopardizes an actor's ability to mobilize social capital to attain essential social statuses.



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Keywords

China; AIDS; Face; Mental illness; Discrimination; Social capital; Culture; Stigma

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