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Concealable Stigmas and Positive Self-Perceptions: Feeling Better Around Similar Others

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In an 11-day experience-sampling study, 86 Harvard undergraduates rated their momentary self-esteem and affect and then described the who, what, and where of their daily lives. Those with concealable stigmas (students who indicated that they were gay, that they were bulimic, or that their family earned less than $20,000 each year) reported lower self-esteem and more negative affect than both those whose stigmas were visible and those without stigmatizing characteristics. Only the presence of similar others lifted the self-esteem and mood of students with concealable stigmas, and these particular students were the least likely to experience such occasions. Thus, contact with similar others protects the psychological self from negative cultural messages.

Being culturally stigmatized means being rejected because of a particular group membership. The rejection occurs both in daily interactions with other people and in the structure and, hence, functioning of social institutions. Being Black, overweight, physically disabled, gay, poor, or cancer stricken often leads to negative social outcomes (Allon, 1982; Crosby, Bromley, & Saxe, 1980; Dunkel-Schetter & Wortman, 1982; Marshall, 1982; Strommen, 1993; Wright, 1983).

Theory suggests that such outcomes translate into negative self-perceptions (Allport, 1954; Lewin, 1948), and research may concur for some concealable culturally stigmatized groups. Gay adolescents more often report suicide attempts than their high school peers (Remafedi, Farrow, & Deisher, 1991; Rotheram-Borus, Hunter, & Rosario, 1994; Savin-Williams, 1994; Schneider, Farberow, & Kruks, 1989). Bulimic individuals are more likely to be depressed or diagnosed with another psychiatric disorder than those who are not bulimic (Beebe, 1994; Bennett, Spoth, & Borgen, 1991; Hinz & Williamson, 1987; Soundy, Lucas, Suman, & Melton, 1995). People from lower social and economic classes more often report psychological distress than their more advantaged counterparts (Basic Behavioral Science Task Force, 1996; Belle, 1990; Corcoran, Duncan, Gurin, & Gurin, 1985; Kessler, House, & Turner, 1987). Cancer patients are often depressed and are twice as likely to commit suicide as the general population (Fox, Stanek, Boyd, & Flannery, 1982; Louhivuori & Hakama, 1979; McDaniel, Musselman, Porter, Reed, & Nemeroff, 1995). And sexual assault victims are more anxious, depressed, and fearful than controls (Atkeson, Calhoun, Resick, & Ellis, 1982; Browne, 1992; McGrath, Keita, Strickland, & Russo, 1990). In contrast, people with conspicuous stigmas (e.g., the physically disabled) are much less likely to demonstrate these negative self-perception patterns (Crocker & Major, 1989).

We hypothesized that cultural stigma is associated with negative self-perceptions, particularly when similar others are rarely present in the individual's everyday life. Other people who belong to the socially stigmatized group furnish information for evaluating the self with respect to group membership, and they typically provide more positive perceptions of group membership than do nonmembers (Jones et al., 1984). These similar others tell narratives that give meaning to group membership, provide information about how to negotiate social interactions successfully, evaluate and calibrate the novice's performance, and supply moral support when difficulties are encountered (Goffman, 1963; Mest, 1988; Padden & Humphries, 1988; Wright, 1983). Contact with similar others, then, protects the psychological self from negative cultural messages.

Theoretical, clinical, and anecdotal accounts have long pro-

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moted this hypothesis (D'Emilio, 1983; Dunkel-Schetter & Wortman, 1982; Goffman, 1963; Northcraft & Hastorf, 1986), but no direct evidence exists. Indirect evidence emerges in the distinct literature of many concealable culturally stigmatized groups: Social isolation is a common central theme. Ninety-five percent of the adolescents asking for help from the Institute for the Protection of Lesbian and Gay Youth report feelings of being alone and of having no one with whom to share their thoughts (Martin & Hetrick, 1988). Bulimic individuals spend more time alone or with strangers than with their peers (Johnson & Larson, 1982), and they are particularly lonely (Coric & Murstein, 1993). Lower-class women who attended Radcliffe in 1947 and 1964 were twice as likely to report feelings of alienation as their middle- and upper-class peers (Stewart & Ostrove, 1993; see also Mar, 1995). Of the 72% of breast cancer patients who said that other people treated them differently, 60% said they were made to feel separate or alone (Peters-Golden, 1982; see also Dunkel-Schetter, 1984). Among victims of sexual assault, feelings of isolation and alienation are common (Koss & Harvey, 1991); many do not tell anyone about the assault (50%, Koss, 1985; 33%, Sorenson & Siegel, 1992) even when they seek medical attention (Browne, 1992). An alternative hypothesis, then, is that social isolation in general, rather than a lack of contact with similar others in particular, creates negative self-perceptions among people with concealable stigmas. Our research method distinguishes these two possibilities.

We focused on people with concealable stigmas because logically they should have the most difficulty finding similar others. Unlike their conspicuous stigmatized peers, those with hidden stigmas cannot simply scan the environment and see people who share their group membership. They may be surrounded by other gay, bulimic, or lower-class people and still have only clues that their concealed stigma is shared (Webbick, 1981); they often locate similar others by being at special places at special times, by analyzing other people's reactions to insider information, or by wearing symbols or clothing to announce group membership (Goffman, 1963; Mar, 1995). But unlike their conspicuous peers, those with concealable stigmas must choose in every new situation whether to become visible (Brown, 1991; Jones et al., 1984). Finding similar others, then, requires more time and effort from those who are gay, bulimic, or poor than from those who are Black, overweight, or physically disabled.

This logic also suggests that people with concealable stigmas might be most vulnerable to negative self-perceptions when circumstances curtail a search for similar others. Obviously, hostile environments require more thoughtfulness in choosing confidants; mistakes may be costly, and safety concerns limit the individual's ability to search. Benign environments, however, may have the same effect. For example, situations that require people to work constantly leave little time for searching out similar others. A sample consisting of students from an elite collegiate institution, then, is certainly appropriate for testing our hypothesis.

We believe that people with concealable stigmas are particularly vulnerable to negative self-perceptions and that this vulnerability is associated with the absence of similar others in the individual's immediate environment. To test this hypothesis, we selected research participants from five groups: people with concealable or conspicuous culturally stigmatized characteristics, people with hidden or visible valued characteristics, and people without such characteristics. Then, 55 times over the span of 11 days, participants completed descriptions of their current self-perceptions and their immediate context (the location, their activity, and the other people present) and later indicated on which occasions similar others were present. This experience-sampling method creates a map of individuals' positive self-perceptions as a function of situational features, thus providing the critical information for testing our hypothesis. It also allowed us to explore the possibility that people with concealable stigmas occupy a distinctive niche in the larger community.

Method

Participants

All 2,382 Harvard undergraduates from 6 of the 12 residence halls were sent a 200-item Personality and Lifestyle Questionnaire. This paper-and-pencil self-report instrument asked students if they belonged to various social groups. Sample questions included:

1. I am a fan of General Hospital.	yes	no
2. I am a gay man, lesbian, or bisexual person.	yes	no
3. My parents' annual income is less than $20,000.	yes	no
4. I am Black or African American.	yes	no
5. I am the child of a national celebrity.	yes	no
6. I am a stutterer.	yes	no
7. I am a frequent reader of mystery novels.	yes	no
8. I consider myself a happy person.	yes	no
9. Sometimes people don't understand me.	yes	no
10. I am more than 30 pounds overweight.	yes	no
11. I was my high school Prom Queen.	yes	no
12. I am bulimic.	yes	no

Respondents circled *yes* or *no* for each item, and the task took approximately 15 min to complete.

From the 978 respondents, we chose four distinct marginal groups to participate in a laboratory study. The *concealable and stigmatized* group consisted of people who indicated that they were bisexual, gay, or lesbian ($n = 6$); bulimic ($n = 6$); or that their family earned less than $20,000 each year ($n = 6$). The *conspicuous and stigmatized* group included people who indicated that they were Black or African American ($n = 6$), that they were more than 30 pounds overweight ($n = 6$), or that they stuttered ($n = 4$). The *concealable and valued* group included people who indicated that they qualified for the Olympic Trials ($n = 4$), their family earned more than $500,000 each year ($n = 7$), or their parents were national or state celebrities and politicians ($n = 7$). Finally, the *conspicuous and valued* group consisted of physically attractive people ($n = 14$); they were either high school prom kings and queens or models. One additional group represented *nonmarginal controls;* these 13 women and 7 men reported that they did not belong to any of the critical social groups.[1]

[1] From the 978 respondents, our possible cell sizes were (a) gay, $n = 19$; (b) bulimic, $n = 8$; (c) poor, $n = 29$; (d) Black or African American, $n = 27$; (e) overweight, $n = 9$; (f) stutterer, $n = 9$; (g) Olympic athlete, $n = 8$; (h) wealthy, $n = 49$; (i) children of celebrities, $n = 13$; and (j) physically attractive, $n = 24$. Frequency counts exclude the many students who belonged to multiple social groups (and thus were ineligible for our study). From each list of possible participants, we randomly selected 6 names (18 for the physically attractive and nonmarginal control groups) for experimenters to call. Phone refusals included (a) the physically attractive, $n = 2$; (b) the wealthy, $n = 2$; (c) a stutterer, $n = 1$; (d) the poor, $n = 2$; (e) a bulimic, $n = 1$; and

Procedure

Participants were scheduled to come to the laboratory at their convenience to be tested individually. The two female and three male experimenters who scheduled and tested these students were unaware of anyone's questionnaire responses. Three experimenters were naive with respect to the research hypothesis. Each experimenter ran approximately the same number of people from the five participant groups.

Upon their arrival, participants were given a sealed envelope containing 20 index cards (19 were blank) and an instruction sheet. For marginal group members, the first index card listed the participant's critical prescreening information (e.g., "I am more than 30 pounds overweight" or "My parents' annual income is over $500,000"). For nonmarginal men and women, the first card read, "I am male" or "I am female," respectively. If students did not belong to the social group listed, they were asked to write "no" on the card, seal their materials in a new envelope, and return it to the experimenter. These procedures confirmed participants' group memberships and created a discreet way for students to leave the experiment. Five of the 91 potential participants withdrew: 2 with annual family incomes over $500,000, 1 celebrity child, 1 lesbian, and 1 person who stuttered.

After completing a 45-min distracter task (Zajonc, 1955), the remaining 86 participants were introduced to the time-sampling procedure. For each of the next 11 days, students were asked to wear a Casio DB-31 digital data bank watch that would beep at 5 "random" intervals during their waking hours. (Actually, all watches were programmed for alarms to ring at 10:00 a.m., 12:30 p.m., 3:00 p.m., 6:00 p.m., and 9:00 p.m.). When participants heard their watch alarms, they were to spend 2 or 3 min filling in a short report sheet.

Each report was dated, and students added the exact time they actually completed it. The top half of the report, titled "How do you feel *right now?*", asked participants to answer seven questions. They circled a number from 1 (*not at all*) to 5 (*very*) to indicate their momentary self-esteem ("I feel good about myself right now," "I feel self-confident right now," and "I feel satisfied with myself right now"), their self-esteem with respect to their current context ("I like the situation I'm in right now," "I'm comfortable in the situation I'm in right now," and "I'm enjoying the situation I'm in right now"), and their self-esteem with respect to their physical appearance ("I like the way I look right now"). For each report, students' responses to the first three items were summed to yield a *just me* score; responses to the second three items were summed to create a *me in context* score. Coefficient alphas across all 55 reports were .98 and .94, respectively (for any particular report, alphas were lower).

Using the same 5-point scale, participants also indicated whether each of 18 adjectives was self-descriptive. The adjectives (e.g., "tense," "sad," and "angry") represent items from the Anxiety, Depression, and Hostility subscales of the Multiple Affect Adjective Checklist (MAACL; Zuckerman & Lubin, 1965). Students' ratings were summed appropriately to yield an anxiety score, a depression score, and a hostility score for each report. Coefficient alphas across all 55 reports were .91, .89, and .83, respectively.

The bottom half of the report sheet asked students to describe the where, what, and who of their social setting. For "Where are you right now?", participants chose among nine options: "in my dorm room," "in class or section," "in the dining hall," "at a party," "at a restaurant or bar," "at my job," "in the library," "on my way from one place to another," or "other (please describe)." Two coders, unaware of participants' prescreening responses, examined all *other* descriptions and added 14 locations (e.g., "in a friend's room," "at a store"). Coder reliability for the handwritten descriptions was 91.1%.

For "What are you doing right now?", students provided a brief description of their current activities. Coders reviewed these open-ended responses and created 20 content categories (e.g., academic activity in class, structured athletic activity, job-related activity, personal errands, interacting with others one on one, sleeping, personal hygiene, local travel). Coder reliability for the activity descriptions was 90%.

Finally, for "Who are you with right now?," students chose among "no one (I'm alone)," "romantic interest," "friend," "roommate," "coworker," "classmate/teammate," "acquaintance," "stranger," or "other (please specify)." Participants also wrote each person's initials next to the appropriate relationship category. When students did not know people's names, they just indicated how many people were present. Two coders examined the people listed in *other* and added a coding category of family and relatives. Reliability for the handwritten lists was 91.1%. Coding disagreements for the where, what, and who descriptions were all resolved by discussion.

Participants returned to our laboratory 5 or 6 days into the 11-day procedure. During this 5-min meeting, the experimenter collected the students' completed reports and exchanged all watches. The experimenter explained that some watch batteries had failed (a ruse to switch watches without arousing suspicion) and inquired if their watches had failed (everyone said no). The alarms on the new watches were programmed for 10:30 a.m., 1:00 p.m., 3:30 p.m., 6:30 p.m., and 9:30 p.m., although the experimenter did not say so. This design ensured that we obtained a more representative sample of our participants' social settings.

When students returned at the end of the 11 days, they were given a sealed packet that included the Rosenberg and the Fleming and Courtney Self-Esteem Scales. The Rosenberg Self-Esteem Scale consists of 10 statements that assess global self-evaluation (e.g., "I am able to do things as well as other people"; Rosenberg, 1965). Respondents indicated their agreement with each statement using a 4-point scale ranging from *strongly disagree* to *strongly agree*. Coefficient alpha was .89.

The Fleming and Courtney Self-Esteem Scale consists of 36 items that measure positive self-perceptions in five domains: self-regard ("How often do you dislike yourself?"), social confidence ("Do you often feel uncomfortable meeting new people?"), physical appearance ("Do you often wish or fantasize that you were better looking?"), physical abilities ("Have you ever felt inferior to most other people in athletic ability?"), and school abilities ("In turning in a major assignment such as a term paper, how often do you feel you did an excellent job on it?"; Fleming & Courtney, 1984). Respondents indicated how often they experienced each situation using a 4-point scale ranging from (*strongly disagree* to *strongly agree*). Ratings, reverse scored as appropriate, were summed to yield self, social, appearance, athletic, and scholastic self-esteem scores. Coefficient alphas were .90, .88, .84, .88, and .85, respectively.

Finally, to identify those occasions when marginal group members

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(f) several nonmarginal controls, $n = 4$. Typically, students said they were too busy, and we replaced their names with randomly chosen alternates.

Our self-identification procedures for choosing research participants may have allowed several errors to occur. First, respondents may have been reluctant to identify themselves as belonging to a marginal group (e.g., gay men and women, children of celebrity parents). Their absence, however, would provide a more conservative test of the experimental hypothesis; people who did report they belonged to a concealable group were more visible than those who were reluctant. Second, marginal individuals who did not identify themselves could have been chosen to represent nonmarginal control individuals. These control individuals might also have been people whose marginal group was simply not studied (e.g., Native Americans, rape survivors). These possible errors, however, would have also added noise to the data and made significant results more difficult to find.

were with similar others, the experimenter asked students to code the social group memberships for every set of initials they listed on their 55 reports. The code sheet in the students' sealed packets listed the 10 marginal groups whose members were participating in this experiment (e.g., African American). To protect the experimenters' naivete and the participants' confidentiality, the experimenter demonstrated the procedure using a fictitious code sheet listing irrelevant social groups (e.g., cat lover). After indicating all social group memberships for each person whose initials they listed, students sealed the code sheet, their 55 reports, and the two self-esteem measures in a new envelope and returned it to the experimenter. The experimenter thanked and debriefed participants, retrieved the watches, and paid participants $25 for their participation.

Results

Our time-sampling procedure generated two types of information: students' self-esteem and affect in various contexts and

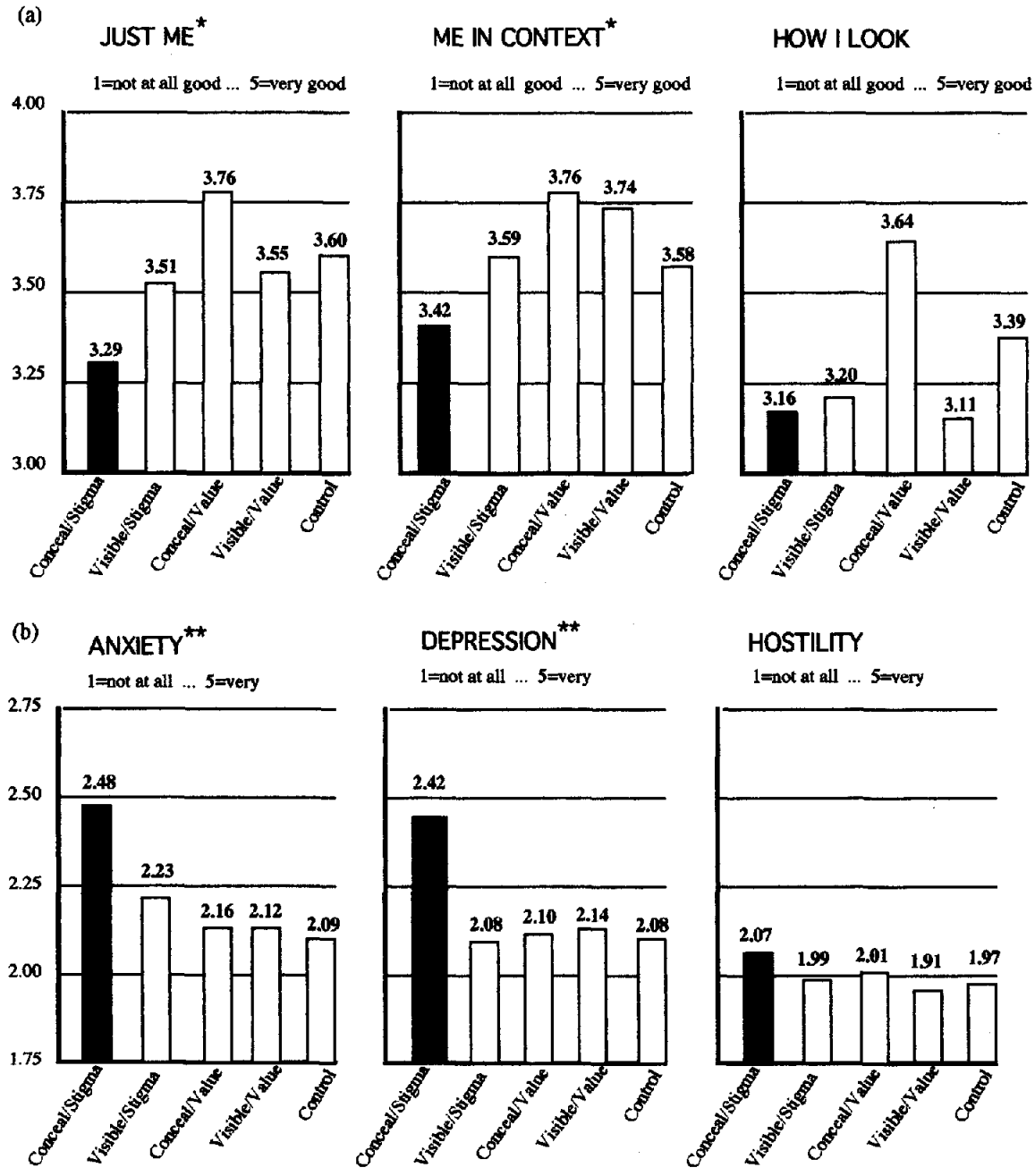


Figure 1. Mean self-esteem (a) and affect (b) scores for the five participant groups across their 55 time-sampling reports. Horizontal axis is participant group; vertical axis is each group's mean self-esteem or mood score. $*p < .05$. $**p < .025$.

detailed descriptions of those contexts. First, we determined if our five participant groups differed in their mean self-esteem and affect scores. We then assessed whether participant groups occupied distinctive contexts. Finally, we examined the relation between both self-esteem and affect and one specific contextual feature, the presence of similar others.

Most data were analyzed using an analysis of variance (ANOVA), with participant group (concealable stigmatized,

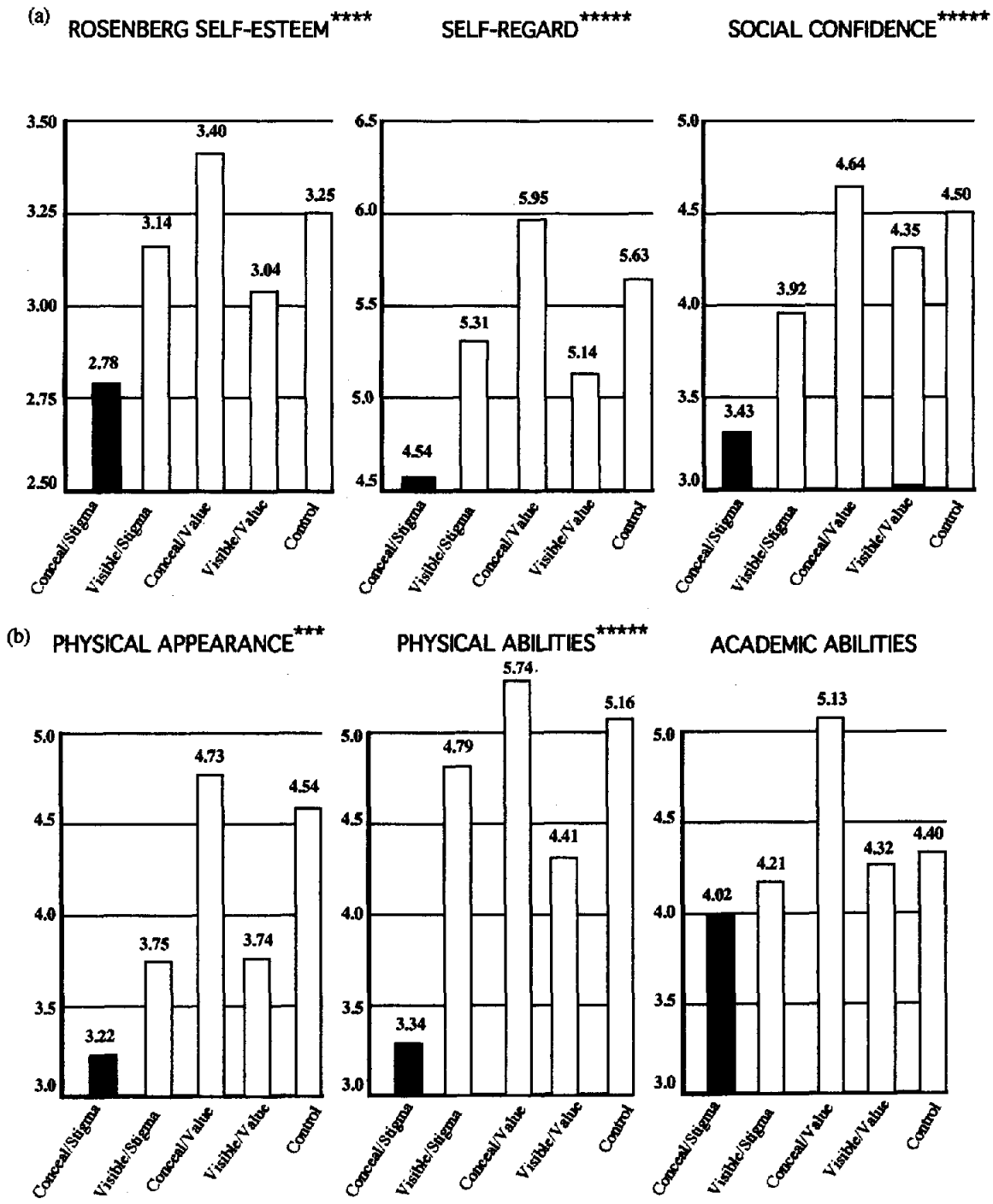


Figure 2. Mean Rosenberg (a) and Fleming and Courtney (b) self-esteem scores for the five participant groups from the final laboratory session. Horizontal axis is participant group; vertical axis is each group's mean self-esteem score. ***$p < .01$. ****$p < .005$. *****$p < .001$.

Table 1
Where Are You Right Now?

Location (frequency)	Participant group mean					$F(1, 81)$	p
	Concealable stigma	Visible stigma	Concealable valued	Visible valued	Control		
Class (366)	5.50	3.69	3.17	5.00	4.05	5.37	<.025
Library (148)	2.22	1.31	2.00	1.71	1.35	1.11	
Academic locale (104)	1.44	1.44	0.61	1.36	1.25	0.24	
Social locale (62)	0.17	1.12	1.22	0.71	0.45	4.81	<.05
Party (22)	0.06	0.50	0.11	0.50	0.20	2.02	
Restaurant or bar (79)	0.94	0.38	1.33	1.00	0.90	0.02	
Friend's room (67)	0.78	1.38	0.56	0.93	0.40	0.01	
Friend's house (36)	0.06	0.38	0.83	0.71	0.20	1.36	
Romantic interest's room (119)	0.33	0.44	2.11	3.00	1.30	2.54	
Dorm room (1749)	23.00	20.50	17.33	19.64	21.00	2.88	
Dining hall (328)	3.44	3.81	4.50	3.86	3.50	0.32	
Job (129)	2.22	1.69	0.94	0.71	1.75	2.44	
In transit (287)	3.17	2.19	3.83	3.50	3.85	0.06	
Home (96)	0.28	0.94	2.28	0.36	1.50	1.86	
Extracurricular locale (82)	1.06	1.25	0.83	0.57	1.00	0.08	
Off campus (67)	1.44	0.25	0.72	0.93	0.55	1.22	
Recreational (43)	0.33	0.38	0.50	0.21	0.95	0.50	
Store (42)	0.39	0.25	0.94	0.21	0.55	0.21	
Structured athletic locale (38)	0.06	0.81	0.11	0.29	0.90	1.65	
Unstructured athletic locale (24)	0.00	0.25	0.39	0.07	0.60	2.78	
University health services (25)	0.17	0.00	0.22	0.36	0.65	0.16	
Other (49)	0.72	0.38	0.50	0.50	0.70	0.57	
Academic locations (1–3)	9.17	6.44	5.78	8.07	6.65	5.14	<.025
Social locations (4–9)	2.33	4.19	6.17	6.86	3.45	5.89	<.025
All locations (1–22)	47.78	43.31	45.06	46.14	47.60	1.18	

conspicuous stigmatized, concealable valued, conspicuous valued, and nonmarginal control) as the only independent variable. A planned contrast tested the hypothesis that those with concealable stigmas differed from those in the other four groups (contrast weights: −4, 1, 1, 1, 1; Rosenthal & Rosnow, 1991; Snedecor & Cochran, 1989). For each significant contrast, we conducted comparisons among the representative categories within each participant group to check that the result described all categories equally well.[2]

Lower Self-Esteem and More Negative Affect

To test the hypothesis that those with concealable stigmas are particularly likely to have lower self-esteem and higher negative affect, we calculated students' mean momentary self-esteem and MAACL mood scores from their individual beeper reports. As seen in Figure 1, when the *just me* scale was the dependent variable, those with concealable stigmas felt less good about themselves than other participant groups, $F(1, 81) = 4.87$, $p < .05$; overall $F(4, 81) = 1.83$, $p = .13$. When the *me in context* scale was the dependent variable, those with concealable stigmas once again felt less good about their situation than other students, $F(1, 81) = 4.17$, $p < .05$; overall $F(4, 81) = 1.69$, $p = .16$. When the *how I look* item was the dependent variable, the planned contrast was not significant, $F(1, 81) = 1.36$, *ns;* overall $F(4, 81) = 2.70$, $p < .05$.

With respect to the negative affect scales, those with concealable stigmas felt more anxious than other participant groups, $F(1, 81) = 5.68$, $p < .025$; overall $F(4, 81) = 1.77$, $p = .14$. They also felt more depressed, $F(1, 81) = 6.55$, $p < .025$; overall $F(4, 81) = 1.82$, $p = .13$. They did not, however, report more hostility, $F(1, 81) = 1.04$, *ns;* overall $F(4, 81) = 0.44$, *ns.*

With respect to the self-evaluations of students during the final laboratory session (see Figure 2), those with concealable stigmas reported lower Rosenberg self-esteem scores than did other participant groups, $F(1, 80) = 9.88$, $p < .005$; overall $F(4, 80) = 3.84$, $p < .01$. They reported less self-regard, $F(1, 80) = 14.31$, $p < .001$; overall $F(4, 80) = 5.75$, $p < .001$; and less social confidence, $F(1, 80) = 12.18$, $p < .001$; overall $F(4, 80) = 4.58$, $p < .01$. They felt worse about their physical appearance, $F(1, 80) = 7.67$, $p < .01$; overall $F(4, 80) = 4.20$, $p < .01$; and physical abilities, $F(1, 80) = 24.54$, $p < .001$; overall $F(4, 80) = 9.19$, $p < .001$. They did not feel worse

[2] Typically for each significant contrast, we computed four omnibus F tests to assess the within-group heterogeneity of each participant group. The conspicuous valued group had only 1 group representative, the physically attractive, and thus no omnibus F was needed. When heterogeneity emerged (e.g., for the concealable stigmatized group), we then used post hoc comparisons to contrast each group representative (e.g., people who were gay or bulimic and those from poor families) to the others. For the nonmarginal control group, the overall F compared men with women, and thus no post hoc comparisons were needed. Only significant post hoc comparisons are reported.

Table 2
What Are You Doing Right Now?

Activity (frequency)	Participant group mean: Concealable stigma	Visible stigma	Concealable valued	Visible valued	Control	$F(1, 81)$	p
Academic—in class (129)	4.83	3.25	2.83	4.43	3.30	4.60	<.05
Academic—out of class (148)	10.89	6.62	5.72	6.21	8.35	13.05	<.001
Exam—in class (287)	0.17	0.00	0.06	0.29	0.00	1.20	
Exam—out of class (49)	0.83	0.44	1.00	1.86	0.30	0.02	
Social—structured (36)	0.39	0.94	1.44	1.07	0.65	4.19	<.05
Interacting one on one (79)	3.00	3.94	3.50	4.21	3.30	0.88	
Interacting with a group (22)	2.61	3.38	3.17	3.36	1.65	0.15	
Personal hygiene (97)	0.72	0.88	1.56	0.86	1.50	1.44	
Eating (454)	4.50	4.19	6.72	5.43	5.45	1.06	
Structured athletics (96)	0.11	0.00	0.06	0.14	0.15	0.04	
Unstructured athletics (67)	0.00	0.25	0.39	0.14	0.40	3.25	
Leisure (119)	5.17	6.06	5.11	6.50	5.15	0.28	
Errands (24)	2.50	2.06	2.89	2.00	2.90	0.00	
Extracurricular (42)	2.61	1.81	2.17	0.64	1.50	1.81	
Job (38)	1.83	0.88	0.83	0.71	1.40	3.55	
Local travel (104)	1.94	1.25	2.44	2.29	2.20	0.05	
Long-distance travel (82)	0.11	0.25	0.89	0.50	0.75	3.24	
Religious (43)	0.00	0.00	0.28	0.14	0.10	0.65	
Other (62)	1.22	0.75	1.33	1.14	1.30	0.08	
Sleep (268)	1.44	4.38	2.67	4.43	3.10	9.52	<.005
Academic activities (1–4)	16.72	10.31	9.61	12.79	11.95	12.05	<.001
Social activities (5–7)	6.00	8.25	8.11	8.64	5.60	1.88	<.20
All activities (1–20)	44.89	41.31	45.06	46.36	43.45	0.09	

about their academic abilities, $F(1, 80) = 2.40$, *ns;* overall $F(4, 80) = 2.28$, $p < .10$. Denominator degrees of freedom changed from the first set of analyses (Figure 1) because 1 participant did not complete these final laboratory session measures.

Six post hoc comparisons were significant. Within the concealable valued group, Olympic athletes were more positive about *me in context* than were their peers, $F(1, 15) = 6.61$, $p < .025$, and children of celebrities were less positive about me-in-context, $F(1, 15) = 5.80$, $p < .05$. Within the conspicuous stigmatized group, African Americans were less anxious than their peers, $F(1, 13) = 9.85$, $p < .01$, and felt better about their physical appearance (Fleming and Courtney subscale), $F(1, 13) = 5.43$, $p < .05$; overweight participants were more anxious, $F(1, 13) = 9.51$, $p < .01$, and felt worse about their physical appearance, $F(1, 13) = 5.87$, $p < .05$. As expected, the three concealable stigmatized group categories (gay, bulimic, poor) did not differ from each other; each reported lower self-esteem and more negative affect.[3]

Our confidence in this main result was bolstered by ties to previously reported findings. The nonmarginal controls and the conspicuous stigmatized group had equally high Rosenberg self-esteem scores, $F(1, 80) = 0.43$, *ns* (supporting Crocker & Major, 1989). In addition, the nonmarginal controls and the conspicuous valued group (physically attractive people) did not differ in their Rosenberg self-esteem scores, $F(1, 80) = 1.46$, *ns* (replicating Major, Carrington, & Carnevale, 1984).

Lives That Were More Academic and Less Social

To understand the pattern of lower self-esteem and more negative affect reported by those with concealable stigmas, we examined the reported social settings of our Harvard undergraduates. Table 1 lists all 22 locations, their reported frequencies by participant group, and the planned contrast Fs. The five participant groups did not differ in the total number of locations they reported, $F(1, 81) = 1.18$, *ns;* overall $F(4, 81) = 1.02$, *ns.* However, the concealable stigmatized group was most often in class, $F(1, 81) = 5.37$, $p < .025$; overall $F(4, 81) = 2.65$, p

[3] Perhaps the concealable stigmatized students experienced less positive self-perceptions simply because they felt less good about their social identity than did other marginal groups. No. During the final laboratory session, participants also completed the Luhtanen and Crocker (1992) Collective Self-Esteem Scale with reference to their particular social group. On the Public Self-Esteem Subscale, whereas those with valued characteristics were more likely than those with stigmatized characteristics to believe that others had a positive view of their social group, $F(1, 80) = 90.30$, $p < .001$, the concealable and conspicuous stigmatized groups did not differ from each other, $F(1, 80) = 2.47$, *ns;* overall $F(4, 80) = 35.04$, $p < .001$. Similarly, on the Private Self-Esteem subscale, whereas those belonging to valued social groups felt better about their group membership than those belonging to stigmatized social groups, $F(1, 80) = 19.37$, $p < .001$, the two stigmatized groups did not differ, $F(1, 80) = 0.99$, *ns;* overall $F(4, 80) = 12.26$, $p < .001$. Finally, on the Identity subscale, whereas students from valued groups indicated their group membership was less central to their self-concept than those from stigmatized groups, $F(1, 80) = 6.22$, $p < .025$, once again the two stigmatized groups did not differ, $F(1, 80) = 0.95$, *ns;* overall $F(4, 80) = 7.75$, $p < .001$. Measures of social identity only distinguished the culturally valued from the culturally stigmatized; they did not distinguish people with concealable stigmas from those with conspicuous ones. Thus, social identity measures do not explain our main result.

Table 3
Who Are You With Right Now?

Person (frequency)	Participant group mean: Concealable stigma	Visible stigma	Concealable valued	Visible valued	Control	$F(1, 81)$	p
No one—I'm alone (1,334)	18.00	17.31	13.00	12.64	16.10	3.21	<.07
Romantic interest (417)	1.44	1.25	9.44	5.93	5.90	6.89	<.025
Friend (997)	11.11	13.00	10.72	14.57	9.60	0.20	
Roommate (22)	9.61	7.12	7.94	10.07	9.25	0.24	
Coworker (79)	1.67	0.75	0.67	0.21	2.15	1.08	
Classmate/Teammate (129)	5.50	4.19	4.67	5.50	5.65	0.21	
Acquaintance (148)	2.28	1.75	2.22	3.36	1.60	0.00	
Stranger (287)	4.83	2.81	4.89	4.00	2.40	2.02	
Other (49)	0.61	1.06	0.50	1.21	0.70	0.65	
Family (96)	0.83	0.94	2.78	1.29	2.75	1.58	
All persons (1–10)	55.89	50.19	56.83	58.79	56.10	0.02	

Note. Mean totals exceed 55 because participants occasionally reported being with multiple others who belonged to different categories.

$< .05$, and least often in a social locale, $F(1, 81) = 4.81$, $p < .05$; overall $F(4, 81) = 2.49$, $p < .05$.

Table 2 lists all 20 behavioral activities, their reported frequencies by participant group, and the planned contrast Fs. The five groups did not differ in the total number of activities they reported, $F(1, 81) = 0.09$, *ns;* overall $F(4, 81) = 0.53$, *ns.* However, the concealable stigmatized group was most often doing academic activities in class, $F(1, 81) = 4.60$, $p < .05$; overall $F(4, 81) = 2.22$, $p = .07$, and academic activities out of class, $F(1, 81) = 13.05$, $p < .001$; overall $F(4, 81) = 4.25$, $p < .025$, and least often engaging in structured social activities, $F(1, 81) = 4.19$, $p < .05$; overall $F(4, 81) = 2.21$, $p = .07$.

Table 3 lists all 10 categories for "who are you with", their reported frequencies by participant group, and the planned contrast Fs. The five groups did not differ in their total number of reports, $F(1, 81) = 0.02$, *ns;* overall $F(4, 81) = 1.12$, *ns.* However, the concealable stigmatized group tended to be alone, $F(1, 81) = 3.21$, $p = .07$; overall $F(4, 81) = 2.25$, $p = .07$.

Three post hoc comparisons were significant. Within the concealable valued group, Olympic athletes were more often and children of celebrities were less often engaged in a structured social activity, $F(1, 15) = 7.50$, $p < .025$, and $F(1, 15) = 6.71$, $p < .025$, respectively. Poor students were more often in classrooms than their gay and bulimic peers, $F(1, 15) = 6.61$, $p < .025$; thus, we treat with caution any claims about the concealable stigmatized group's presence in academic locations.

Aside from this caveat, those with concealable stigmas led lives that were more academic and less social than their undergraduate peers. They were more often engaged in academic activities, less often found in social locations, less often engaged in social activities, and more likely to be alone. Planned contrasts with academic and social composite variables highlight this pattern of being more academic and less social (see Tables 1 and 2).[4,5]

Feeling Better Around Similar Others

Perhaps the concealable stigmatized students are most likely to feel better when social occasions involve similar others. We computed participants' self-esteem and mood scores for social occasions that included similar others, social occasions without similar others, and nonsocial occasions (i.e., when students were alone). These mean scores served as the dependent variable in an ANOVA, with marginal participant group (concealable stigmatized, conspicuous stigmatized, concealable valued, and

[4] Perhaps the concealable stigmatized students had lower self-esteem and more negative affect simply because they were more often engaged in academic rather than social activities. No. We created two composite dependent variables by averaging students' self-esteem and affect scores for the four academic activities (academics in and out of class, exam in and out of class) and for the three social activities (engaging in a structured social activity, interacting one on one, and interacting with a group). These mean scores served as the dependent variable in an ANOVA with participant group as a between-subject variable and activity type (academic, social) as a within-subject variable. Although most students felt lower self-esteem and more negative affect in academic activities compared with social ones (all ps $< .001$), these main effects for activity type were often modified by significant interactions in which those in the concealable stigmatized group differed from their peers. For *me in context,* planned interaction $F(1, 79) = 5.35$, $p < .03$, and overall interaction $F(4, 79) = 3.12$, $p < .02$; and for anxiety, planned interaction $F(1, 79) = 5.45$, $p < .03$, and overall interaction $F(4, 79) = 3.42$, $p < .02$. The five participant groups did not differ in their self-esteem or mood when engaged in academic activities (all Fs < 1). When engaged in social activities, however, the concealable stigmatized group felt less good about *me in context,* $F(1, 79) = 6.53$, $p < .05$, and were more anxious, $F(1, 79) = 8.29$, $p < .01$, than the other participant groups. The predominance of academic activities in the lives of those with concealable stigmas, then, is not a sufficient explanation for their lower self-esteem and more negative affect. Unlike other students, they often felt bad in social activities.

[5] Because of the large number of dependent variables, we present results in the first two sections with a single planned contrast comparing the concealable stigmatized group with all other participant groups. An alternative approach is to compare the two stigmatized groups. Such pairwise contrasts reveal the same results. Those with concealable stigmas were more depressed, $F(1, 32) = 3.79$, $p = .06$; had lower self-esteem (Rosenberg), $F(1, 32) = 4.14$, $p = .05$; reported less self-

conspicuous valued) as a between-subject variable and context (similar others, nonsimilar others, alone) as a within-subject variable. Within-group planned contrasts tested our hypothesis that the concealable stigmatized group experienced higher self-esteem and more positive affect when with similar others than when with nonsimilar others (contrast weights: 1, −1, 0). Between-group planned contrasts tested whether the people with concealable stigmas felt particularly good (compared with each of the other three groups) in social situations when similar others were present rather than when they were not (contrast weights: 1, −1, 0; −1, 1, 0). Contrasts testing the social isolation hypothesis (people with concealable stigmas are often alone and thus vulnerable to negative self-perceptions) are presented later. Twenty-four marginal participants were excluded from these analyses because they never reported being with similar others.[6]

Within-group contrasts indicated that the concealable stigmatized group felt better about *just me* $F(1, 76) = 12.94$, $p < .001$; overall $F(6, 76) = 1.91$, $p = .10$, and *me in context*, $F(1, 76) = 3.90$, $p = .06$; overall $F(6, 76) = 1.79$, $p = .11$, when they were with similar others rather than nonsimilar others. They also felt significantly less anxious, $F(1, 76) = 9.41$, $p < .005$; overall $F(6, 76) = 0.92$, *ns*, and less depressed, $F(1, 76) = 8.79$, $p < .005$; overall $F(6, 76) = 2.20$, $p < .05$. Within-group contrasts for the conspicuous stigmatized, concealable valued, and conspicuous valued groups were not significant (see Figure 3). The presence of similar others enhanced the self-esteem and mood of those with concealable stigmas in a way that it did not for the other marginal groups.

Between-group contrasts highlighted the difference between the two stigmatized groups. Compared with their conspicuous stigmatized peers, the concealable stigmatized group felt better about *just me*, $F(1, 76) = 10.04$, $p < .005$, and *me in context*, $F(1, 76) = 4.05$, $p < .05$, and was less anxious, $F(1, 76) = 4.57$, $p < .05$, and less depressed, $F(1, 76) = 11.63$, $p < .005$, when similar others were present than when they were not (see Figure 3). Contrasts between the concealable stigmatized group and each of the two valued groups were not significant.[7]

One post hoc contrast was significant. In the presence of similar others, those who were overweight felt less good about *me in context* than the other conspicuous stigmatized categories, $F(1, 16) = 12.70$, $p < .005$. No differences emerged among the concealable stigmatized group categories; whether gay, poor or bulimic, each felt equally good in the presence of similar others.

Recall that the concealable stigmatized group tended to be alone more often than their peers. The social isolation hypothesis suggests such isolation in general may explain why this group experiences lower self-esteem and more negative affect. People with concealable stigmas, then, should feel worse when alone than when they are with nonsimilar others. Within-group contrasts, however, indicated they were equally anxious, $F(1, 76) = 1.52$, *ns*, equally depressed, $F(1, 76) = 1.75$, *ns*, and felt equally bad about *just me*, $F(1, 76) = 2.35$, *ns*, in both conditions. Thus, social isolation does not explain the lower self-esteem and greater negative affect of those who are gay, poor, or bulimic.

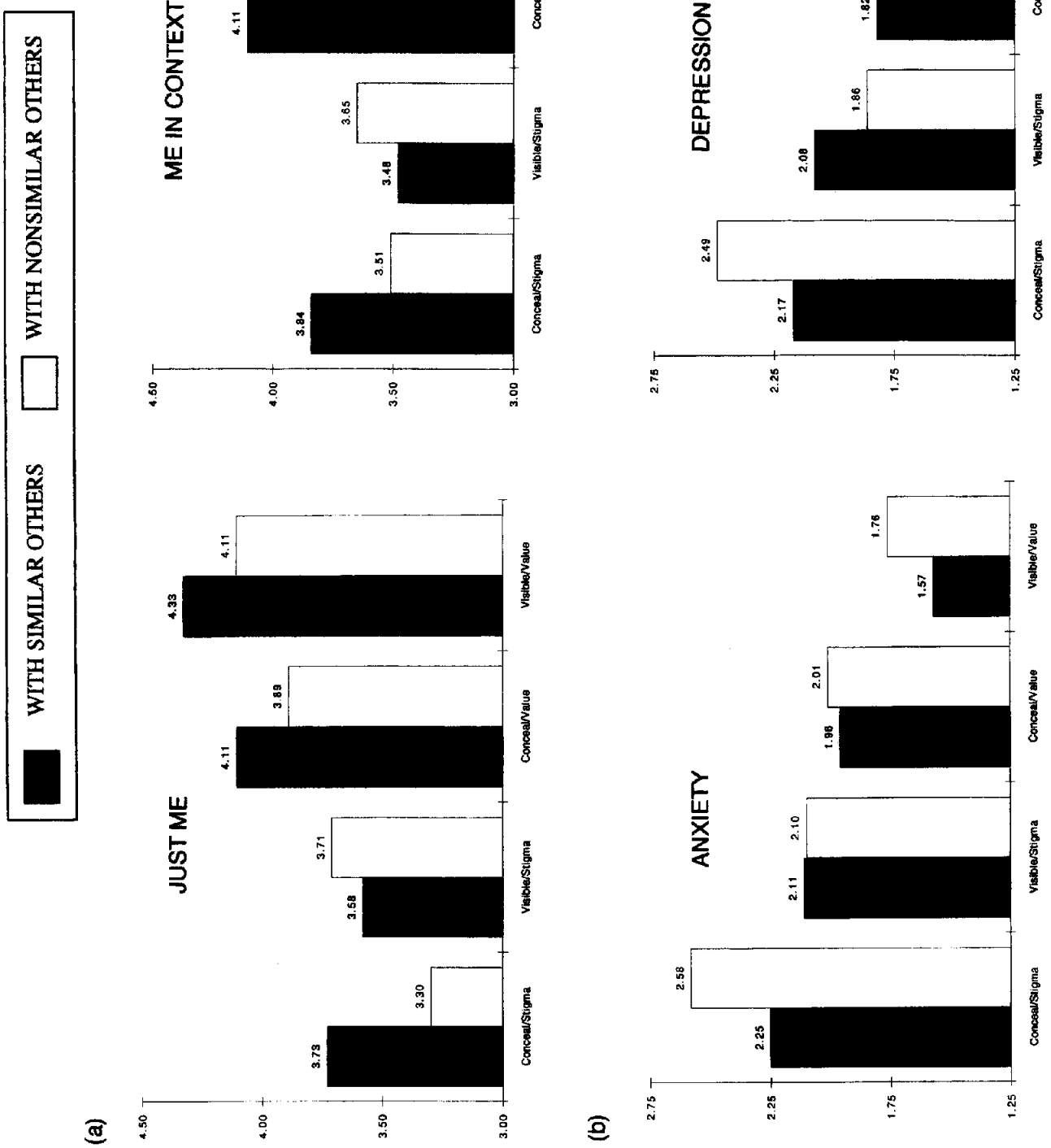
Why then did our concealable stigmatized research participants report lower self-esteem and more negative affect than their marginal peers? One possibility is that their time spent with similar others was limited. To test this hypothesis, the number of reports served as the dependent variable in an ANOVA, with participant group as a between-subject variable and context (similar others, nonsimilar others, alone) as a within-subject variable. Within-group planned contrasts tested the hypothesis that the concealable stigmatized group reported fewer instances with similar others than with nonsimilar others (contrast weights: 1, −1, 0). Between-group planned contrasts tested whether people with concealable stigmas (compared with each of the other three groups) were less likely to be with similar others and more likely to be with nonsimilar others (contrast weights: 1, −1, 0; −1, 1, 0).

Within-group contrasts indicated that the concealable stigmatized group was less often with similar others than nonsimilar others, $F(1, 76) = 25.62$, $p < .001$; overall $F(6, 76) = 2.74$, $p < .02$. The same pattern emerged for the concealable valued, $F(1, 76) = 15.08$, $p < .001$, and conspicuous valued groups, $F(1, 76) = 15.74$, $p < .001$. The conspicuous stigmatized group, however, was equally likely to be with similar and nonsimilar others, $F(1, 76) = 2.95$, *ns*. Between-group contrasts revealed that, compared with their conspicuous stigmatized peers, the concealable stigmatized group was less often with similar others and more often with nonsimilar others, $F(1, 76) = 5.83$, $p < .05$. Contrasts between the concealable stigmatized

regard, $F(1, 32) = 4.15$, $p = .05$; and felt worse about their physical appearance, $F(1, 32) = 8.13$, $p < .01$, than their conspicuous stigmatized peers. They also were more often in class, $F(1, 32) = 3.87$, $p = .06$; less often in a social locale, $F(1, 32) = 5.63$, $p < .025$; and more often doing academic activities out of class, $F(1, 32) = 7.43$, $p < .01$. The two stigmatized groups did not differ in their self-esteem or mood when engaged in academic activities, but when engaged in social activities, the concealable stigmatized group felt less good about *me in context*, $F(1, 31) = 3.52$, $p = .07$, and was more anxious, $F(1, 31) = 9.71$, $p < .01$.

[6] Little evidence suggested that the 24 students who never reported being with similar others were different in any other way from the 42 students who were included. The excluded marginal participants included some who were physically attractive ($n = 11$), wealthy ($n = 2$), celebrity children ($n = 3$), overweight ($n = 2$), stutterers ($n = 2$), poor ($n = 3$), and bulimic ($n = 1$). To test whether these 24 excluded students differed from the other 42, participant group and inclusion status (i.e., excluded, included) served as between-subject variables in ANOVAs, with each self-esteem and affect score reported in this article as a dependent variable. None of the interaction terms was significant. Examination of the social niches reported by excluded and included marginal students did indicate that the excluded students were more often at university health services, $F(1, 58) = 3.91$, $p < .05$, and less often in a structured social activity, $F(1, 58) = 4.25$, $p < .05$.

[7] We used a pooled error term for all contrasts involving components of the Participant Group × Context interaction. The choice of pooled error terms in repeated-measures designs is controversial, and we recomputed all contrasts with an error term reflecting just those components of the interaction under consideration. Our results did not change; the specific error terms are quite similar to the pooled one.


WITH SIMILAR OTHERS
WITH NONSIMILAR OTHERS
(a)
JUST ME
ME IN CONTEXT
(b)
ANXIETY
DEPRESSION
Conceal/Stigma
Visible/Stigma
Conceal/Value
Visible/Value
4.50
4.00
3.50
3.00
2.75
2.25
1.75
1.25
3.73
3.30
3.58
3.71
4.11
3.89
4.33
4.11
3.84
3.51
3.48
3.65
4.11
3.94
4.52
4.13
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2.11
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1.78

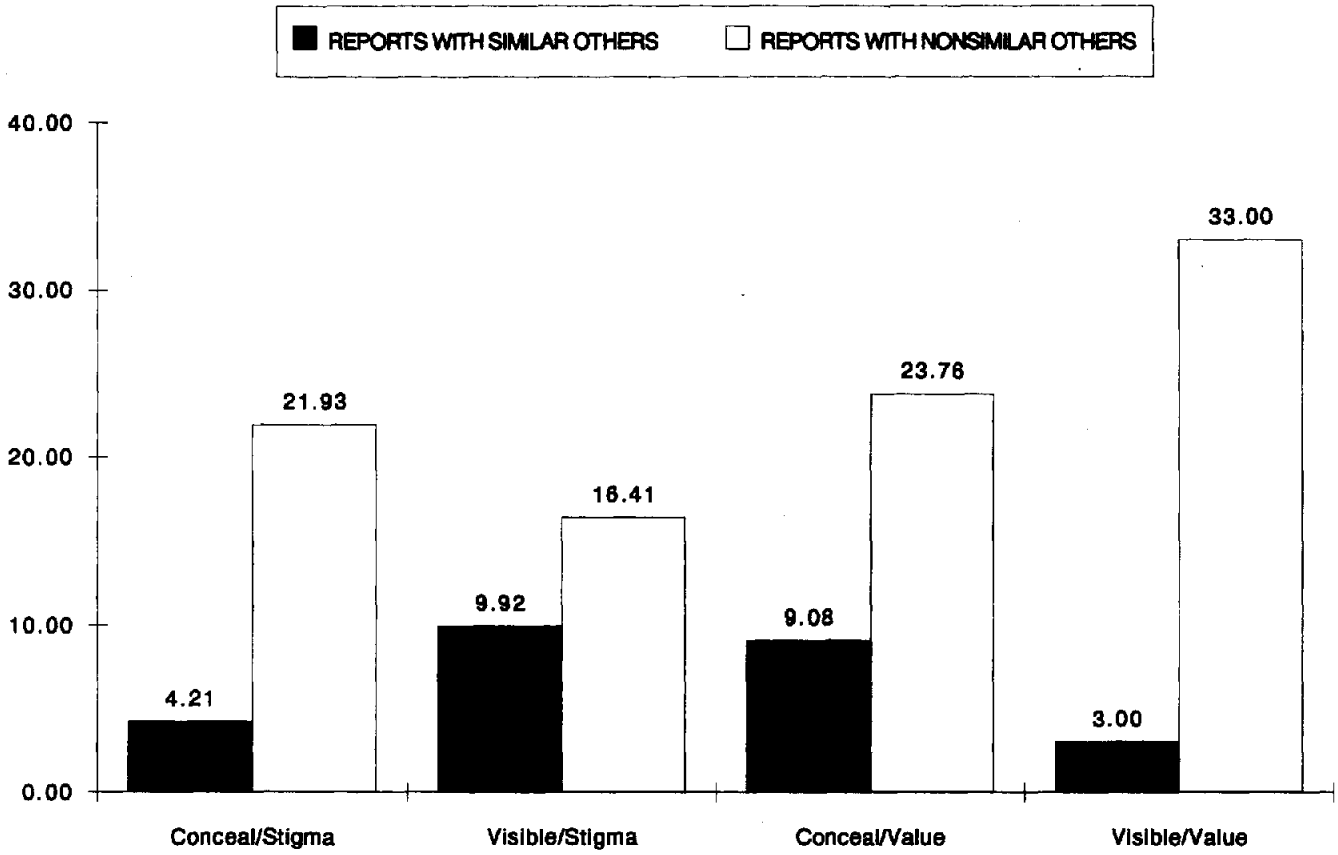

Figure 4. Number of occasions that four marginal groups reported being with similar and nonsimilar others.

group and the two valued groups were not significant (see Figure 4).

Because students could be with more than one person on each occasion, the mean number of similar others per report also served as a dependent variable in an ANOVA, with participant group as the only independent variable. The main effect for participant group was significant, $F(3, 37) = 3.12$, $p < .05$. Pairwise comparisons indicated that the concealable stigmatized group reported fewer similar others per occasion ($M = 4.43$) than the conspicuous stigmatized group ($M = 15.55$), $F(1, 37) = 7.19$, $p < .025$, and the concealable valued group ($M = 12.38$), $F(1, 37) = 4.02$, $p < .05$, but did not differ from the conspicuous valued group ($M = 3.00$), $F(1, 37) = 0.05$, *ns*. In summary, whether the dependent variable was the number of occasions with similar others or the number of similar others per occasion, the concealable stigmatized group reported fewer instances than their conspicuous stigmatized peers.

Discussion

As predicted, those with concealable stigmas (students who indicated that they were gay, bisexual, or lesbian; bulimic; or that their family earned less than $20,000 each year) felt less good about themselves and were more anxious and depressed across their experience sampling reports than their conspicuous stigmatized, concealable valued, conspicuous valued, and control group peers. This result was not due to the experience-sampling methodology; concealable stigmatized participants also reported feeling less good about themselves on traditional global self-esteem measures. This result was not explained by any particular concealable stigmatized category; each reported low self-esteem and negative affect. This result was not explained by differences in group identity or perceptions; concealable and conspicuous stigmatized groups had similar collective self-esteem scores. And this result was not explained by the

Figure 3 (opposite). Mean self-esteem (a) and affect (b) scores of the four marginal groups when they were with similar and nonsimilar others. Within-group contrasts are significant for the concealable stigmatized ($n = 14$) but not significant for the conspicuous valued ($n = 3$), concealable valued ($n = 13$), and conspicuous stigmatized ($n = 12$) groups. Between-group contrasts are significant between the concealable stigmatized and the conspicuous stigmatized groups.

distinctive context occupied by members of the concealable stigmatized group; they experienced negative self-perceptions in social as well as academic milieus. Only the presence of similar others lifted the self-esteem and mood of students with concealable stigmas, and these particular students were the least likely to experience such occasions.

Similar Others and Positive Self-Perceptions

Previous work has emphasized people's preference for associating with similar others (Schacter, 1959), particularly when a personal characteristic is statistically unusual (Freedman & Doob, 1968; Turnbull, Miller, & McFarland, 1990). The possible self-protective nature of such similar other comparisons has also been noted (Brickman & Bulman, 1977; Wills, 1981). But the present data are the first that link the scarcity of similarly stigmatized others in the environment to low self-esteem and negative affect (see the between-group analyses in Figures 1, 2, and 4) and associate these scarce occasions with high self-esteem and positive affect (see the within-group analyses in Figure 3).

As previously noted, theoretical, clinical, and anecdotal accounts emphasize the mental health benefits of contact with similar others but provide little empirical data to substantiate this claim (D'Emilio, 1983; Goffman, 1963; Jones et al., 1984; Wright, 1983). Logically, contact with similarly stigmatized others could have negative consequences for the individual's self-perceptions; seeing similar others might emphasize the group's and thus the individual's disadvantage. "I was to spend the rest of my life making mops with other blind people, eating with other blind people, dancing with other blind people. I became nauseated with fear, as the picture grew in my mind" (Goffman, 1963, p. 37). Our data do not reject this scenario; on any specific occasion, presence of similar others may make our stigmatized students feel bad. But over time (55 reports over an 11 day span), our data imply that the presence of similar others more often generates positive self-perceptions than negative ones. On the rare occasions when similar others were present, our concealable stigmatized group felt better. Compared with these people, our conspicuous stigmatized group reported more positive self-perceptions; they did not even differ from controls. Why? They had an extensive network of similarly stigmatized others, and interactions with them were far more common. Thus, undergraduate organizations that highlight the concerns of those who are gay, bulimic, or poor serve a critical function. They enhance the visibility of similar others and create positive self-perceptions among group members. The limited literature on support groups concurs (Taylor, Falke, Shoptaw, & Lichtman, 1986).

Our concealable stigmatized students rarely mentioned these undergraduate organizations. One bulimic student did report interviewing counselor applicants in the campus eating disorder office, and 1 poor student did report checking in library books with a similar other coworker (the library is a typical work study assignment). However, students typically reported being with similar others while eating in the dining hall or talking in their dorm rooms. Thus, although undergraduate organizations make concealable stigmatized groups more visible, they are rarely the backdrop for most similar other occasions.

How similar others create positive self-perceptions among individual group members is not clear. Perhaps similar others decrease the individual's subjective sense of isolation or uniqueness (Frable, 1993; Suls & Wan, 1987). They can provide positive attitudes about group membership (D'Emilio, 1983; Mest, 1988; Wright, 1983). They often put group membership in its proper place by delineating the limited contexts in which the membership matters, that is, removing its "master status" connotation (Fine & Asch, 1988; Groce, 1985). They instruct members how to negotiate potentially problematic social contexts successfully, creating opportunities for efficacy-based self-esteem (Dunkel-Schetter & Wortman, 1982; Padden & Humphries, 1988). Or they provide social comparison information for various defensive or self-protective strategies (Crocker & Major, 1989; Steele, 1992). Our data do not discriminate among these five possibilities, although the rarity of similar-other occasions for those with concealable stigmas may favor the first two mechanisms that work with minimal contact. Students with conspicuous stigmas, however, may have more positive self-perceptions through the latter three mechanisms because the extensive nature of their similar-other network better provides expert knowledge of the social group.

This speculation—that students with concealable stigmas lack expert knowledge of their social group and that those with conspicuous stigmas have such knowledge—explains two potential inconsistencies in our results. First, we argued that more positive self-perceptions among those in the conspicuous stigmatized group occurred because of their greater amount of interaction with similar others, yet we demonstrated no immediate effects when similar others were present. Why not? An expert knowledge structure provides a more positive view of group membership than does the culture, but this group expertise should also moderate affect extremity (Linville, 1982, 1985). With increasing group expertise, feeling good about a similar other becomes more a function of the unique characteristics of that individual and less a function of the shared group membership itself.

We also argued that the concealable stigmatized group experienced lower self-esteem and more negative affect because they rarely interacted with similar others, yet their immediate benefit from such interaction was almost twice that of any other group. Why? Lacking expert knowledge about their social group, students with concealable stigmas have only the culture's negative, unidimensional view to inform their overall self-perceptions; furthermore, this simplistic knowledge structure ensures more extreme affective reactions to similar others. These immediate reactions could be negative; we think they are often positive because the culture's negative stereotypes are false for most similar others. In summary, group expertise may explain why our students with concealable stigmas experienced very positive but transitory reactions to similar others, whereas students with conspicuous stigmas experienced less extreme immediate reactions but more positive self-perceptions overall.

Cultural Stigma and Negative Self-Perceptions

Most empirical work finds no relation between culturally stigmatized group membership and individual self-perceptions (Crocker & Major, 1989). In contrast, our research demonstrates

that cultural stigma is associated with negative self-perceptions for at least some of the people some of the time. This new finding is unlikely to reflect chance; our data contain replications of other results now found in the literature. For example, the Rosenberg self-esteem scores for our conspicuous stigmatized group and our visible valued group (the physically attractive) did not differ from that of controls (Crocker & Major, 1989; Major, Carrington, & Carnevale, 1984). Also, overweight participants experienced less positive self-perceptions than their African American or physically disabled peers (Crocker, Cornwall, & Major, 1993). And people with bulimia were more likely than controls to be alone (Johnson & Larson, 1982). Our data come together in meaningful ways and thus support our new finding.

The empirical literature focuses almost exclusively on people with conspicuous stigmas. The prevailing assumption, often stated explicitly, is that conspicuous stigmas are somehow more problematic than concealable ones (Jones et al., 1984, p. 35). Here, however, the students at risk are those with concealable stigmas not conspicuous ones. A better assumption, then, is that different stigmas may lead to different consequences.

Our study contains limiting features. First, the social group memberships of our research participants may have been particularly salient because of our experimental procedures. If so, the results pertain only to those circumstances in which people attend to their social identities. Second, our participant groups differed from each other in ways other than possessing culturally stigmatized or valued and concealable or conspicuous characteristics. These other differences may underlie our results. Third, the concealable stigmatized group was represented only by those who were gay, bulimic, or poor. Other concealable stigmatized groups such as cancer survivors or sexual assault victims may not exhibit such negative self-perceptions or experience so few similar-other contacts. Fourth, our culturally valued group may have been more common and more visible at the particular location of our study and thus exacerbated negative self-perceptions among our gay, bulimic, or poor students. Finally, the temporal nature of college may lead those with concealable stigmas to conclude that their limited time is better spent on academics than finding similar others; those in permanent locations may make different choices and thus not experience such negative self-perceptions.

These considerations, however, do not detract from our finding that undergraduates with concealable stigmas experienced lower self-esteem and more negative affect than their conspicuous stigmatized, concealable valued, conspicuous valued, and control group peers. This result suggests that psychologists no longer debate whether cultural stigma is ever associated with negative self-perceptions; clearly, it is. Instead, let us delineate the conditions under which this relation occurs (e.g., Crocker & Major, 1994). Although such an approach extends psychological theory, it also has practical applications. Identifying vulnerable groups in vulnerable places tells us when, where, how, and with whom to intervene.

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