

A Study on the Identity Stigmatization of Plague Victims in A Journal of the Plague Year from the Perspective of Social Identity Theory

Ding Xiaoqian

(College of Foreign Studies, Nanjing Agricultural University, China)

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ABSTRACT : *Daniel Defoe's A Journal of the Plague Year, set during London's 1665 Great Plague, depicts complex plague-era social phenomena. Existing studies mostly focus on external social factors (knowledge production, social control, cultural comparison) to interpret the work's historical context and narrative functions, yet rarely center on the plague's direct victims—the infected. This paper uses Erving Goffman's stigmatization concept and social identity theory as core tools to explore stigmatization's manifestations, mechanisms, and social-psychological roots in the work. It finds stigmatization is structural oppression from group interactions, shown in power discipline, class conflict, and discursive construction. Essentially as a product of social structure and group psychology collusion, it reflects crisis-era group identity and identity politics. Defoe, via the anonymous narrator's panoramic account, reveals and reflects on stigmatization. The work offers cross-temporal warnings for public health crisis group relations, stressing true community identity lies in respecting all individuals' dignity.*

KEYWORDS - *A Journal of the Plague Year, Daniel Defoe, plague victims, social identity theory, stigmatization*

I. INTRODUCTION

Daniel Defoe's *A Journal of the Plague Year*, set against the backdrop of the 1665 Great Plague of London, vividly captures the catastrophic epidemic's physical toll and profound social-psychological upheaval through an unnamed narrator's eyes. Beyond depicting widespread death, social order breakdown, and acts of resilience, the work lays bare a critical yet understudied phenomenon: the infected—direct victims of the plague—endure not only physical suffering but also systemic social exclusion and identity stigmatization. As defined by Erving

Goffman (1963), stigma is a social mark that reduces individuals from “complete persons” to “degraded beings,” operating through labeling, stereotyping, and rights deprivation. This stigmatization is not a random social occurrence but a structural oppression shaped by group interactions, reflecting deep-seated logic of group identity differentiation and social exclusion. However, existing research has paid insufficient attention to this core issue, leaving a gap in understanding how the infected’s identities are constructed and marginalized in crisis contexts.

Academic studies on *A Journal of the Plague Year* have formed multi-dimensional perspectives centered on external social factors. Liu (2023) explores the use of statistical data in the work, revealing the complex relationship between data and truth in literary narratives. Kong (2021) adopts an interdisciplinary approach integrating medicine and economics to analyze the quarantine system’s formation and its implied social control logic. Shi (2021) compares the work with *Dream of the Red Chamber*, highlighting cultural differences and commonalities in 18th-century Chinese and Western plague narratives. While these studies enrich interpretations of the work’s historical context and narrative functions, few focus on the infected themselves. The lack of research on their identity construction in social interactions, as well as the underlying group psychological mechanisms and social exclusion logic, constitutes a notable research gap.

To address this gap, this paper takes the identity stigmatization of the infected in *A Journal of the Plague Year* as the research object, with Henry Tajfel’s social identity theory (1973) as the core analytical framework. According to the theory, individuals all belong to different groups in society. They naturally divide their environment into in-group and out-group according to some differences, such as appearance, living habits and beliefs, and comparison will be generated through this categorization. According to Abraham H. Maslow’s hierarchy of needs theory, people have the need of love and belonging as well as the need of respect, so they will naturally have a preference for their own group, which will lead to prejudice and discrimination sometimes (Han, 1983: 35). And social identity groups can give members a sense of belonging, purpose, self-worth and identity.

This paper aims to explore three key aspects: the specific manifestations of the infected’s stigmatization, the operational mechanisms, and the social-psychological roots. By analyzing Defoe’s multi-dimensional depictions—including the classed implementation of quarantine systems, differentiated attitudes of social classes, and competing religious and medical discourses—the paper reveals how the infected are constructed as a “dangerous out-group” and undergoes an identity transformation from “complete human beings” to “degraded existences.”

This study makes three main contributions to existing scholarship. First, it expands the interpretative dimensions of *A Journal of the Plague Year* by shifting the focus to the infected, filling the research gap of insufficient attention to this marginalized group. Second, it applies social identity theory to literary analysis, uncovering the interaction between individual identity construction and social structure in crisis situations, and providing a new theoretical perspective for understanding plague narratives. Third, it reveals the historical logic of stigma and group exclusion, offering cross-temporal insights for addressing similar social issues in modern public health crises and promoting more inclusive group relations.

II. POWER DISCIPLINE BY THE QUARANTINE SYSTEM AND THE STIGMA INSTITUTIONALIZATION

In *A Journal of the Plague Year*, the government's quarantine policy is not a neutral anti-epidemic measure but a power tool with distinct class imprints. Its implementation directly influences the institutionalized construction of the stigmatizing labels for the infected. This exercise of power, through spatial isolation, differential implementation of systems, and disciplinary mechanisms, solidifies the dangerous attribute of the infected into a social consensus, whose process can be profoundly analyzed through social identity theory.

Social identity theory emphasizes that the demarcation of group boundaries is not naturally formed but a product of power and social construction. This theory provides a key perspective for understanding how the quarantine system shapes "the infected" as "the out-group". Erving Goffman wrote about the phenomenon of stigma. He made an important point about it. "Labeling" is the starting point of stigmatization. Then, institutional practices take over. These practices transform labels into social consensus. The quarantine system in *A Journal of the Plague Year*, precisely through class-based power operations, completes the labeling of the infected and the forced demarcation of group boundaries, which is a specific institutional manifestation of the "social categorization" mechanism in social identity theory.

2.1 Class Differentiation in Spatial Isolation

The municipal authorities of London once implemented a harsh quarantine system: the residences of those infected had to be marked with a red cross, all doors and windows were sealed, and all family members were subject to mandatory quarantine. The laws and regulations at that time clearly stipulated:

That every house visited be marked with a red cross of a foot long in the middle of the door, evident to be seen, and with these usual printed words, that is to say, "Lord, have mercy upon us," to be set close over the same cross, there to continue until lawful opening of the same house. (Defoe, 2003)

However, during the implementation of the system, the differentiation in the binding force caused by class differences became increasingly prominent. As the text details reveal, some of the isolated individuals "used cunning tactics to escape their residences", and others "tried to escape by bribing the guards at night". The narrator even explicitly stated that in that particular situation, such behavior could be regarded as "the least serious form of corruption". When the three guards who had allowed the escape were publicly flogged and paraded through the streets, the onlookers were more sympathetic than condemnatory, which clearly shows that the system itself had become unfair.

As several people, I say, got out of their houses by stratagem after they were shut up, so others got out by bribing the watchmen, and giving them money to let them go privately out in the night. I must confess I thought it at that time the most innocent corruption or bribery that any man could be guilty of, and therefore could not but pity the poor men, and think it was hard when three of those watchmen were publicly whipped through the streets for suffering people to go out of houses shut up. (Defoe,

2003)

This disparity has led to the formation of completely different meanings for quarantine among different social classes. In densely populated slums, the markings of the red cross are densely distributed, forming a visual stigmatization cluster, which for the poor represents not only physical confinement but also a public degradation of their identity. For the poor, isolation is not only a physical space restriction but also a form of public humiliation; while the rich can avoid this humiliation through money and power.

From the perspective of social identity theory, this process fully demonstrates the mechanism chain of social categorization, social identification and social comparison. Power completes social classification through unequal distribution of space, implicitly binding “infection” and “the lower class”, artificially strengthening the binary opposition of health and friendliness as well as infection and poverty, clearly delineating the boundaries between “in-group” and “out-group”. The uninfected rich group avoids the humiliation to confirm their safe identity, strengthening their sense of belonging and superiority to the “in-group”. While the infected poor are forced to accept the positioning of the dangerous identity, and their individual identity is completely swallowed up by the group label. At the same time, this class-based quarantine implies an implicit value comparison by defining the living space of infected poor people as a stigmatization cluster. It highlights the clean and safe living space of the uninfected group, further solidifying the cognition that the healthy and friendly are superior to the infected and poor.

This precisely confirms Goffman’s assertion about stigmatization: Power gives class attributes to labels. (Wang, 2018: 45) The infected among the poor are systematically exposed as dangerous symbols, while the infected among the rich are protected by privilege and can remain hidden. This differentiation eventually embeds the stereotype that the lower class is unclean and dangerous into social consensus, continuously reinforcing class barriers between groups through social identity mechanisms and exacerbating social division.

2.2 Double Standards in Disciplinary Mechanisms

In the text, the disciplinary mechanism of the quarantine system also exhibits distinct and profound class differences. This disparity is not only reflected in the vast differences in the quarantine environment and resource allocation, but also permeates every aspect of the definition, judgment, and handling of cross-boundary behaviors about different classes, forming a dual rule system that is lenient and permissive towards the upper class while being harshly repressive towards the lower class.

As the richer sort got into ships, so the lower rank got into hoys, smacks, lighters, and fishing-boats; and many, especially watermen, lay in their boats; but those made sad work of it, especially the latter, for, going about for provision, and perhaps to get their subsistence, the infection got in among them and made a fearful havoc; many of the watermen died alone in their wherries as they rid at their roads, as well as above bridge as below, and were not found sometimes till they were not in condition for anybody to touch or come near them. (Defoe, 2003)

The wealthy class was able to live in well-equipped large ships, while the lower-class people could only

squeeze into small boats with poor conditions such as single-masted ships, small sailing boats, barges, and fishing boats. Especially some sailors, who lived in small boats for a long time, lacked basic survival resources and had to search for food everywhere. As a result, not only did they themselves get infected, but the plague also spread to a wider area, causing a large number of deaths. Many sailors died alone on small boats during the voyage, and their bodies were often not discovered until they had decomposed and become unapproachable.

Behind this disparity lies the covert maintenance of class privileges by the power system and the systematic disregard for the basic survival rights of the lower classes. The quarantine space occupied by the wealthy class is equipped with sufficient food, a clean environment, and even medical care, allowing them to avoid crossing the boundaries of survival. Here, power not only does not impose any restrictions but instead builds a resource barrier for them, transforming compliance with guilty into a material-assured and natural choice.

In contrast, the lower-class sailors were trapped in a double predicament: cramped space and scarce resources. To obtain basic survival materials, scattering in search of food was not an act of active violation but a necessary measure driven by their survival instincts. However, the power mechanism not only failed to provide relief but instead blamed the spread of the epidemic because of the lower-class individuals. This narrative ingeniously transforms structural injustice into individual moral deficiencies, thereby covering up the inherent institutional bias in resource allocation.

From the perspective of social identity theory, this double standard of punishment further strengthens the boundaries and opposition between groups. Power stigmatizes the deviant behaviors of the lower-affected individuals as rule-breakers and classifies them into the “out-group”. While the wealthy class, even if they violate the rules, are still regarded as “compliant members of the in-group” and even receive implicit exemptions due to their superior resources. Minor survival-related deviations by the lower-class individuals result in severe penalties, suggesting the low value of their lives and rights; the obvious violations of the privileged class are tolerated, highlighting the high value of their social status. This public double standard transforms the implicit consensus of “the in-group being superior to the out-group” into an explicit rule.

To put it more precisely, the institutional spatial isolation and differential punishment have elevated the stigma from the individual level to a social process. By collectively labeling the lower-level infected individuals as “sources of trouble”, power has completed the institutional devaluation of their identities. Meanwhile, the “in-group” uses the collective condemnation of the “out-group” to consolidate its legitimate and just social identity, thereby reproducing and reinforcing the group’s sense of superiority. In this process, isolation and punishment are no longer neutral epidemic prevention measures; instead, they have become power techniques for maintaining class order and solidifying social structure.

III. CLASS DIFFERENCES IN RESOURCE ALLOCATION AND THE SPLIT OF GROUP IDENTITY

In *A Journal of the Plague Year*, the differentiation of attitudes towards the infected among different classes is essentially a manifestation of the split of group identity under unequal resource allocation. Merchants and the bottom people form differentiated cognition of the infected based on their respective survival logic and resource

possession, and such cognition in turn strengthen the group boundaries between classes. The concepts of “in-group preference”, “out-group discrimination”, and “dynamic nature of group boundaries” in social identity theory provide a key perspective for analyzing this differentiation, which can clearly show the group identity logic of different classes in the process of stigmatizing the infected.

3.1 The Merchant Class

As the actual controllers of social resources, merchants, through their dominance over production materials, trade channels and wealth distribution, exhibited an almost instinctive extreme rejection towards the infected during the epidemic. This rejection was not a sporadic individual impulse but permeated multiple aspects such as production organizations, employment relationships and social interactions, forming a systematic group action supported by industry alliances and consensus among social classes. They used the maintenance of business order as a pretext, transforming the avoidance of potential risks into the collective expulsion of specific groups. Even through industry conventions and guild rules, this rejection gained semi-legalized legitimacy.

All master-workmen in manufactures, especially such as belonged to ornament and the less necessary parts of the peoples dress, clothes, and furniture for houses, such as riband-weavers and other weavers, gold and silver lace makers, and gold and silver wire drawers, sempstresses, milliners, shoemakers, hatmakers, and glovemakers; also upholsterers, joiners, cabinet-makers, looking-glass makers, and innumerable trades which depend upon such as these; —I say, the master-workmen in such stopped their work, dismissed their journeymen and workmen, and all their dependents. (Defoe, 2003)

In that society, a large number of industries came to a standstill due to the fear of infection. All the artisans and craftsmen engaged in manufacturing, especially those working in non-essential fields such as decoration, clothing for men and women, and interior furniture, all stopped production and laid off their workers, ordinary workers, and all those who relied on them for a living.

The root cause of this collective exclusion behavior lies in the merchants’ extreme protection of their own property safety. In their cognitive system, health and wealth are directly equated, and the infected are regarded as heterogeneous entities threatening wealth. This phenomenon clearly confirms the “in-group preference” in the social identity theory: the merchant class continuously strengthens the cohesion of the propertied group by collectively excluding the infected, and ingeniously transforms economic advantages into moral superiority. They glorify this exclusion behavior as protecting the entire community. But in reality, it is to maintain the resource security of their own class by clearly defining the “out-group”. They consolidate the identity of the “in-group”.

At the same time, this behavior also fully conforms to the stigmatization function proposed by Goffman. The merchant class defines the infected as a public threat, which not only effectively alleviates their own anxiety about the plague, but also consolidates the dominant position of the in-group, making discrimination against the “out-group” seem reasonable. This behavior profoundly exposes the distortion of group identity by class interests. The boundaries of the “in-group” are strictly limited to healthy and propertied individuals, and any individual who may threaten the existing resource pattern will be unhesitatingly classified as the “out-group”, thereby

exacerbating the identity stigma endured by “infected” individuals.

3.2 The Bottom People

In sharp contrast to the absolute exclusion of the merchant class, the attitude of the lower-class people towards the infected has always been marked by profound contradictions. On the one hand, their instinctive fear of infection often leads them to join the ranks of those who expel the infected. On the other hand, similar living conditions sometimes make them show a limited degree of sympathy. As documented in the book:

Some, indeed, said things were worse; that the morals of the people declined from this very time; that the people, hardened by the danger they had been in, like seamen after a storm is over, were more wicked and more stupid, more bold and hardened, in their vices and immoralities than they were before; but I will not carry it so far neither. It would take up a history of no small length to give a particular of all the gradations by which the course of things in this city came to be restored again, and to run in their own channel as they did before. (Defoe, 2003)

Behind this contradictory behavior lies the residual effect of the collective consciousness of the lower-class group. They are well aware of the feeling of being oppressed by power and have an almost instinctive empathy for the plight of the weak. However, this sympathy is extremely fragile and can easily turn into sharp exclusion in the face of severe survival crises. When a plague causes food shortages, divisions also emerge within the lower-class group. Poor people in the same neighborhood start to suspect and blame each other for concealing their illness. This phenomenon profoundly reveals the characteristic of dynamic group boundaries” in the social identity theory. In a state of scarce resources, the “in-group boundary of the lower-class group constantly shrinks from all poor people to healthy poor people, while the infected are completely pushed to the “out-group”, and the stigma of infection becomes an important marker for dividing the group boundaries.

From the perspective of social identity theory, the wavering of the identification of the lower-class people is essentially a typical manifestation of the dynamic adjustment of group boundaries: in the crisis situation of scarce resources, their “in-group” reference system is always in an unstable state. When the survival pressure is relatively low, the vague identification of the lower-class community will give rise to limited empathy for the infected members of the same group. At this time, the boundary between health and infection gives way to the weak connection of “similar group members”. And when the survival crisis such as food shortages intensifies, health replaces class as the core classification criterion, the “in-group” shrinks to healthy poor people, and the infected are completely classified into the “out-group”.

Behind this wavering lies the instinctive defense of the lower-class people against the risk of stigma spread. According to the “out-group discrimination” mechanism of social identity theory, they are worried that being associated with infected people will lead to themselves being classified into a dangerous group, thereby losing the only survival resources they have. Therefore, the exclusion of infected people is essentially a distorted form of self-protection of identification. By strengthening the boundary with the out-group, they prove that they still belong to the safe “in-group”, even if this safety can only be achieved at the expense of the same group. This precisely exposes the alienation of resource distribution injustice on group identity. When survival becomes the

sole goal, the empathy for the same group members must give way to boundary defense, and “out-group discrimination” becomes the helpless survival strategy of the lower-class group under structural oppression. At the same time, it also makes the stigma of the infected person's identity continuously strengthened within the lower-class group.

IV. DISCURSIVE CONSTRUCTION BY THE POWER STRUGGLE BETWEEN RELIGION AND MEDICINE

The stigma label of the infected is not a single, fixed symbol. Instead, it is the product of the power struggle between religious discourse and medical discourse. The two discourses, through their explanations of the cause of infection, give the stigma different connotations, thereby influencing society's perception and treatment of the infected. The discourse construction of social classification in the social identity theory provides a core framework for analyzing this process. Discourse defines “who we are” and “who they are” to construct group boundaries, while the connotation of the stigma changes with the power struggle of the discourse, shaping the identity stigma of “the infected” at the discourse level.

4.1 Religious Discourse by the Divine Punishment and the Construction of Moral Stigma

In the 17th-century British society depicted in *A Journal of the Plague Year*, religious ideology still held a dominant position, profoundly influencing people's understanding of all things in the world. The terrifying disaster of the plague was naturally incorporated into the explanatory framework of religion. At that time, people generally believed that the plague was the punishment of God for human sins, and was the manifestation of Divine vengeance. As recorded in the text:

I went home, indeed, grieved and afflicted in my mind at the abominable wickedness of those men, not doubting, however, that they would be made dreadful examples of God's justice; for I looked upon this dismal time to be a particular season of Divine vengeance, and that God would on this occasion single out the proper objects of His displeasure in a more especial and remarkable manner than at another time. (Defoe, 2003)

This religious discourse is like an invisible net that tightly ensnares the infected, stigmatizing them as guilty individuals and making them bear a heavy moral burden that is almost impossible to escape.

Under the influence of this discourse, the cognition of ordinary people has also been distorted. They subconsciously associate the infection with personal evil deeds. As the narrator once heard, “That blacksmith who was infected, usually loved stealing things. This is retribution.” (Defoe, 2003) Such remarks are not isolated cases but a widespread cognitive tendency in that society. People seem to have found a simple logic to explain the fear and chaos brought by the plague—infection is because of sin, it is deserved, and not being infected is because of one's own piety and innocence.

Through this way of closely binding infection with moral flaws, the religious discourse ingeniously accomplishes the “group classification” mentioned in the social identity theory. It clearly divides the population into two camps: “us” (the devout, the innocent) and “them” (the sinners, the infected). In this classification system,

the in-group is endowed with the trait of moral purity, which becomes an important factor in enhancing group identity. People emphasize the moral superiority of their own group to consolidate their position in society and gain a false sense of security. While “the infected” are completely constructed as morally flawed “out-groups”, they not only suffer from physical pain but are also abandoned by the mainstream society in terms of their spirit and morality.

At the same time, this process also perfectly embodies the stigmatization process described by Goffman. The religious discourse, with its sacred authority, attributes the sinfulness to the infected behavior, giving the damaged identity of the infected a highly negative attribute of sanctity. This division based on religion is far more harmful than simply classifying based on health and illness. It directly denies the basic moral value of the infected as human beings, shaping them into outcasts rejected by God, as if their existence itself is a sin. While the in-group further strengthens its voter superiority through the negation of “the out-groups”, making itself seem a group favored by God. This superiority, in turn, deepens the identity stigma endured by “the infected”, making them more isolated and helpless in society and at the same time fall into the abyss of despair.

4.2 Medical Discourse by the Contagious Vector and the Generation of Scientific Stigma

As the epidemic spread, medical discourse gradually broke free from the shackles of religious discourse and became the new authority for explaining the catastrophe. However, it did not eliminate the stigma attached to the infected. Instead, it wrapped the exclusionary logic in the guise of science and reshaped it into a more persuasive cognitive system. At that time, although doctors had not yet uncovered the mystery of bacterial transmission, they had already perceived the contagious nature of the epidemic from countless cases, and thus constructed the core assertion that the infected are dangerous carriers. This cognitive approach that directly links individuals to deadly threats provided seemingly unassailable theoretical grounds for social-level isolation and exclusion. In the text, the infiltration and distortion of this medical discourse can be clearly observed.

So they were as mad upon their running after quacks and mountebanks, and every practising old woman, for medicines and remedies; storing themselves with such multitudes of pills, potions, and preservatives, as they were called, that they not only spent their money but even poisoned themselves before hand for fear of the poison of the infection; and prepared their bodies for the plague, instead of preserving them against it. (Defoe, 2003)

This description reveals the dual aspects of medical discourse. On one hand, it has given rise to a fanatical pursuit of prevention, causing the general public to become blindly dependent on drugs; on the other hand, the mixed information field of quacks and regular doctors has blurred the boundaries of scientific protection, yet it has not diminished its shaping power on the collective cognition. This seemingly objective medical narrative actually reinforces the “inhuman” label of the infected individuals—they are no longer victims of the disease, but are simply simplified as mobile virus containers.

From the perspective of social identity theory, medical discourse here constructs a brand-new set of group boundary criteria. It uses whether carrying the pathogen of the epidemic disease as a rigid standard, dividing the complex social population into two clearly demarcated camps: “healthy and safe group” and “dangerous

contagious group”. The healthy and safe group quickly internalizes the medical discourse as an anchor point of self-identity. They repeatedly confirm their clean and compliant group attributes through strict adherence to the isolation norms proposed by doctors, stockpiling so-called anti-epidemic pills, and even actively reporting suspected infected individuals. In their eyes, the distancing and exclusion of the dangerous contagious group is no longer a cold choice, but a rational self-protection under the guidance of medical knowledge, even with the moral legitimacy of safeguarding public health.

In contrast, the label effect of medical discourse has trapped the dangerous contagious group in a double predicament: physically suffering from pain and torment, and socially being completely deprived of the qualification of normal members. Their coughs, fevers, and other symptoms are directly equated with “attacks on others”, their residences are marked as pollution sources, even their former relatives are avoided out of fear. This opposition constructed by medical discourse is far more oppressive than the punishment for sin under religious discourse. The religious trials still have room for debate, while the danger attribute determined by scientific judgment seems like an irreversible biological mark.

What is even more thought-provoking is that the scientific aura of medical discourse has draped a rationalization over this group division. When the exclusionary behavior is labeled as controlling the spread of infection and protecting the community, the moral guilt is dispelled, and instead, a collective defensive justice is adopted. The exaggerated drug advertisements posted on street corners are not only evidence of fraudsters using medical authority to profit, but also precisely illustrate that medical discourse has penetrated the social fabric: Even if the content is absurd, as long as it is under the banner of anti-epidemic, it can easily trigger people’s fear and blind obedience, further solidifying the group division between healthy ones and infected individuals. This process of using science as a cover for stigmatization has elevated discrimination against the infected from an individual prejudice to a social consensus, its influence is far more extensive than the destructive power of a single epidemic.

V. CONCLUSION

This study investigates the identity stigmatization of plague victims in *A Journal of the Plague Year* through the lens of social identity theory, uncovering how power dynamics, class conflicts, and discursive struggles collude to construct the infected as a marginalized “out-group” during crises. By analyzing the classed nature of quarantine systems, differential group attitudes, and the competing religious and medical discourses, this research offers three key advantages that enrich existing scholarship.

First, it fills a gap in current studies by centering the infected—rather than external social factors—as the core research object, shedding light on the structural oppression and identity erosion they endure. This focus reveals that stigma is not an accidental byproduct of the plague but a systemic outcome of social categorization, identification, and comparison mechanisms. Second, the integration of social identity theory with Goffman’s stigma framework provides a rigorous analytical tool to decode the psychological and social roots of group exclusion, making abstract concepts like “in-group favoritism” and “out-group discrimination” tangible through literary textual analysis. Third, the study highlights Defoe’s narrative ingenuity—the anonymous narrator’s dual

role as an insider and outsider—revealing how literary form itself amplifies the critique of social injustice, offering a model for interdisciplinary research at the intersection of literature, sociology, and psychology.

However, the research has notable limitations. Methodologically, it relies solely on textual analysis of a single literary work, which limits the generalizability of its findings to other plague narratives or real-world epidemic contexts. While *A Journal of the Plague Year* reflects 17th-century London's specific social structures, comparisons with other literary texts or historical records of modern pandemics could further validate the universality of the stigma mechanisms identified. Theoretically, the study prioritizes social identity theory, with less attention to complementary frameworks such as critical race theory, which could deepen analyses of power and inequality in stigma formation.

The findings of this study have practical applications across multiple fields. For literary studies, it provides a template for demonstrating how literature can illuminate the psychological and systemic dimensions of group conflict. For public health and social policy, the research offers a historical warning: during global health crises, the temptation to strengthen group boundaries may undermine societal resilience and violate human dignity. Policymakers and public health communicators can draw on this insight to develop more inclusive response strategies that avoid stigmatization and prioritize equity. For sociology, the study reinforces the value of integrating literary analysis into social theory, showing how fictional narratives can reveal real-world dynamics of identity politics and exclusion.

Future extensions of this work could include three directions. First, comparative studies that analyze stigma in other plague or pandemic narratives to identify cross-temporal and cross-cultural patterns. Second, empirical research that tests the study's theoretical insights against real-world data from modern epidemics, exploring how social identity mechanisms shape public attitudes toward infected individuals. Third, interdisciplinary research that integrates social identity theory with other frameworks to examine intersectional stigma or the role of digital media in modern stigma dissemination.

In essence, this study underscores the enduring relevance of *A Journal of the Plague Year* beyond its historical and literary value. By exposing the structural roots of stigma and the fragility of group identity in crises, it invites reflection on the foundations of genuine community—one rooted in respect for all individuals rather than exclusion of the “other”. As global health crises continue to challenge societies, this research serves as a timely reminder that true resilience lies in transcending divisive “us vs. Them” dichotomies and upholding shared human dignity.

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