Designing out stigma - The role of objects in the construction of disabled people´s identity

Renato Bispo – PhD Student, University of Aveiro, ID+ Research Institute for Design Media and Culture, Aveiro, renato.bispo@gmail.com
Vasco Branco – Research Unit Coordinator, University of Aveiro, ID+ Research Institute for Design Media and Culture, Aveiro, vasco.branco@ua.pt

Abstract

It is an unmistakable fact that objects hold an important role in the construction of identity, acting as markers of a certain lifestyle. In this process of symbolic construction, to own a certain object entails more often than not a high social status.

However, some objects can also carry with them stigma: owning them brings about a discrediting effect in the construction of the owner´s identity.

For people with disabilities the use of objects employed for mitigate their impairment (as a wheelchair or a walking aid) often act as a symbol of stigma and empathize the prejudices to the people who use them.

Conference theme: Values and Culture
Keywords: Stigma, Disability, Product Design
The role of objects in the construction of disabled people’s identity

If we wish to understand the mechanisms that make a particular object a stigmatizing one, we must analyze the nature of stigma itself as a social phenomenon. According to Goffman (1990), we may speak of stigma when any person is considered diminished or inapt in relation to a full social acceptation due to some of her or his attributes.

However, not all the undesirable attributes can be considered stigmatizing. We create stereotypes for specific kinds of social roles, and only the attributes that disagree with those stereotypes are stigmatizing. A stigma, therefore, is not a trait of the attribute itself but rather the relationship established between that attribute and the expectations society has of what’s usually called “normal” or “common” in a given situation.

In the case of people with disabilities the stigmatizing attributes are often emphasized by the use of objects that bring about the stereotypes associated to the lifestyle of its users. Thus, whether we are referring to the stigmatizing attribute itself – such as a physical impairment – or an associated object – say, a wheelchair – they both become symbols of the stigma, which, as one perceives them, trigger a specific set of preconceived ideas about the social role of that particular individual.

Often the presence of the stigmatizing object is enough to place a person in a certain category: using a wheelchair is enough for the user to be characterized as a motor impaired person, even if he isn’t disabled at all.

We can move then to an understanding of the stigmatizing dimension of the objects with a similar model to the one used in the analysis of the generality of the signs interpreted as stigma symbols (whether objects or personal qualities).

The main idea that we can come up with lies in the understanding that, despite the fact that the stigmatizing character of a given object is triggered by its formal characteristics (form, material, colour, finishing, or other distinct marks), one cannot associate stigma and form in a simple, direct way. Rather, we should look for the divergences between the social expectations of what the so-called normal characteristics should be in a specific object and the real characteristics of the given object.

This relation may be clear if we think about the following example: one frequent excuse used by hotel managers to justify the small number of adapted rooms in their hotels is that clients with no
impairments do not accept to stay in those rooms. This occurs because the characteristics of the
equipment of an adapted toilet do not meet the formal expectations of a normal hotel room toilet.
On the other hand, if the same client should go under surgery, he would find a similar toilet at the
clinic and consider it perfectly adequate. So, this means the same object can be considered
stigmatizing when it is found in a specific social environment, but normal in another.

Most of the assistive technologies identified as stigmatizing by the users, in social interaction
situations, are designed for hospital contexts and, accordingly, are adjusted to the formal codes of
such environments. The problem of stigma in these technical aids is linked to both the growing
integration of disabled people in differentiated social environments and to the inadequacy of these
same assistive technologies to the expectations in these new environments.

Besides rethinking the function of the object in accordance to the needs inherent to the new social
context, a change that by itself can alter substantially the meaning of the object, one must also
consider the social expectations which a given object will be confronted with.

Figure 1: The social inadequacy of this bath chair sold by Homecraft-Rolyan becomes evident
when one confronts it with any image of a bathroom from an interior design magazine.

This communicating dimension of the objects exists in all products we use. We are conscious
about it: that is the reason why we are so careful when we buy clothes, cars, or furniture for our
homes - we expect that the people with whom we have relationships create an image of ourselves
that is coherent to our true identity. In “stigmatizing” objects the same process occurs but the person has no control whatsoever over the message these objects transmit.

Apparently, the main part of solving the stigmatization problem of the objects designed for people with disabilities lies in the manipulation of the information that is passed about its user’s identity, information that leads society to build an image of that person that doesn’t portray her accurately and, what is worse, diminishes her.

**Designing out stigma from assistive technologies**

If we want to eliminate the stigma associated to the objects that usually relate to disability we should first understand the way through which we can manipulate the information about its user’s image.

In order to do this, the categories systematized by Goffman (1990) for stigmatized persons are very useful: if a person has a stigma that is impossible to hide she falls into the category of the Discredited; if the person has a stigma that in some way is not immediately recognizable and that can be hidden then she is considered Discreditable. An example of Discreditable is an adult man who suffers of incontinence and must wear diapers and an example of Discredited is a person who uses a wheelchair.

![Figure 2: Hearing aids presented at the exhibition “Hearwear: The future of hearing”. The “Surround Sound Eyewear” designed by Industrial Facility (left) allows the stigmatized person to cover her disability, while the “Universal Hear-ring” designed by Pearson Lloyd (right) calls the attention to the hearing aid and, thus, to the disability.](image)

One of the characteristics of the Discreditable is that persons in this category sometimes prefer to hide their impairment as a way of avoiding stigma. So when designing for them one powerful
strategy seems to lie in allowing the given person to choose freely the covering or the disclosure of his or her stigmatizing characteristic.

But one must bear in mind that this covering does not solve all the problems of the person, and actually it usually leads to a growing number of further concealments, which means that the person will be on a permanent tension that hinders relationships. Covering cannot be seen as an absolute either, because at one moment or another that same person will need to own up about her condition at least to the people that are closest to her.

We can expect then that for the Discredited person, as well as for the Discreditable one in her private life, there is a smaller amount of control over the information on their own image, given the fact that they cannot hide their stigmatizing condition.

As a result, even if we use “covering” as a strategy for developing “non-stigmatizing” objects, we cannot use it in all situations. A more reliable strategy to design objects connoted with disability seems to be the use of symbols that lead towards the shattering of the stigmatized image. This can be achieved by casting serious doubt on the validity of that image and, at the same time, by promoting a new image controlled by the person in question.

Figure 3: The flames in Dr House’s cane are but one example of these symbols that lead towards the shattering of the stigmatized image.

This way we are opening up a new path in the development of products for people with disabilities, products that assume their stigmatized condition and promote new meanings for the social image of disability.

References