

The Nature of Deference and Demeanor

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UNDER the influence of Durkheim and Radcliffe-Brown, some students of modern society have learned to look for the symbolic meaning of any given social practice and for the contribution of the practice to the integrity and solidarity of the group that employs it. However, in directing their attention away from the individual to the group, these students seem to have neglected a theme that is presented in Durkheim's chapter on the soul (1954: 240-272). There he suggests that the individual's personality can be seen as one apportionment of the collective *mana*, and that (as he implies in later chapters) the rites performed to representations of the social collectivity will sometimes be performed to the individual himself.

In this paper I want to explore some of the senses in which the person in our urban secular world is allotted a kind of sacredness that is displayed and confirmed by symbolic acts. An attempt will be made to build a conceptual scaffold by stretching and twisting some common anthropological terms. This will be used to support two concepts which I think are central to this area, deference and demeanor. Through these reformulations I will try to show that a version of Durkheim's social psychology can be effective in modern dress.

Data for the paper are drawn chiefly from a brief observational study of mental patients in a modern research hospital.¹ I use these data on the assumption that a logical place to learn about personal proprieties is among persons who have been locked up for spectacularly failing to maintain them. Their infractions of propriety occur in the confines of a ward, but the rules broken are quite general ones, leading us outward from the ward to a general study of our Anglo-American society.

INTRODUCTION

A rule of conduct may be defined as a guide for action, recommended not because it is pleasant, cheap, or effective, but because it is suitable or just. Infractions characteristically lead to feelings of uneasiness and to negative social sanctions. Rules of conduct infuse all areas of activity and are upheld in the name and honor of almost everything. Always, however, a grouping of adherents will be involved—if not a corporate social life—providing through this a common sociological theme. Attachment to rules leads to a constancy and patterning of behavior; while this is not the only source of regularity in human affairs it is certainly an important one. Of course, approved guides to conduct tend to be covertly broken, side-stepped, or followed for unapproved reasons, but these alternatives merely add to the occasions in which rules constrain at least the surface of conduct.

Rules of conduct impinge upon the individual in two general ways: directly, as *obligations*, establishing how he is morally constrained to conduct himself;

indirectly, as *expectations*, establishing how others are morally bound to act in regard to him. A nurse, for example, has an obligation to follow medical orders in regard to her patients; she has the expectation, on the other hand, that her patients will pliantly co-operate in allowing her to perform these actions upon them. This pliancy, in turn, can be seen as an obligation of the patients in regard to their nurse, and points up the interpersonal, actor-recipient character of many rules: what is one man's obligation will often be another's expectation.

Because obligations involve a constraint to act in a particular way, we sometimes picture them as burdensome or irksome things, to be fulfilled, if at all, by gritting one's teeth in conscious determination. In fact, most actions which are guided by rules of conduct are performed unthinkingly, the questioned actor saying he performs "for no reason" or because he "felt like doing so." Only when his routines are blocked may he discover that his neutral little actions have all along been consonant with the proprieties of his group and that his failure to perform them can become a matter of shame and humiliation. Similarly, he may so take for granted his expectations regarding others that only when things go unexpectedly wrong will he suddenly discover that he has grounds for indignation.

Once it is clear that a person may meet an obligation without feeling it, we can go on to see that an obligation which *is* felt as something that *ought* to be done may strike the obligated person either as a desired thing or as an onerous one, in short, as a pleasant or unpleasant duty. In fact, the same obligation may appear to be a desirable duty at one point and an undesirable one at another, as when a nurse, obliged to administer medication to patients, may be glad of this when attempting to establish social distance from attendants (who in some sense may be considered by nurses to be not "good enough" to engage in such activity), yet burdened by it on occasions when she finds that dosage must be determined on the basis of illegibly written medical orders. Similarly, an expectation may be perceived by the expectant person as a wanted or unwanted thing, as when one person feels he will deservedly be promoted and another feels he will deservedly be fired. In ordinary usage, a rule that strikes the actor or recipient as a personally desirable thing, apart from its propriety, is sometimes called a right or privilege, as it will be here, but these terms have additional implications, suggesting that special class of rules which an individual may invoke but is not required to do so. It should also be noted that an actor's pleasant obligation may constitute a recipient's pleasant expectation, as with the kiss a husband owes his wife when he returns from the office, but that, as the illustration suggests, all kinds of combinations are possible.

When an individual becomes involved in the maintenance of a rule, he tends also to become committed to a particular image of self. In the case of his obligations, he becomes to himself and others the sort of person who follows this particular rule, the sort of person who would naturally be expected to do so. In the case of his expectations, he becomes dependent upon the assump-

tion that others will properly perform such of their obligations as affect him, for their treatment of him will express a conception of him. In establishing himself as the sort of person who treats others in a particular way and is treated by them in a particular way, he must make sure that it will be possible for him to act and be this kind of person. For example, with certain psychiatrists there seems to be a point where the obligation of giving psychotherapy to patients, *their* patients, is transformed into something they must do if they are to retain the image they have come to have of themselves. The effect of this transformation can be seen in the squirming some of them may do in the early phases of their careers when they may find themselves employed to do research, or administer a ward, or give therapy to those who would rather be left alone.

In general then, when a rule of conduct is broken we find that two individuals run the risk of becoming discredited: one with an obligation, who should have governed himself by the rule; the other with an expectation, who should have been treated in a particular way because of this governance. Both actor and recipient are threatened.

An act that is subject to a rule of conduct is, then, a communication, for it represents a way in which selves are confirmed—both the self for which the rule is an obligation and the self for which it is an expectation. An act that is subject to rules of conduct but does not conform to them is also a communication—often even more so—for infractions make news and often in such a way as to disconfirm the selves of the participants. Thus rules of conduct transform both action and inaction into expression, and whether the individual abides by the rules or breaks them, something significant is likely to be communicated. For example, in the wards under study, each research psychiatrist tended to expect his patients to come regularly for their therapeutic hours. When patients fulfilled this obligation, they showed that they appreciated their need for treatment and that their psychiatrist was the sort of person who could establish a “good relation” with patients. When a patient declined to attend his therapeutic hour, others on the ward tended to feel that he was “too sick” to know what was good for him, and that perhaps his psychiatrist was not the sort of person who was good at establishing relationships. Whether patients did or did not attend their hours, something of importance about them and their psychiatrist tended to be communicated to the staff and to other patients on the ward.

In considering the individual's participation in social action, we must understand that in a sense he does not participate as a total person but rather in terms of a special capacity or status; in short, in terms of a special self. For example, patients who happen to be female may be obliged to act shameless before doctors who happen to be male, since the medical relation, not the sexual one, is defined as officially relevant. In the research hospital studied, there were both patients and staff who were Negro, but this minority-group status was not one in which these individuals were officially (or even, in the main, unofficially) active. Of course, during face-to-face encounters individuals may participate officially in more than one capacity. Further, some unofficial weight

is almost always given to capacities defined as officially irrelevant, and the reputation earned in one capacity will flow over and to a degree determine the reputation the individual earns in his other capacities. But these are questions for more refined analysis.

In dealing with rules of conduct it is convenient to distinguish two classes, symmetrical and asymmetrical (Thouless 1951:272-273). A symmetrical rule is one which leads an individual to have obligations or expectations regarding others that these others have in regard to him. For example, in the two hospital wards, as in most other places in our society, there was an understanding that each individual was not to steal from any other individual, regardless of their respective statuses, and that each individual could similarly expect not to be stolen from by anyone. What we call common courtesies and rules of public order tend to be symmetrical, as are such biblical admonitions as the rule about not coveting one's neighbor's wife. An asymmetrical rule is one that leads others to treat and be treated by an individual differently from the way he treats and is treated by them. For example, doctors give medical orders to nurses, but nurses do not give medical orders to doctors. Similarly, in some hospitals in America nurses stand up when a doctor enters the room, but doctors do not ordinarily stand up when a nurse enters the room.

Students of society have distinguished in several ways among types of rules, as for example, between formal and informal rules; for this paper, however, the important distinction is that between substance and ceremony.² A substantive rule is one which guides conduct in regard to matters felt to have significance in their own right, apart from what the infraction or maintenance of the rule expresses about the selves of the persons involved. Thus, when an individual refrains from stealing from others, he upholds a substantive rule which primarily serves to protect the property of these others and only incidentally functions to protect the image they have of themselves as persons with proprietary rights. The expressive implications of substantive rules are officially considered to be secondary; this appearance must be maintained, even though in some special situations everyone may sense that the participants were primarily concerned with expression.

A ceremonial rule is one which guides conduct in matters felt to have secondary or even no significance in their own right, having their primary importance—officially anyway—as a conventionalized means of communication by which the individual expresses his character or conveys his appreciation of the other participants in the situation.³ This usage departs from the everyday one, where “ceremony” tends to imply a highly specified, extended sequence of symbolic action performed by august actors on solemn occasions when religious sentiments are likely to be invoked. In wanting to stress the common element in such practices as tipping one's hat and a coronation, I will neglect what many anthropologists would see as overriding differences.

In all societies rules of conduct tend to be organized into codes which guarantee that everyone acts appropriately and receives his due. In our society the code which governs substantive rules and substantive expressions comprises

our law, morality, and ethics, while the code which governs ceremonial rules and ceremonial expressions is incorporated in what we call etiquette. All of our institutions have both kinds of codes, but in this paper attention will be restricted to the ceremonial one.

The acts or events, that is, the sign-vehicles or tokens which carry ceremonial messages, are remarkably various in character. They may be linguistic, as when an individual makes a statement of praise or depreciation regarding self or other, and does so in a particular language and intonation (Garvin and Riesenbergs 1952); gestural, as when the physical bearing of an individual conveys insolence or obsequiousness; spatial, as when an individual precedes another through the door, or sits on his right instead of his left; task-embedded, as when an individual accepts a task graciously and performs it in the presence of others with aplomb and dexterity; part of the communication structure, as when an individual speaks more frequently than the others, or receives more attentiveness than they do. The important point is that ceremonial activity, like substantive activity, is an analytical element referring to a component or function of action, not to concrete empirical action itself. While some activity that has a ceremonial component does not seem to have an appreciable substantive one, we find that all activity that is primarily substantive in significance will nevertheless carry some ceremonial meaning, provided that its performance is perceived in some way by others. The manner in which the activity is performed, or the momentary interruptions that are allowed so as to exchange minor niceties, will infuse the instrumentally-oriented situation with ceremonial significance.

All of the tokens employed by a given social group for ceremonial purposes may be referred to as its ceremonial idiom. We usually distinguish societies according to the amount of ceremonial that is injected into a given period and kind of interaction, or according to the expansiveness of the forms and the minuteness of their specification; it might be better to distinguish societies according to whether required ceremony is performed as an unpleasant duty or, spontaneously, as an unfeared or pleasant one.

Ceremonial activity seems to contain certain basic components. As suggested, a main object of this paper will be to delineate two of these components, deference and demeanor, and to clarify the distinction between them.

DEFERENCE

By deference I shall refer to that component of activity which functions as a symbolic means by which appreciation is regularly conveyed *to* a recipient *of* this recipient, or of something of which this recipient is taken as a symbol, extension, or agent.⁴ These marks of devotion represent ways in which an actor celebrates and confirms his relation to a recipient. In some cases, both actor and recipient may not really be individuals at all, as when two ships greet each other with four short whistle blasts when passing. In some cases, the actor is an individual but the recipient is some object or idol, as when a sailor salutes the quarterdeck upon boarding ship, or when a Catholic genuflects to the altar. I

shall only be concerned, however, with the kind of deference that occurs when both actor and recipient are individuals, whether or not they are acting on behalf of something other than themselves. Such ceremonial activity is perhaps seen most clearly in the little salutations, compliments, and apologies which punctuate social intercourse, and may be referred to as "status rituals" or "interpersonal rituals."⁵ I use the term "ritual" because this activity, however informal and secular, represents a way in which the individual must guard and design the symbolic implications of his acts while in the immediate presence of an object that has a special value for him.⁶

There appear to be two main directions in which the study of deference rituals may go. One is to settle on a given ritual and attempt to discover factors common to all of the social situations in which it is performed, for it is through such an analysis that we can get at the "meaning" of the ritual. The other is to collect all of the rituals that are performed to a given recipient, from whomever the ritual comes. Each of these rituals can then be interpreted for the symbolically expressed meaning that is embodied in it. By piecing together these meanings we can arrive at the conception of the recipient that others are obliged to maintain of him to him.

The individual may desire, earn, and deserve deference, but by and large he is not allowed to give it to himself, being forced to seek it from others. In seeking it from others, he finds he has added reason for seeking them out, and in turn society is given added assurance that its members will enter into interaction and relationships with one another. If the individual could give himself the deference he desired there might be a tendency for society to disintegrate into islands inhabited by solitary cultish men, each in continuous worship at his own shrine.

The appreciation carried by an act of deference implies that the actor possesses a sentiment of regard for the recipient, often involving a general evaluation of the recipient. Regard is something the individual constantly has for others, and knows enough about to feign on occasion; yet in having regard for someone, the individual is unable to specify in detail what in fact he has in mind.

Those who render deference to an individual may feel, of course, that they are doing this merely because he is an instance of a category, or a representative of something, and that they are giving him his due not because of what they think of him "personally" but in spite of it. Some organizations, such as the military, explicitly stress this sort of rationale for according deference, leading to an impersonal bestowal of something that is specifically directed toward the person. By easily showing a regard that he does not have, the actor can feel that he is preserving a kind of inner autonomy, holding off the ceremonial order by the very act of upholding it. And of course in scrupulously observing the proper forms he may find that he is free to insinuate all kinds of disregard by carefully modifying intonation, pronunciation, pacing, and so forth.

In thinking about deference it is common to use as a model the rituals of obeisance, submission, and propitiation that someone under authority gives

to someone in authority. Deference comes to be conceived as something a subordinate owes to his superordinate. This is an extremely limiting view of deference on two grounds. First, there are a great many forms of symmetrical deference which social equals owe to one another; in some societies, Tibetan for example, salutations between high-placed equals can become prolonged displays of ritual conduct, exceeding in duration and expansiveness the kind of obeisance a subject may owe his ruler in less ritualized societies. Similarly, there are deference obligations that superordinates owe their subordinates; high priests all over the world seem obliged to respond to offerings with an equivalent of "Bless you, my son." Secondly, the regard in which the actor holds the recipient need not be one of respectful awe; there are other kinds of regard that are regularly expressed through interpersonal rituals also, such as trust, as when an individual welcomes sudden strangers into his house, or capacity-esteem, as when the individual defers to another's technical advice. A sentiment of regard that plays an important role in deference is that of affection and belongingness. We see this in the extreme in the obligation of a newly married man in our society to treat his bride with affectional deference whenever it is possible to twist ordinary behavior into a display of this kind. We find it more commonly, for example, as a component in many farewells where, as in our middle-class society, the actor will be obliged to infuse his voice with sadness and regret, paying deference in this way to the recipient's status as someone whom others can hold dearly. In "progressive" psychiatric establishments, a deferential show of acceptance, affection, and concern may form a constant and significant aspect of the stance taken by staff members when contacting patients. On Ward B, in fact, the two youngest patients seemed to have become so experienced in receiving such offerings, and so doubtful of them, that they would sometimes reply in a mocking way, apparently in an effort to re-establish the interaction on what seemed to these patients to be a more sincere level.

It appears that deference behavior on the whole tends to be honorific and politely toned, conveying appreciation of the recipient that is in many ways more complimentary to the recipient than the actor's true sentiments might warrant. The actor typically gives the recipient the benefit of the doubt, and may even conceal low regard by extra punctiliousness. Thus acts of deference often attest to ideal guide lines to which the actual activity between actor and recipient can now and then be referred. As a last resort, the recipient has a right to make a direct appeal to these honorific definitions of the situation, to press his theoretic claims, but should he be rash enough to do so, it is likely that his relationship to the actor will be modified thereafter. People sense that the recipient ought not to take the actor literally or force his hand, and ought to rest content with the show of appreciation as opposed to a more substantive expression of it. Hence one finds that many automatic acts of deference contain a vestigial meaning, having to do with activity in which no one is any longer engaged and implying an appreciation long since not expected—and yet we know these antique tributes cannot be neglected with impunity.

In addition to a sentiment of regard, acts of deference typically contain a

kind of promise, expressing in truncated form the actor's avowal and pledge to treat the recipient in a particular way in the on-coming activity. The pledge affirms that the expectations and obligations of the recipient, both substantive and ceremonial, will be allowed and supported by the actor. Actors thus promise to maintain the conception of self that the recipient has built up from the rules he is involved in. (Perhaps the prototype here is the public act of allegiance by which a subject officially acknowledges his subservience in certain matters to his lord.) Deferential pledges are frequently conveyed through spoken terms of address involving status-identifiers, as when a nurse responds to a rebuke in the operating room with the phrase, "yes, Doctor," signifying by term of address and tone of voice that the criticism has been understood and that, however unpalatable, it has not caused her to rebel. When a putative recipient fails to receive anticipated acts of deference, or when an actor makes clear that he is giving homage with bad grace, the recipient may feel that the state of affairs which he has been taking for granted has become unstable, and that an insubordinate effort may be made by the actor to reallocate tasks, relations, and power. To elicit an established act of deference, even if the actor must first be reminded of his obligations and warned about the consequence of discourtesy, is evidence that if rebellion comes it will come slyly; to be pointedly refused an expected act of deference is often a way of being told that open insurrection has begun.

A further complication must be mentioned. A particular act of deference is something an actor, acting in a given capacity, owes a recipient, acting in a given capacity. But these two individuals are likely to be related to one another through more than one pair of capacities, and these additional relationships are likely to receive ceremonial expression too. Hence the same act of deference may show signs of different kinds of regard, as when a doctor by a paternal gesture shows authority over a nurse in her capacity as subordinate technician but affection for her as a young female who is dependent on him in his capacity as a supportive older male. Similarly, an attendant in cheerfully addressing a doctor as "doc" may sometimes show respect for the medical role and yet male-solidarity with the person who fills it. Throughout this paper we must therefore keep in mind that a spate of deferential behavior is not a single note expressing a single relationship between two individuals active in a single pair of capacities, but rather a medley of voices answering to the fact that actor and recipient are in many different relations to one another, no one of which can usually be given exclusive and continuous determinacy of ceremonial conduct. An interesting example of this complexity in regard to master-servant relations may be cited from a nineteenth-century book of etiquette (Anon. 1836:188):

"Issue your commands with gravity and gentleness, and in a reserved manner. Let your voice be composed, but avoid a tone of familiarity or sympathy with them. It is better in addressing them to use a higher key of voice, and not to suffer it to fall at the end of a sentence. The best-bred man whom we ever had the pleasure of meeting always employed, in addressing servants, such forms of speech as these—'I'll thank you for so and so,'—'Such a thing if you please.'—with a gentle tone, but very elevated key.

The perfection of manner, in this particular, is, to indicate by your language, that the performance is a favour, and by your tone that it is a matter of course."

Deference can take many forms, of which I shall consider only two broad groupings, avoidance rituals and presentational rituals.

Avoidance rituals, as a term, may be employed to refer to those forms of deference which lead the actor to keep at a distance from the recipient and not violate what Simmel (1950:321) has called the "ideal sphere" that lies around the recipient:

"Although differing in size in various directions and differing according to the person with whom one entertains relations, this sphere cannot be penetrated, unless the personality value of the individual is thereby destroyed. A sphere of this sort is placed around man by his honor. Language poignantly designates an insult to one's honor as 'coming too close;' the radius of this sphere marks, as it were, the distance whose trespassing by another person insults one's honor."

Any society could be profitably studied as a system of deferential stand-off arrangements, and most studies give us some evidence of this (e.g., Hodge 1907:442). Avoidance of other's personal name is perhaps the most common example from anthropology, and should be as common in sociology.

Here, it should be said, is one of the important differences between social classes in our society: not only are some of the tokens different through which consideration for the privacy of others is expressed, but also, apparently, the higher the class the more extensive and elaborate are the taboos against contact. For example, in a study of a Shetlandic community the writer found that as one moves from middle-class urban centers in Britain to the rural lower-class islands, the distance between chairs at table decreases, so that in the outermost Shetland Islands actual bodily contact during meals and similar social occasions is not considered an invasion of separateness and no effort need be made to excuse it. And yet, whatever the rank of the participants in an action, the actor is likely to feel that the recipient has some warranted expectation of inviolability.

Where an actor need show no concern about penetrating the recipient's usual personal reserve, and need have no fear of contaminating him by any penetration into his privacy, we say that the actor is on terms of familiarity with the recipient. (The mother who feels at liberty to pick her child's nose is an extreme example.) Where the actor must show circumspection in his approach to the recipient, we speak of nonfamiliarity or respect. Rules governing conduct between two individuals may, but need not, be symmetrical in regard to either familiarity or respect.

There appear to be some typical relations between ceremonial distance and other kinds of sociological distance. Between status equals we may expect to find interaction guided by symmetrical familiarity. Between superordinate and subordinate we may expect to find asymmetrical relations, the superordinate having the right to exercise certain familiarities which the subordinate is not allowed to reciprocate. Thus, in the research hospital, doctors tended to

call nurses by their first names, while nurses responded with "polite" or "formal" address. Similarly, in American business organizations the boss may thoughtfully ask the elevator man how his children are, but this entrance into another's life may be blocked to the elevator man, who can appreciate the concern but not return it. Perhaps the clearest form of this is found in the psychiatrist-patient relation, where the psychiatrist has a right to touch on aspects of the patient's life that the patient might not even allow himself to touch upon, while of course this privilege is not reciprocated. (There are some psychoanalysts who believe it desirable to "analyze the countertransference with the patient" but this or any other familiarity on the part of the patient is strongly condemned by official psychoanalytical bodies.) Patients, especially mental ones, may not even have the right to question their doctor about his opinion of their own case; for one thing, this would bring them into too intimate a contact with an area of knowledge in which doctors invest their special apartness from the lay public which they serve.

While these correlations between ceremonial distance and other kinds of distance are typical, we must be quite clear about the fact that other relationships are often found. Thus, status equals who are not well acquainted may be on terms of reciprocal respect, not familiarity. Further, there are many organizations in America where differences in rank are seen as so great a threat to the equilibrium of the system that the ceremonial aspect of behavior functions not as a way of iconically expressing these differences but as a way of carefully counterbalancing them. In the research hospital under study, psychiatrists, psychologists, and sociologists were part of a single ceremonial group as regards first-naming, and this symmetrical familiarity apparently served to allay some feeling on the part of psychologists and sociologists that they were not equal members of the team, as indeed they were not. Similarly, in a study of small business managers, the writer (1952) found that filling-station attendants had the right to interrupt their boss, slap him on the back, rib him, use his phone, and take other liberties, and that this ritual license seemed to provide a way in which the manager could maintain morale and keep his employees honest. We must realize that organizations that are quite similar structurally may have quite different deference styles, and that deference patterns are partly a matter of changing fashion.

In our society, rules regarding the keeping of one's distance are multitudinous and strong. They tend to focus around certain matters, such as physical places and properties defined as the recipient's "own," the body's sexual equipment, etc. An important focus of deferential avoidance consists in the verbal care that actors are obliged to exercise so as not to bring into discussion matters that might be painful, embarrassing, or humiliating to the recipient. In Simmel's words (1950:322):

"The same sort of circle which surrounds man—although it is value-accentuated in a very different sense—is filled out by his affairs and by his characteristics. To penetrate this circle by taking notice, constitutes a violation of his personality. Just as material property is, so to speak, an extension of the ego, and any interference with our property

is, for this reason, felt to be a violation of the person, there also is an intellectual private-property, whose violation effects a lesion of the ego in its very center. Discretion is nothing but the feeling that there exists a right in regard to the sphere of the immediate life contents. Discretion, of course, differs in its extension with different personalities just as the positions of honor and of property have different radii with respect to 'close' individuals, and to strangers, and indifferent persons."

Referential avoidance may be illustrated from Ward A, where rules in this regard were well institutionalized.⁷ The fact that two of the female patients had had experience in a state-type mental hospital was not raised either in serious conversation or in jest, except when initiated by these women themselves; nor was a question of the age of these patients (who were in their middle thirties) raised. The fact that the two male patients were conscientious objectors was never raised, even by the CO's themselves. The fact that one of the patients was blind and that another was colored was never raised by the others in their presence. When a poor patient declined to participate in an outing on a claim of indifference, her rationalization for not going was accepted at face-value and her fiction respected, even though others knew that she wanted to go but was ashamed to because she did not have a suitable coat. Patients about to be given drugs experimentally, or who had just been given drugs, were not questioned about their feelings, unless they themselves raised the topic. Unmarried women, whether patients or nurses, were not directly questioned about boy friends. Information about religious affiliations was volunteered but rarely requested.

Violation of rules regarding privacy and separateness is a phenomenon that can be closely studied on mental wards because ordinarily there is so much of it done by patients and staff. Sometimes this results because of what are felt to be the substantive or instrumental requirements of the situation. When a mental patient checks into a hospital, an itemized account is usually made of every one of his belongings; this requires his giving himself up to others in a way that he may have learned to define as a humiliation. Periodically his effects may have to be searched in a general effort to clear the ward of "sharps," liquor, narcotics, and other contraband. The presence of a microphone known to be concealed in each patient's room and connected with a speaker in the nurses' station is an additional invasion (but one provided only in the newest hospitals); the censoring of outgoing mail is another. Psychotherapy, especially when the patient appreciates that other staff members will learn about his progress and even receive a detailed report of the case, is another such invasion; so too is the practice of having nurses and attendants "chart" the course of the patient's daily feelings and activity. Efforts of staff to "form relations" with patients, to break down periods of withdrawal in the interest of therapy, is another example. Classic forms of "nonperson treatment" are found, with staff members so little observing referential avoidance that they discuss intimacies about a patient in his presence as if he were not there at all. There will be no door to the toilet, or one that the patient cannot lock; dormitory sleeping, especially in the case of middle-class patients, is a similar encroachment on

privacy. The care that is given to "very disturbed" patients in many large public hospitals leads in a similar direction, as with forced medication, cold packs applied to the naked body, or confinement while naked in an empty strong-room into which staff and patients may look. Another instance is forced feeding, whereby a frightened mute patient who may want to keep certain food out of his mouth is matched against an attendant who must see that patients are fed.

Invasions of privacy which have an instrumental technical rationale can be paralleled with others of a more purely ceremonial nature. Thus "acting out" and "psychopathic" patients are ones who can be counted on to overreach polite bounds and ask embarrassing questions of fellow-patients and staff, or proffer compliments which would not ordinarily be in their province to give, or proffer physical gestures of appreciation such as hugging or kissing, which are felt to be inappropriate. Thus, on Ward B, male staff members were plagued by such statements as "Why did you cut yourself shaving like that," "Why do you always wear the same pants, I'm getting sick of them," "Look at all the dandruff you've got." If seated by one of the patients, a male staff member might have to edge continuously away so as to keep a seemly safe distance between himself and the patient.

Some of the ways in which individuals on Ward A kept their distance were made clear in contrast to the failure of Ward B's patients to do so. On Ward A the rule that patients were to remain outside the nurses' station was observed. Patients would wait for an invitation or, as was commonly the case, stay in the doorway so that they could talk with those in the station and yet not presume upon them. It was therefore not necessary for the staff to lock the station door when a nurse was in the station. On Ward B it was not possible to keep three of the patients out of the station by request alone, and so the door had to be kept locked if privacy was to be maintained. Even then, the walls of the station were effectively battered down by continuous banging and shouting. In other words, on Ward A the protective ring that nurses and attendants drew around themselves by retreating into the station was respected by the patients, whereas on Ward B it was not.

A second illustration may be cited. Patients on Ward A had mixed feelings about some of their doctors, but each patient knew of one or two doctors that he or she liked. Thus, while at table, when a favorite doctor passed by, there would be an exchange of greetings but, ceremonially speaking, nothing more. No one would have felt it right to chase after the doctors, pester them, and in general invade their right of separateness. On Ward B, however, the entrance of a doctor was very often a signal for some of the patients to rush up to him, affectionally presume on him by grasping his hand or putting an arm around him, and then to walk with him down the corridor, engaging in a kidding affectionate conversation. And often when a doctor had retired behind a ward office door, a patient would bang on the door and look through its glass window, and in other ways refuse to keep expected distance.

One patient on Ward B, Mrs. Baum, seemed especially talented in divining

what would be an invasion of other people's privacy. On a shopping expedition, for example, she had been known to go behind the counter or examine the contents of a stranger's shopping bag. At other times she would enter a stranger's car at an intersection and ask for a lift. In general she could provide the student with a constant reminder of the vast number of different acts and objects that are employed as markers by which the borders of privacy are staked out, suggesting that in the case of some "mental disorders" symptomatology is specifically and not merely incidentally an improper keeping of social distance.

Analysis of deferential avoidance has sometimes been held back because there is another kind of ceremonial avoidance, a self-protective kind, that may resemble deferential restraint but is analytically quite different from it. Just as the individual may avoid an object so as not to pollute or defile it, so he may avoid an object so as not to be polluted or defiled by it. For example, in Ward B, when Mrs. Baum was in a paranoid state she refused to allow her daughter to accept a match from a Negro attendant, appearing to feel that contact with a member of a group against which she was prejudiced would be polluting; so, too, while kissing the doctors and nurses in an expansive birthday mood, she gave the appearance that she was trying but could not bring herself to kiss the attendant. In general, it would seem, one avoids a person of high status out of deference to him and avoids a person of lower status than one's own out of a self-protective concern. Perhaps the social distance sometimes carefully maintained between equals may entail both kinds of avoidance on both their parts. In any case, the similarity in the two kinds of avoidance is not deep. A nurse who keeps away from a patient out of sympathetic appreciation that he wants to be alone wears one expression on her face and body; when she maintains the same physical distance from a patient because he has been incontinent and smells, she is likely to wear a different expression. In addition, the distances an actor keeps out of deference to others decline when he rises in status, but the self-protective ones increase.⁸

Avoidance rituals have been suggested as one main type of deference. A second type, termed *presentational rituals*, encompasses acts through which the individual makes specific attestations to recipients concerning how he regards them and how he will treat them in the on-coming interaction. Rules regarding these ritual practices involve specific prescriptions, not specific proscriptions; while avoidance rituals specify what is not to be done, presentational rituals specify what is to be done. Some illustrations may be taken from social life on Ward A as maintained by the group consisting of patients, attendants, and nurses. These presentational rituals will not, I think, be much different from those found in many other organizations in our society.

When members of the ward passed by each other, salutations would ordinarily be exchanged, the length of the salutation depending on the period that had elapsed since the last salutation and the period that seemed likely before the next. At table, when eyes met a brief smile of recognition would be exchanged; when someone left for the weekend, a farewell involving a pause in on-going activity and a brief exchange of words would be involved. In any case,

there was the understanding that when members of the ward were in a physical position to enter into eye-to-eye contact of some kind, this contact would be effected. It seemed that anything less would not have shown proper respect for the state of relatedness that existed among the members of the ward.

Associated with salutations were practices regarding the "noticing" of any change in appearance, status, or repute, as if these changes represented a commitment on the part of the changed individual which had to be underwritten by the group. New clothes, new hairdos, occasions of being "dressed up" would call forth a round of compliments, whatever the group felt about the improvement. Similarly, any effort on the part of a patient to make something in the occupational therapy room or to perform in other ways was likely to be commended by others. Staff members who participated in the hospital amateur theatricals were complimented, and when one of the nurses was to be married, pictures of her fiancé and his family were viewed by all and approved. In these ways a member of the ward tended to be saved from the embarrassment of presenting himself to others as someone who had risen in value, while receiving a response as someone who had declined, or remained the same.

Another form of presentational deference was the practice of staff and patients pointedly requesting each and every patient to participate in outings, occupational therapy, concert-going, meal-time conversation, and other forms of group activity. Refusals were accepted but no patient was not asked.

Another standard form of presentational deference on Ward A was that of extending small services and aid. Nurses would make minor purchases for patients in the local town; patients coming back from home visits would pick up other patients by car to save them having to come back by public transportation; male patients would fix the things that males are good at fixing and female patients would return the service. Food came from the kitchen already allocated to individual trays, but at each meal a brisk business was done in exchanging food, and outright donations occurred whereby those who did not care for certain foods gave them to those who did. Most members of the ward took a turn at conveying the food trays from the kitchen cart to the table, as they did in bringing toast and coffee for the others from the sidetable. These services were not exchanged in terms of a formal schedule worked out to ensure fairness, but rather as an unplanned thing, whereby the actor was able to demonstrate that the private objectives of the recipient were something in which others present sympathetically participated.

I have mentioned four very common forms of presentational deference: salutations, invitations, compliments, and minor services. Through all of these the recipient is told that he is not an island unto himself and that others are, or seek to be, involved with him and with his personal private concerns. Taken together, these rituals provide a continuous symbolic tracing of the extent to which the recipient's ego has not been bounded and barricaded in regard to others.

Two main types of deference have been illustrated; presentational rituals through which the actor concretely depicts his appreciation of the recipient; and

avoidance rituals, taking the form of proscriptions, interdictions, and taboos, which imply acts the actor must refrain from doing lest he violate the right of the recipient to keep him at a distance. We are familiar with this distinction from Durkheim's classification of ritual into positive and negative rites (1954: 299).

In suggesting that there are things that must be said and done to a recipient, and things that must not be said and done, it should be plain that there is an inherent opposition and conflict between these two forms of deference. To ask after an individual's health, his family's well-being, or the state of his affairs, is to present him with a sign of sympathetic concern; but in a certain way to make this presentation is to invade the individual's personal reserve, as will be made clear if an actor of wrong status asks him these questions, or if a recent event has made such a question painful to answer. As Durkheim (1953:37) suggested, "The human personality is a sacred thing; one dare not violate it nor infringe its bounds, while at the same time the greatest good is in communion with others."⁹ I would like to cite two ward illustrations of this inherent opposition between the two forms of deference.

On Ward A, as in other wards in the hospital, there was a "touch system."¹⁰ Certain categories of personnel had the privilege of expressing their affection and closeness to others by the ritual of bodily contact with them. The actor places his arms around the waist of the recipient, rubs a hand down the back of the recipient's neck, strokes the recipient's hair and forehead, or holds the recipient's hand. Sexual connotation is of course officially excluded. The most frequent form that the ritual took was for a nurse to extend such a touch-confirmation to a patient. Nonetheless, attendants, patients, and nurses formed one group in regard to touch rights, the rights being symmetrical. Any one of these individuals had a right to touch any member of his own category or any member of the other categories. (In fact some forms of touch, as in playful fighting or elbow-strength games, were intrinsically symmetrical.) Of course some members of the ward disliked the system, but this did not alter the rights of others to incorporate them into it. The familiarity implicit in such exchanges was affirmed in other ways, such as symmetrical first-naming. It may be added that in many mental hospitals, patients, attendants, and nurses do not form one group for ceremonial purposes, and the obligation of patients to accept friendly physical contact from staff is not reciprocated.

In addition to these symmetrical touch relations on the ward, there were also asymmetrical ones. The doctors touched other ranks as a means of conveying friendly support and comfort, but other ranks tended to feel that it would be presumptuous for them to reciprocate a doctor's touch, let alone initiate such a contact with a doctor.¹¹

Now it should be plain that if a touch system is to be maintained, as it is in many hospitals in America, and if members of the ward are to receive the confirmation and support this ritual system provides, then persons other than doctors coming to live or work on the ward must make themselves intimately available to the others present. Rights of apartness and inviolability which are

demanding and accorded in many other establishments in our society must here be forgone, in this particular. The touch system, in short, is only possible to the degree that individuals forego the right to keep others at a physical distance.

A second illustration of the sense in which the two forms of deference act in opposition to each other turns upon the point of social participation. On Ward A there was a strong feeling of in-group solidarity among all nonmedical ranks—nurses, attendants, and patients. One way in which this was expressed was through joint participation in meals, card-games, room-visits, TV parties, occupational therapy, and outings. Ordinarily individuals were ready not only to participate in these activities but also to do so with visible pleasure and enthusiasm. One gave oneself to these occasions and through this giving the group flourished.

In the context of this participation pattern, and in spite of its importance for the group, it was understood that patients had the right of disaffection. Although it was felt to be an affront to group solidarity to come late for breakfast, late-comers were only mildly chided for doing so. Once at table, a patient was obliged to return the greetings offered him, but after this if his mood and manner patently expressed his desire to be left alone, no effort would be made to draw him into the meal-time conversation. If a patient took his food from the table and retired to his room or to the empty TV lounge, no one chased after him. If a patient refused to come on an outing, a little joke was made of it, warning the individual what he would miss, and the matter would be dropped. If a patient refused to play cards at a time when this would deny the others a necessary fourth, joking remonstrances would be made but not continued. And on any occasion, if the patient appeared depressed, moody, or even somewhat disarranged, an effort was made not to notice this or to attribute it to a need for physical care and rest. These kinds of delicacy and restriction of demands seemed to serve the social function of keeping informal life free from the contamination of being a "treatment" or a prescription, and meant that in certain matters the patient had a right to prevent intrusion when, where, and how he wanted to do so. It is apparent, however, that the right to withdraw into privacy was a right that was accorded at the expense of those kinds of acts through which the individual was expected to display his relatedness to the others on the ward. There is an inescapable opposition between showing a desire to include an individual and showing respect for his privacy.

As an implication of this dilemma, we must see that social intercourse involves a constant dialectic between presentational rituals and avoidance rituals. A peculiar tension must be maintained, for these opposing requirements of conduct must somehow be held apart from one another and yet realized together in the same interaction: the gestures which carry an actor to a recipient must also signify that things will not be carried too far.

DEMEANOR

It was suggested that the ceremonial component of concrete behavior has at least two basic elements, deference and demeanor. Deference, defined as the

appreciation an individual shows of another to that other, whether through avoidance rituals or presentational rituals, has been discussed and demeanor may now be considered.

By demeanor I shall refer to that element of the individual's ceremonial behavior typically conveyed through deportment, dress, and bearing, which serves to express to those in his immediate presence that he is a person of certain desirable or undesirable qualities. In our society, the "well" or "properly" demeaned individual displays such attributes as: discretion and sincerity; modesty in claims regarding self; sportsmanship; command of speech and physical movements; self-control over his emotions, his appetites, and his desires; poise under pressure; and so forth.

When we attempt to analyze the qualities conveyed through demeanor, certain themes become apparent. The well-demeaned individual possesses the attributes popularly associated with "character training" or "socialization," these being implanted when a neophyte of any kind is housebroken. Rightly or wrongly, others tend to use such qualities diagnostically, as evidence of what the actor is generally like at other times and as a performer of other activities. In addition, the properly demeaned individual is someone who has closed off many avenues of perception and penetration that others might take to him, and is therefore unlikely to be contaminated by them. Most importantly, perhaps, good demeanor is what is required of an actor if he is to be transformed into someone who can be relied upon to maintain himself as an interactant, poised for communication, and to act so that others do not endanger themselves by presenting themselves as interactants to him.¹³

It should be noted once again that demeanor involves attributes derived from interpretations others make of the way in which the individual handles himself during social intercourse. The individual cannot establish these attributes for his own by verbally avowing that he possesses them, though sometimes he may rashly try to do this. (He can, however, contrive to conduct himself in such a way that others, through their interpretation of his conduct, will impute the kinds of attributes to him he would like others to see in him.) In general, then, through demeanor the individual creates an image of himself, but properly speaking this is not an image that is meant for his own eyes. Of course this should not prevent us from seeing that the individual who acts with good demeanor may do so because he places an appreciable value upon himself, and that he who fails to demean himself properly may be accused of having "no self-respect" or of holding himself too cheaply in his own eyes.

As in the case of deference, an object in the study of demeanor is to collect all the ceremonially relevant acts that a particular individual performs in the presence of each of the several persons with whom he comes in contact, to interpret these acts for the demeanor that is symbolically expressed through them, and then to piece these meanings together into an image of the individual, an image of him in others' eyes.

Rules of demeanor, like rules of deference, can be symmetrical or asymmetrical. Between social equals, symmetrical rules of demeanor seem often to be prescribed. Between unequals many variations can be found. For exam-

ple, at staff meetings on the psychiatric units of the hospital, medical doctors had the privilege of swearing, changing the topic of conversation, and sitting in undignified positions; attendants, on the other hand, had the right to attend staff meetings and to ask questions during them (in line with the milieu-therapy orientation of these research units) but were implicitly expected to conduct themselves with greater circumspection than was required of doctors. (This was pointed out by a perceptive occupational therapist who claimed she was always reminded that a mild young female psychiatrist was really an M.D. by the fact that this psychiatrist exercised these prerogatives of informal demeanor.) The extreme here perhaps is the master-servant relation as seen in cases where valets and maids are required to perform in a dignified manner services of an undignified kind. Similarly, doctors had the right to saunter into the nurses' station, lounge on the station's dispensing counter, and engage in joking with the nurses; other ranks participated in this informal interaction with doctors, but only after doctors had initiated it.

On Ward A, standards of demeanor were maintained that seem to be typical in American middle-class society. The eating pace maintained at table suggested that no one present was so over-eager to eat, so little in control of impulses, so jealous of his rights, as to wolf down his food or take more than his share. At pinochle, the favorite card game, each player would coax spectators to take his hand and spectators would considerably decline the offer, expressing in this way that a passion for play had in no way overwhelmed them. Occasionally a patient appeared in the day-room or at meals with bathrobe (a practice permitted of patients throughout the hospital) but ordinarily neat street wear was maintained, illustrating that the individual was not making his appearance before others in a lax manner or presenting too much of himself too freely. Little profanity was employed and no open sexual remarks.

On Ward B, bad demeanor (by middle-class standards) was quite common. This may be illustrated from meal-time behavior. A patient would often lunge at an extra piece of food or at least eye an extra piece covetously. Even when each individual at table was allowed to receive an equal share, over-eagerness was shown by the practice of taking all of one's share at once instead of waiting until one serving had been eaten. Occasionally a patient would come to table half-dressed. One patient frequently belched loudly at meals and was occasionally flatulent. Messy manipulation of food sometimes occurred. Swearing and cursing were common. Patients would occasionally push their chairs back from the table precipitously and bolt for another room, coming back to the table in the same violent manner. Loud sounds were sometimes made by sucking on straws in empty pop bottles. Through these activities, patients expressed to the staff and to one another that their selves were not properly demeaned ones.

These forms of misconduct are worth study because they make us aware of some aspects of good demeanor we usually take for granted; for aspects even more usually taken for granted, we must study "back" wards in typical mental hospitals. There patients are denudative, incontinent, and they openly masturbate; they scratch themselves violently; drooling occurs and a nose may

run unchecked; sudden hostilities may flare up and "paranoid" immodesties be projected; speech or motor activity may occur at a manic or depressed pace, either too fast or too slow for propriety; males and females may comport themselves as if they were of the other sex or hardly old enough to have any. Such wards are of course the classic settings of bad demeanor.

A final point about demeanor may be mentioned. Whatever his motives for making a well demeaned appearance before others, it is assumed that the individual will exert his own will to do so, or that he will pliantly co-operate should it fall to someone else's lot to help him in this matter. In our society, a man combs his own hair until it gets too long, then he goes to a barber and follows instructions while it is being cut. This voluntary submission is crucial, for personal services of such a kind are done close to the very center of the individual's inviolability and can easily result in transgressions; server and served must co-operate closely if these are not to occur. If, however, an individual fails to maintain what others see as proper personal appearance, and if he refuses to co-operate with those who are charged with maintaining it for him, then the task of making him presentable against his will is likely to cost him at the moment a great deal of dignity and deference, and this in turn may create complex feelings in those who find they must cause him to pay this price. This is one of the occupational dilemmas of those employed to make children and mental patients presentable. It is easy to order attendants to "dress up" and shave male patients on visitors' day, and no doubt when this is done patients make a more favorable appearance, but while this appearance is in the process of being achieved—in the showers or the barbershop, for example—the patients may be subjected to extreme indignities.

DEFERENCE AND DEMEANOR

Deference and demeanor are analytical terms; empirically there is much overlapping of the activities to which they refer. An act through which the individual gives or withholds deference to others typically provides means by which he expresses the fact that he is a well or badly demeaned individual. Some aspects of this overlapping may be cited. First, in performing a given act of presentational deference, as in offering a guest a chair, the actor finds himself doing something that can be done with smoothness and aplomb, expressing self-control and poise, or with clumsiness and uncertainty, expressing an irresolute character. This is, as it were, an incidental and adventitious connection between deference and demeanor. It may be illustrated from recent material on doctor-patient relationships, where it is suggested that one complaint a doctor may have against some of his patients is that they do not bathe before coming for an examination (Dichter 1950:5-6); while bathing is a way of paying deference to the doctor it is at the same time a way for the patient to present himself as a clean, well demeaned person. A further illustration is found in acts such as loud talking, shouting, or singing, for these acts encroach upon the right of others to be let alone, while at the same time they illustrate a badly demeaned lack of control over one's feelings.

The same connection between deference and demeanor has had a bearing on the ceremonial difficulties associated with intergroup interaction: the gestures of deference expected by members of one society have sometimes been incompatible with the standards of demeanor maintained by members of another. For example, during the nineteenth century, diplomatic relations between Britain and China were embarrassed by the fact that the *Kot'ow* demanded of visiting ambassadors by the Chinese Emperor was felt by some British ambassadors to be incompatible with their self-respect (Douglas 1895:11, 291-296).

A second connection between deference and demeanor turns upon the fact that a willingness to give others their deferential due is one of the qualities which the individual owes it to others to express through his conduct, just as a willingness to conduct oneself with good demeanor is in general a way of showing deference to those present.

In spite of these connections between deference and demeanor, the analytical relation between them is one of "complementarity," not identity. The image the individual owes to others to maintain of himself is not the same type of image these others are obliged to maintain of him. Deference images tend to point to the wider society outside the interaction, to the place the individual has achieved in the hierarchy of this society. Demeanor images tend to point to qualities which any social position gives its incumbents a chance to display during interaction, for these qualities pertain more to the way in which the individual handles his position than to the rank and place of that position relative to those possessed by others.

Further, the image of himself the individual owes it to others to maintain through his conduct is a kind of justification and compensation for the image of him that others are obliged to express through their deference to him. Each of the two images in fact may act as a guarantee and check upon the other. In an interchange that can be found in many cultures, the individual defers to guests to show how welcome they are and how highly he regards them; they in turn decline the offering at least once, showing through their demeanor that they are not presumptuous, immodest, or over-eager to receive favor. Similarly, a man starts to rise for a lady, showing respect for her sex; she interrupts and halts his gesture, showing she is not greedy of her rights in this capacity but is ready to define the situation as one between equals. In general, then, by treating others deferentially one gives them an opportunity to handle the indulgence with good demeanor. Through this differentiation in symbolizing function the world tends to be bathed in better images than anyone deserves, for it is practical to signify great appreciation of others by offering them deferential indulgences, knowing that some of these indulgences will be declined as an expression of good demeanor.

There are still other complementary relations between deference and demeanor. If an individual feels he ought to show proper demeanor in order to warrant deferential treatment, then he must be in a position to do so. He must, for example, be able to conceal from others aspects of himself which would make him unworthy in their eyes, and to conceal himself from them when he is

in an undignified state, whether of dress, mind, posture, or action. The avoidance rituals which others perform in regard to him give him room to maneuver, enabling him to present only a self that is worthy of deference; at the same time, this avoidance makes it easier for them to assure themselves that the deference they have to show him is warranted.

To show the difference between deference and demeanor I have pointed out the complementary relation between them, but even this kind of relatedness can be overstressed. The failure of an individual to show proper deference to others does not necessarily free them from the obligation to act with good demeanor in his presence, however disgruntled they may be at having to do this. Similarly, the failure of an individual to conduct himself with proper demeanor does not always relieve those in his presence from treating him with proper deference. It is by separating deference and demeanor that we can appreciate many things about ceremonial life, such as the fact that a group may be noted for excellence in one of these areas while having a bad reputation in the other. Hence we can find a place for arguments such as De Quincey's (1890), that an Englishman shows great self-respect but little respect for others while a Frenchman shows great respect for others but little respect for himself.

We are to see, then, that there are many occasions when it would be improper for an individual to convey about himself what others are ready to convey about him to him, since each of these two images is a warrant and justification for the other, and not a mirror image of it. The Meadian notion that the individual takes toward himself the attitude others take to him seems very much an oversimplification. Rather the individual must rely on others to complete the picture of him of which he himself is allowed to paint only certain parts. Each individual is responsible for the demeanor image of himself and the deference image of others, so that for a complete man to be expressed, individuals must hold hands in a chain of ceremony, each giving deferentially with proper demeanor to the one on the right what will be received deferentially from the one on the left. While it may be true that the individual has a unique self all his own, evidence of this possession is thoroughly a product of joint ceremonial labor, the part expressed through the individual's demeanor being no more significant than the part conveyed by others through their deferential behavior toward him.

CEREMONIAL PROFANATIONS

There are many situations and many ways in which the justice of ceremony can fail to be maintained. There are occasions when the individual finds that he is accorded deference of a misidentifying kind, whether the misidentification places him in a higher or lower position than he thinks right. There are other occasions when he finds that he is being treated more impersonally and unceremonially than he thinks proper and feels that his treatment ought to be more punctuated with acts of deference, even though these may draw attention to his subordinate status. A frequent occasion for ceremonial difficulty occurs at moments of intergroup contact, since different societies and subcultures have

different ways of conveying deference and demeanor, different ceremonial meanings for the same act, and different amounts of concern over such things as poise and privacy. Travel books such as Mrs. Trollope's (1832) are full of autobiographical material on these misunderstandings, and sometimes seem to have been written chiefly to publicize them.

Of the many kinds of ceremonial transgressions there is one which a preliminary paper on ceremony is obliged to consider: it is the kind that appears to have been perpetrated on purpose and to employ consciously the very language of ceremony to say what is forbidden. The idiom through which modes of proper ceremonial conduct are established necessarily creates ideally effective forms of desecration, for it is only in reference to specified proprieties that one can learn to appreciate what will be the worst possible form of behavior. Profanations are to be expected, for every religious ceremony creates the possibility of a black mass.¹²

When we study individuals who are on familiar terms with one another and need stand on little ceremony, we often find occasions when standard ceremonial forms that are inapplicable to the situation are employed in what is felt to be a facetious way, apparently as a means of poking fun at social circles where the ritual is seriously employed. When among themselves, nurses at the research hospital sometimes addressed one another humorously as Miss ———; doctors under similar conditions sometimes called one another "Doctor" with the same joking tone of voice. Similarly, elaborate offering of a chair or precedence through a door was sometimes made between an actor and recipient who were actually on terms of symmetrical familiarity. In Britain, where speech and social style are clearly stratified, a great amount of this unserious profanation of rituals can be found, with upper class people mocking lower class ceremonial gestures, and lower class people when among themselves fully returning the compliment. The practice perhaps reaches its highest expression in music hall revues, where lower class performers beautifully mimic upper class ceremonial conduct for an audience whose status falls somewhere in between.

Some playful profanation seems to be directed not so much at outsiders as at the recipient himself, by way of lightly teasing him or testing ritual limits in regard to him. It should be said that in our society this kind of play is directed by adults to those of lesser ceremonial breed—to children, old people, servants, and so forth—as when an attendant affectionately ruffles a patient's hair or indulges in more drastic types of teasing (Taxel 1953:68; Willoughby 1953:90). Anthropologists have described this kind of license in an extreme form in the case of "siblings-in-law who are potential secondary spouses" (Murdock 1949:282). However apparent the aggressive overtones of this form of conduct may be, the recipient is given the opportunity of acting as if no serious affront to his honor has occurred, or at least an affront no more serious than that of being defined as someone with whom it is permissible to joke. On Ward B, when Mrs. Baum was given a sheet too small for her bed she used it to playfully bag one of the staff members. Her daughter occasionally jokingly employed the practice of bursting large bubblegum bubbles as close to the face

of a staff person as possible without touching him, or stroking the arm and hand of a male staff member in parody of affectional gestures, gleefully proposing sexual intercourse with him.

A less playful kind of ritual profanation is found in the practice of defiling the recipient but in such a way and from such an angle that he retains the right to act as if he has not received the profaning message. On Ward B, where staff members had the occupational obligation of "relating to" the patients and responding to them with friendliness, nurses would sometimes mutter *sotto voce* vituperations when patients were trying and difficult. Patients, in turn, employed the same device. When a nurse's back was turned, patients would sometimes stick their tongues out, thumb their noses, or grimace at her. These are of course standard forms of ritual contempt in our Anglo-American society, constituting a kind of negative deference. Other instances may be cited. On one occasion Mrs. Baum, to the amusement of others present, turned her back on the station window, bent down, and flipped her skirt up, in an act of ritual contempt which was apparently once more prevalent as a standard insult than it is today. In all these cases we see that although ceremonial liberties are taken with the recipient, he is not held in sufficiently low regard to be insulted "to his face." This line between what can be conveyed about the recipient while in a state of talk with him, and what can only be conveyed about him when not in talk with him, is a basic ceremonial institution in our society, ensuring that face-to-face interaction is likely to be mutually approving. An appreciation of how deep this line is can be obtained on mental wards, where severely disturbed patients can be observed co-operating with staff members to maintain a thin fiction that the line is being kept.

But of course there are situations where an actor conveys ritual profanation of a recipient while officially engaged in talk with him or in such a way that the affront cannot easily be overlooked. Instead of recording and classifying these ritual affronts, students have tended to cover them all with a psychological tent, labelling them as "aggressions" or "hostile outbursts," while passing on to other matters of study.

In some psychiatric wards, face-to-face ritual profanation is a constant phenomenon. Patients may profane a staff member or a fellow-patient by spitting at him, slapping his face, throwing feces at him, tearing off his clothes, pushing him off the chair, taking food from his grasp, screaming into his face, sexually molesting him, etc. On Ward B, on occasion, Betty would slap and punch her mother's face and tramp on her mother's bare feet with heavy shoes; and abuse her, at table, with those four-letter words that middle-class children ordinarily avoid in the presence of their parents, let alone in reference to them. It should be repeated that while from the point of view of the actor these profanations may be a product of blind impulse, or have a special symbolic meaning (Schwartz and Stanton 1950), from the point of view of the society at large and its ceremonial idiom these are not random impulsive infractions. Rather, these acts are exactly those calculated to convey complete disrespect and contempt through symbolic means. Whatever is in the patient's

mind, the throwing of feces at an attendant is a use of our ceremonial idiom that is as exquisite in its way as is a bow from the waist done with grace and a flourish. Whether he knows it or not, the patient speaks the same ritual language as his captors; he merely says what they do not wish to hear, for patient behavior which does not carry ritual meaning in terms of the daily ceremonial discourse of the staff will not be perceived by the staff at all.

In addition to profanation of others, individuals for varieties of reasons and in varieties of situations give the appearance of profaning themselves, acting in a way that seems purposely designed to destroy the image others have of them as persons worthy of deference. Ceremonial mortification of the flesh has been a theme in many social movements. What seems to be involved is not merely bad demeanor but rather the concerted efforts of an individual sensitive to high standards of demeanor to act against his own interests and exploit ceremonial arrangements by presenting himself in the worst possible light.

In many psychiatric wards, what appears to staff and other patients as self-profanation is a common occurrence. For example, female patients can be found who have systematically pulled out all the hair from their head, presenting themselves thereafter with a countenance that is guaranteed to be grotesque. Perhaps the extreme for our society is found in patients who smear themselves with and eat their own feces (for descriptions of this behavior see Wittkower and La Tendresse 1955).

Self-profanation also occurs of course at the verbal level. Thus, on Ward A, the high standards of demeanor were broken by the blind patient who at table would sometimes thrust a consideration of her infirmity upon the others present by talking in a self-pitying fashion about how little use she was to anybody and how no matter how you looked at it she was still blind. Similarly, on Ward B, Betty was wont to comment on how ugly she was, how fat, and how no one would want to have someone like her for a girl-friend. In both cases, these self-derogations, carried past the limits of polite self-depreciation, were considered a tax upon the others: they were willing to exert protective referential avoidance regarding the individual's shortcomings and felt it was unfair to be forced into contaminating intimacy with the individual's problems.

CONCLUSIONS

The rules of conduct which bind the actor and the recipient together are the bindings of society. But many of the acts which are guided by these rules occur infrequently or take a long time for their consummation. Opportunities to affirm the moral order and the society could therefore be rare. It is here that ceremonial rules play their social function, for many of the acts which are guided by these rules last but a brief moment, involve no substantive outlay, and can be performed in every social interaction. Whatever the activity and however profanely instrumental, it can afford many opportunities for minor ceremonies as long as other persons are present. Through these observances, guided by ceremonial obligations and expectations, a constant flow of indulgences is spread through society, with others present constantly reminding the

individual that he must keep himself together as a well demeaned person and affirm the sacred quality of these others. The gestures which we sometimes call empty are perhaps in fact the fullest things of all.

It is therefore important to see that the self is in part a ceremonial thing, a sacred object which must be treated with proper ritual care and in turn must be presented in a proper light to others. As a means through which this self is established, the individual acts with proper demeanor while in contact with others and is treated by others with deference. It is just as important to see that if the individual is to play this kind of sacred game, then the field must be suited to it. The environment must ensure that the individual will not pay too high a price for acting with good demeanor and that deference will be accorded him. Deference and demeanor practices must be institutionalized so that the individual will be able to project a viable, sacred self and stay in the game on a proper ritual basis.

An environment, then, in terms of the ceremonial component of activity, is a place where it is easy or difficult to play the ritual game of having a self. Where ceremonial practices are thoroughly institutionalized, as they were on Ward A, it would appear easy to be a person. Where these practices are not established, as to a degree they were not in Ward B, it would appear difficult to be a person. Why one ward comes to be a place in which it is easy to have a self and another ward comes to be a place where this is difficult depends in part on the type of patient that is recruited and the type of regime the staff attempts to maintain.

One of the bases upon which mental hospitals throughout the world segregate their patients is degree of easily apparent "mental illness." By and large this means that patients are graded according to the degree to which they violate ceremonial rules of social intercourse. There are very good practical reasons for sorting patients into different wards in this way, and in fact that institution is backward where no one bothers to do so. This grading very often means, however, that individuals who are desperately uncivil in some areas of behavior are placed in the intimate company of those who are desperately uncivil in others. Thus, individuals who are the least ready to project a sustainable self are lodged in a milieu where it is practically impossible to do so.

It is in this context that we can reconsider some interesting aspects of the effect of coercion and constraint upon the individual. If an individual is to act with proper demeanor and show proper deference, then it will be necessary for him to have areas of self-determination. He must have an expendable supply of the small indulgences which his society employs in its idiom of regard—such as cigarettes to give, chairs to proffer, food to provide, and so forth. He must have freedom of bodily movement so that it will be possible for him to assume a stance that conveys appropriate respect for others and appropriate demeanor on his own part; a patient strapped to a bed may find it impractical not to befoul himself, let alone to stand in the presence of a lady. He must have a supply of appropriate clean clothing if he is to make the sort of appearance that is expected of a well demeaned person. To look seemly may require

a tie, a belt, shoe laces, a mirror, and razor blades—all of which the authorities may deem unwise to give him. He must have access to the eating utensils which his society defines as appropriate ones for use, and may find that meat cannot be circumspactly eaten with a cardboard spoon. And finally, without too much cost to himself he must be able to decline certain kinds of work, now sometimes classified as "industrial therapy," which his social group considers *infra dignitatem*.

When the individual is subject to extreme constraint he is automatically forced from the circle of the proper. The sign vehicles or physical tokens through which the customary ceremonies are performed are unavailable to him. Others may show ceremonial regard for him but it becomes impossible for him to reciprocate the show or to act in such a way as to make himself worthy of receiving it. The only ceremonial statements that are possible for him are improper ones.

The history of the care of mental cases is the history of constricting devices: constraining gloves, camisoles, floor and seat chains, handcuffs, "biter's mask," wet-packs, supervised toileting, hosing down, institutional clothing, forkless and knifeless eating, and so forth (Thomas 1953, especially p. 193; Walk 1954). The use of these devices provides significant data on the ways in which the ceremonial grounds of selfhood can be taken away. By implication we can obtain information from this history about the conditions that must be satisfied if individuals are to have selves. Unfortunately, today there are still mental institutions where the past of other hospitals can be empirically studied now. Students of interpersonal ceremony should seek these institutions out almost as urgently as students of kinship have sought out disappearing cultures.

Throughout this paper I have assumed we can learn about ceremony by studying a contemporary secular situation—that of the individual who has declined to employ the ceremonial idiom of his group in an acceptable manner and has been hospitalized. In a crosscultural view it is convenient to see this as a product of our complex division of labor which brings patients together instead of leaving each in his local circle. Further, this division of labor also brings together those who have the task of caring for these patients.

We are thus led to the special dilemma of the hospital worker: as a member of the wider society he ought to take action against mental patients, who have transgressed the rules of ceremonial order; but his occupational role obliges him to care for and protect these very people. When "milieu therapy" is stressed, these obligations further require him to convey warmth in response to hostility; relatedness in response to alienation.

We have seen (1) that hospital workers must witness improper conduct without applying usual negative sanctions, and yet (2) they must exercise disrespectful coercion over patients. A third peculiarity is that staff members may be obliged to render to patients services such as changing socks, tying shoelaces or trimming fingernails, which outside the hospital generally convey elaborate deference. In the hospital setting, such acts are likely to convey something inappropriate since the attendant at the same time exerts certain

kinds of power and moral superiority over his charges. A final peculiarity in the ceremonial life of mental hospitals is that individuals collapse as units of minimal ceremonial substance and others learn that what had been taken for granted as ultimate entities are really held together by rules that can be broken with some kind of impunity. Such understanding, like one gained at war or at a kinsman's funeral, is not much talked about but it tends, perhaps, to draw staff and patients together into an unwilling group sharing undesired knowledge.

In summary, then, modern society brings transgressors of the ceremonial order to a single place, along with some ordinary members of society who make their living there. These dwell in a place of unholy acts and unholy understandings, yet some of them retain allegiance to the ceremonial order outside the hospital setting. Somehow ceremonial people must work out mechanisms and techniques for living without certain kinds of ceremony.

In this paper I have suggested that Durkheimian notions about primitive religion can be translated into concepts of deference and demeanor, and that these concepts help us to grasp some aspects of urban secular living. The implication is that in one sense this secular world is not so irreligious as we might think. Many gods have been done away with, but the individual himself stubbornly remains as a deity of considerable importance. He walks with some dignity and is the recipient of many little offerings. He is jealous of the worship due him, yet, approached in the right spirit, he is ready to forgive those who may have offended him. Because of their status relative to his, some persons will find him contaminating while others will find they contaminate him, in either case finding that they must treat him with ritual care. Perhaps the individual is so viable a god because he can actually understand the ceremonial significance of the way he is treated, and quite on his own can respond dramatically to what is proffered him. In contacts between such deities there is no need for middlemen; each of these gods is able to serve as his own priest.

NOTES

¹ Ward A was primarily given over to pharmacological research and contained two normal controls, both nineteen-year-old Mennonite conscientious objectors, two hypertensive women in their fifties, and two women in their thirties diagnosed as schizophrenic and in fair degree of remission. For two months the writer participated in the social life of the ward in the official capacity of a normal control, eating and socializing with patients during the day and sleeping overnight occasionally in a patient's room. Ward B was one given over to the study of schizophrenic girls and their so-called schizophrenogenic mothers: a seventeen-year-old girl, Betty, and her mother, Mrs. Baum; Grace, fifteen years old, and Mary, thirty-one years old, whose mothers visited the ward most days of the week. The writer spent some of the weekday on Ward B in the capacity of staff sociologist. Within limits, it is possible to treat Ward A as an example of an orderly nonmental ward and Ward B as an example of a ward with somewhat disturbed mental patients. It should be made quite clear that only one aspect of the data will be considered, and that for every event cited additional interpretations would be in order, for instance, psychoanalytical ones.

I am grateful to the administrators of these wards, Dr. Seymour Perlin and Dr. Murray Bowen, and to their staffs, for co-operation and assistance, and to Dr. John A. Clausen and Charlotte Greene Schwartz of the National Institute of Mental Health for critical suggestions.

² I take this distinction from Durkheim (1953, especially pp. 42–43; see also Radcliffe-Brown 1952:143–144 and Parsons 1937:430–433); sometimes the dichotomy is phrased in terms of “intrinsic” or “instrumental” versus “expressive” or “ritual.”

³ While the substantive value of ceremonial acts is felt to be quite secondary it may yet be quite appreciable. Wedding gifts in American society provide an example. It is even possible to say in some cases that if a sentiment of a given kind is to be conveyed ceremonially it will be necessary to employ a sign-vehicle which has a given amount of substantive value. Thus in the American lower-middle class, it is understood that a small investment in an engagement ring, as such investments go, may mean that the man places a small value on his fiancée as these things go, even though no one may believe that women and rings are commensurate things. In those cases where it becomes too clear that the substantive value of a ceremonial act is the only concern of the participants, as when a girl or an official receives a substantial gift from someone not interested in proper relations, then the community may respond with a feeling that their symbol system has been abused.

An interesting limiting case of the ceremonial component of activity can be found in the phenomenon of “gallantry,” as when a man calmly steps aside to let a strange lady precede him into a lifeboat, or when a swordsman, fighting a duel, courteously picks up his opponent’s fallen weapon and proffers it to him. Here an act which is usually a ceremonial gesture of insignificant substantive value is performed under conditions where it is known to have unexpectedly great substantive value. Here, as it were, the forms of ceremony are maintained above and beyond the call of duty.

In general, then, we can say that all ceremonial gestures differ in the degree to which they have substantive value, and that this substantive value may be systematically used as part of the communication value of the act, but that still the ceremonial order is different from the substantive one and is so understood.

⁴ Some of the conceptual material on deference used in this paper derives from a study supported by a Ford Foundation grant for a propositional inventory of social stratification directed by Professor E. A. Shils of the University of Chicago. I am very grateful to Mr. Shils for orienting me to the study of deference behavior. He is not responsible for any misuse I may have made of his conception.

⁵ Techniques for handling these ceremonial obligations are considered in Goffman 1955.

⁶ This definition follows Radcliffe-Brown’s (1952:123) except that I have widened his term “respect” to include other kinds of regard:

“There exists a ritual relation whenever a society imposes on its members a certain attitude towards an object, which attitude involves some measure of respect expressed in a traditional mode of behaviour with reference to that object.”

⁷ I am grateful to Dr. Seymour Perlin for bringing my attention to some of these avoidances and for pointing out the significance of them.

⁸ Research on social distance scales has often most surprisingly overlooked the fact that an individual may keep his distance from others because they are too sacred for him, as well as because they are not sacred enough. The reason for this persistent error constitutes a problem in the sociology of knowledge. In general, following the students of Radcliffe-Brown, we must distinguish between “good-sacredness,” which represents something too pure to make contact with, and “bad-sacredness,” which represents something too impure to make contact with, contrasting both these sacred states and objects to ritually neutral matters. (See Srinivas 1952:106–107). Radcliffe-Brown (1952) does introduce the caution that in some societies the distinction between good and bad sacred is much less clearcut than in our own.

⁹ Durkheim provides a fuller statement (1953:48):

“The sacred object inspires us, if not with fear, at least with respect that keeps us at a distance; at the same time it is an object of love and aspiration that we are drawn towards. Here then, is a dual sentiment which seems to be self-contradictory but does not for all that cease to be real.

“The human personality presents a notable example of this apparent duality which we have just distinguished. On the one hand, it inspires us with a religious respect that keeps

us at some distance. Any encroachment upon the legitimate sphere of action of our fellow beings we regard as a sacrilege. It is, as it were, sacrosanct and thus apart. But at the same time human personality is the outstanding object of our sympathy, and we endeavour to develop it."

¹⁰ The only source I know on touch systems is the very interesting work by Edward Gross (1949) on rights regarding pinching of females of private secretarial rank in a commercial business office.

¹¹ The then head nurse, a male, initiated arm embraces with the physician acting as ward administrator. This seemed to create a false note and was felt to be forward. The nurse, interestingly enough, has left the service. It should be added that on one ward in the hospital, a ward given over to the close study of a small number of highly delinquent boys, patients and staff of all ranks, including doctors, apparently formed a single ceremonial group. Members of the group were linked by symmetrical rules of familiarity, so that it was permissible for an eight-year-old to call the ward administrator by his first name, joke with him, and swear in his presence.

¹² A kind of ceremonial profanation also seems to exist with respect to substantive rules. In law what are sometimes called "spite actions" provide illustrations, as does the phenomenon of vandalism. But, as previously suggested, these represent ways in which the substantive order is abused for ceremonial purposes.

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