

THE INVISIBLE BARRIER: FORMATIVE PRACTICES – THE EXAMPLE OF STIGMATISING IDENTITY WORK IN A MARGINALISED COLLECTIVITY

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This paper is empirically rooted in biographical data and investigates social valuing, stigmatisation and identity. Stigmatisation in itself is here described as an invisible barrier between social actors from lower and upper social strata. The concept of *stigmatising identity work* is generated from narrative and biographical interviews with adult leavers of children's residential care institutions in Łódź and Łódź region (Poland) and is presented here together with a typology of different categories of stigmatising identity work performed on the narrators. A detailed example of stigmatisation, addressed as an *institutional curse*, is presented in the last part of the article.

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Artykuł, empirycznie osadzony w danych biograficznych, traktuje o praktykach społecznego wartościowania, stygmatyzacji oraz o tożsamości. Stygmatyzacja analizowana jest w tekście jako niewidzialna bariera dzieląca aktorów społecznych z niższych i wyższych warstw struktury społecznej. Kluczowym dla artykułu jest pojęcie *stygmatyzującej pracy nad tożsamością*, wygenerowane na podstawie wywiadów narracyjnych i biograficznych przeprowadzonych z dorosłymi wychowankami placówek opiekuńczo-wychowawczych z Łodzi i regionu łódzkiego. Pojęcie to przedstawione jest wraz z typologią stygmatyzującej pracy nad tożsamością dokonywanej wobec narratorów. W ostatniej części tekstu przedstawiono przykład stygmatyzacji określony mianem *kłątwy instytucjonalnej*.

K e y w o r d s: stigmatising identity work, invisible barrier, institutional curse, adult leavers of children's residential care institutions

INTRODUCTION: SOCIAL VALUING, STIGMATISATION AND IDENTITY

The concept of *stigmatising identity work* – crucial for this article – illustrates the interlinkages between identity construction and social valuing. A social actor's identity, analysed within the framework of sociology¹, has its origin in the acts of social

¹ Traditionally, an interest in identity has been shared by psychologists, philosophers, social and cultural anthropologists, sociologists and pedagogues, more recently linguists and artists, so identity studies have become interdisciplinary (Borowik and Zawila 2010, 7). The text focuses on the concept of stigmatising

classification – setting the demarcation lines based on typification and difference, belonging and non belonging, uniqueness and similarity. By internalizing names and attributes ascribed by (significant) others², individuals not only construct their personal self-conceptions, but also locate themselves and are located in different social worlds (Strauss 1969, 15, 141; Berger and Luckmann 1983, 202–208; Hockey and James 2003, 10, 78). Identity results partly from one's position in a given social structure – social actors are also subjected to the phenomena of valuing as members of a given class (Sennett and Cobb 1972; Hockey and James 2003, 79; Anthias 2005, 37; Devine 1992 as quoted in Devine and Savage 2005, 12.). This statement has particular importance when we consider the issue of the invisible barriers between different social strata, since the lowest segments of a social structure are probably the most susceptible to negative valuing. Collectivities endangered by social exclusion due to poverty and deprivation are often negatively assessed in scientific publications, political speeches and the private conversations of mainstream society members³.

Classifying, valuing and stigmatising, are performed both in the private and public sphere. In particular, classifications formulated within the framework of educational, juridical and social welfare institutions are crucial for the social participation of professionally assessed individuals (Strauss 1969, 26–27, 29; Sennett and Cobb 1972). The process of certification not only provides institutional experts with their eligibility to assess others, but also – due to scientific recognition and validation of the assessments – disable falsification of professional judgements⁴. Individuals located in the lowest social strata are forced to accept some of the (auto)definitions ascribed to them by social actors who represent a high social status, respectable vocation and/or institutional power. Marginalisation is therefore deeply grounded in the phenomenon of classification. Individuals and groups are perceived and categorised with the notion that their attributes entitle them to participate in the collectivities recognized either as valuable or

identity work. The concept of identity is defined here in general terms as a set of definitions (ideas, pictures, judgements, beliefs) constructed by social actors oriented towards themselves (Bokszański 1989, 12, transl. AG-G). I refer neither to the processes of identity construction in the life-course nor to the discussions essential for the identity studies (e.g. Bokszański 1989, 2007; Jenkins 1996; Gergen 2000; Castells 2004).

² Also referring to an individual's own perception and reflection.

³ See for instance Martin Lipset's remarks about the narrowness of working class experience or poverty explanatory models such as the racial/genetic/inferiority model, deficiency model or Murrey's interpretation of underclass concept (Lipset as quoted in Sennett and Cobb 1972, 70; Vranek 1995; Bauman 1998; Wright 1994 as quoted in Warzywoda-Kruszyńska 1998, 26–27; Tarkowska 2013).

⁴ It is worth recalling here the Goffman's and Strauss's consideration about psychiatric wards. Strauss mentioned that the personnel of such wards often interpreted patients' behaviours completely without taking into account patients' explanation (Goffman 1961; Strauss 1969, 53). The results of the Rosenhan's experiment (1973) on the psychiatric diagnosis of well-adjusted healthy persons (co-workers of the researcher placed in psychiatric wards) are also still enlightening in this area.

“pathological”. Noticeably, the boundaries of their participation are delineated on the basis of moral assessment (the binary oppositions: good/bad, invaluable/unworthy). As a result, the marginalised and the poor can be deprived by “the respectable ones” of the rights to participate in mainstream society due to a perceived lack of “right” values, attitudes, behaviour, practices (see Hage 1998 as quoted in Skeggs 2005, 48; Skeggs 2005, 58)⁵.

In an interactional dimension the phenomenon of negative valuing is mirrored in the acts of stigmatising. Stigmatisation as a category of negative labelling can be treated as an interactional practice which creates and maintains the barriers between members of mainstream society and marginalised groups. The article, based on biographical data, investigates *stigmatising identity work* performed on individuals who – due to the family malfunctioning were placed in residential care institutions during their childhood and/or adolescence⁶. In the first part of the text the identity-formative potential of marginalisation and stigmatisation is discussed. Next, the scheme of stigmatising identity work is described. The last part of the text contains a detailed example of stigmatising work, i.e., a short presentation of *institutional curse*.

THE IDENTITY – FORMATIVE POTENTIAL OF MARGINALISATION AND STIGMATISATION

Stigmatisation – defined as a subcategory of negative labelling – is rooted in culturally defined discrediting attributes. The holders of such attributes (also social groups *in toto*) are depreciated by Goffman’s “normals”, unencumbered by social stigma. Stigmatised identity in the mainstreamers’ perception differs significantly from the socially “expected identity” model. A cultural set of qualities recognized both as typical or normal and “deviant” stand here as a decisive factor, crucial for the stigmatising potential of a given attribute. In inter-group relationships the tendencies toward negative

⁵ One example here is the moral discourse of poverty according to which persons living on welfare represent a “cultural deficiency” which would enable them to become the full society members (Levitas 1998 as quoted in Skeggs 2005, 57–58 and in Tarkowska 2013, 16; Skeggs 2005, 64).

⁶ 40 biographical/narrative interviews with institutional leavers born between 1959–1980 were collected within the research project funded by National Science Centre “Institutionalised identity? The processes of identity development on the basis of biographies rendered by adults raised in residential care”, Łódź, Poland 2011–2014”, grant No. 6716/B/H03/2011/40. Other data sources in the project were: Twenty Statement Tests filled in by the narrators, the analysis of the accessible narrators’ personal files from the period of institutionalisation and 3 focus group interviews with the staff of children’s homes, emergency shelters, probation officers and a family court judge, vocationally active in the years of the narrators’ institutionalisation. The article presents some findings of the research on institutionalised identity which are broadly discussed in the book “*Wychowało nas państwo*”. *Rzecz o tożsamości dorosłych wychowanków placówek opiekuńczo-wychowawczych* [„We Were Raised by the State”. On the Adult Identity of Former Wards of Public Children’s Homes] (Golczyńska-Grondas, 2014).

labelling increase when the different interests of the stigmatising group are jeopardized, for example by activities defined as high-risk behaviours undertaken by individuals from the marginalised group (Goffman 1981, 12–15; Sajkowska 1999, 163; Pawłowska as quoted in Niedźwiedzki 2010, 173; Giza-Poleszczuk and Poleszczuk 2001, 222, as quoted in Niedźwiedzki 2010, 85). Stigmatisation results in status forcing, a phenomenon influencing individual identity, in particular when a person is aware that her/his behaviours are negatively assessed according to a social moral inferiority code⁷ (Pful as quoted in Sajkowska 1999, 21). Negative stereotyping and associated stigmatization are sustained on the foundation of fragmented observations consistent with previous perception, which confirm the generalized negative picture. Stigmatisation also works together with ideology, validating the inferiority of stigmatised ones, and with different forms of discrimination, together with the social and spatial isolation of marginalised group. Stigmatisation and related phenomena limit the life chances of stigma incumbents and enlarge social, economic and political distance between the stigmatising and stigmatised. Consequently, the negative picture of marginalised groups and the imagined threats to social order (perceived as a result of mere presence or attributes of the stigmatized) result in preventive, controlling and punitive activities which can be addressed as an institutional management of marginalisation and stigmatisation. According to historically contextualised beliefs regarding “the nature” of socially excluded individuals or groups, (deviancy, delinquency, pathology, malfunctioning etc.), a stigmatised collectivity becomes subjected to different forms of care or incapacitation (Sajkowska 1999, 13; Goffman 2005, 35; Wacquant 2009; Niedźwiedzki 2010, 86–87, 174–175; Welcz 1985 as quoted in Niedźwiedzki 2010, 172). A good example of this is the nineteenth century practices of “non-productive” individuals’ placement in workhouses or shelters which fulfilled the ideological, disciplinary function by showing the fates of those who did not subordinate to the industrial society’s norms (Oliver 1989 as quoted in Hockey and James 2003, 66)⁸. Beliefs about the lower value of all segments of a social structure can also institutionally restrict individuals’ access to activities and services⁹.

⁷ Obviously, marginalisation and stigmatisation do not always result from a perceived threat; ageism affecting the youngest and the oldest society members defined as dependent and vulnerable subjects is one example here.

⁸ According to Hockey and James, the poor placed in the nineteenth century workhouses experienced a “social death which was felt to lead to their spiritual annihilation. Thus their bodies were made available for dissection within the terms of the 1832 Anatomy Act. This failure to be buried whole robbed paupers of their hope of resurrection in Paradise” (Hockey and James 2003, 66; Richardson 1987 as quoted in Hockey and James 2003, 66).

⁹ For example, Christa Hoffman-Riem’s study on the adoption process in German Federal Republic in the late 1980s discovered that individuals from the higher middle social class was regarded as privileged candidates in the institutional procedures. Applicants from lower classes were rarely qualified as adoptive parents and they were offered children who had not been adopted by higher middle class families (Hoffman-Riem 1990, 66, 82–84). Another example is the category of “social loss” introduced by Glaser

As self-conception also depends on the perception of others, individuals subjected to stigmatising stereotypes have to position themselves towards imposed roles and identities *via* opposition and struggle for maintaining non-stereotypical self-conceptions, by negotiating or accepting forced definitions (Sajkowska 1999, 15; see also Berger 1988, 99–103). Internalization of stereotypical identity can arise as a result of attempts to control unfavourable intra and inter-personal situations or even – as Małgorzata Melchior states – help to reduce the fear of being stigmatised. However, deepening marginalisation can be a possible effect of stigmatised identity acceptance, particularly if negative identification serves in interaction as “a tool” in gaining profits of different kind¹⁰, or if it is associated with the acts of auto-stigmatising¹¹ (Berne 1987, 52–54; Melchior 1990, 183; Goffman 2005, 41–43). At the same time, it is possible that a social actor changes the negative picture of a marginalised group (e.g. by taking up the role of the representative of the stigmatised ones and opposing stereotyping by different argumentative strategies) or acquires the status of “exception from the rule”. He/she can also redefine the negative attributes of stigma in a way that they become a source of positive appraisal¹² or even of integration and powerful collective identity of the whole stigmatised group (Ossowski as quoted in Sajkowska 1999, 19; Goffman 1981, 22–23, 39–40; Sajkowska 1999, 166; Niedźwiedzki 2010, 86). If emotions related to stigmatised identity are the source of deep discomfort or suffering, an individual can also begin to redefine his/her auto-definitions, withdraw previous identifications, or seek a new set of self-conceptualizations or even alternation. Therefore – in a sense – social classification and valuing and stigmatization, but also positive labelling and intergenerational transmission of these classifications create the foundation of the processes of social inclusion and exclusion (Blockland 2005, 125)¹³.

and Strauss, which came out of empirical observation of the behaviours of city hospital personnel. It was found that they cared for white patients with high social status and neglected black patients from the lowest social structure segments (Glaser and Strauss 1979, 23).

¹⁰ For instance, begging by exposing the stigma of applying for some gratifications by presenting discredited attributes and asking for mercy.

¹¹ “Coming to terms with one’s own marginality creates the risk of internalization of social exclusion rationales and a stabilisation of marginalisation with all its identification consequences” (Niedźwiedzki 2003, 39, transl. AG-G).

¹² Goffman cites excerpts from the interviews in which disabled people described how their extraordinary emotional and cognitive sensibilities resulted from their impairment (Goffman 1981, 21–23).

¹³ This thesis can be recognized while taking into account three restrictions: 1) there are well known examples of “self-choice” collective isolation (e.g. religious orthodoxy and enclaves of wealth – gated communities); 2) the same group or individual can be labelled negatively or positively due to the social context conditionings, and the attributes and values ascribed to an individual/group can be modified in time-span (Niedźwiedzki 2010, 176); 3) boundaries between the mainstream society and the excluded collectivities are fluid in post-modern societies. Stereotyping processes are accompanied by the processes of de-stereotyping, however, it must be underlined that some social groups are “permanently” recognized as marginal ones (Niedźwiedzki 2010, 265–266, Cieslik and Pollock 2002, 2).

STIGMATISING IDENTITY WORK IN CHILDREN'S RESIDENTIAL CARE SYSTEM
IN SOCIALIST POLAND

The issue of the “identity-formative” potential of marginalisation and stigmatisation becomes very important within the context of research on the collectivity of child residential care institution inmates. We can assume that during socialization intensive identity work¹⁴ towards the inmates were performed by (significant) others. In the institutional dimension identity work was directed partly at the children's deculturation (Goffman 2011, 23) and the inmates' separation from their families of origin's destructive patterns. This was also accompanied by acts of “privatised” labelling and self-stigmatising¹⁵. This kind of activities oriented at institutional wards I address as *stigmatising identity work*¹⁶. *The stigmatising identity work* influencing participants of the study consisted of five categories: 1) *formalised identity work* – the officially formulated psychological, pedagogical and psychiatric assessments and opinions about the inmate; 2) *internal institutional stigmatisation* (performed by CGH¹⁷ staff); 3) *external institutional stigmatisation* (executed within the framework of other institutions, e.g. educational or juridical); 4) *non-institutional stigmatisation* (performed by “everyday” participants in social life), and 5) positive labelling of the inmates as persons with “special psychosocial needs”. *Stigmatising identity work* was also accompanied by the acts of self-stigmatising (pic. 1).

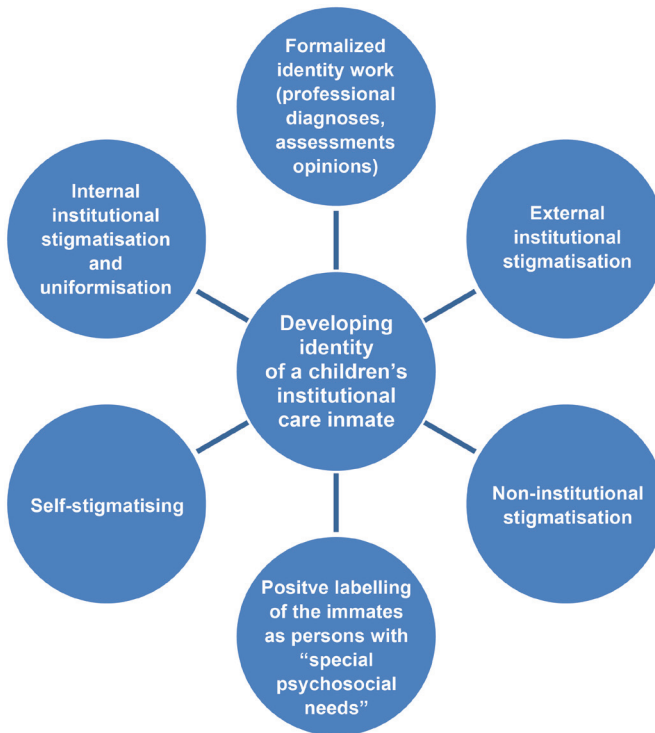
Formalised stigmatising identity work covering diagnostic procedures commenced with the beginnings of the institutionalization process. It is mirrored in wards' personal files preserved by the children's homes including teachers' opinions, probation officers' interviews, psychological and pedagogical diagnoses. School personnel paid attention mostly to attendance, grades, behaviour in class and in the peer group, accordance with the school dress code and tidiness, they also described the family situation (“she stays at home to take care of her disabled brother and to do the shopping for the family”). Psychologists and carers in emergency shelters (who decided on the children's final

¹⁴ Identity work is related to work on the self-conceptual development undertaken by the individual who perceives him/herself as a unique, developing entity (Gestalt), considering the conditionings of this development process and reflecting on its directions and ways of realization (e.g. Schütze 2009). *Identity work* can be performed autonomously by the individual themselves as well as by other persons, e.g., *identity work* is one of the elements of Strauss's arc of work (Strauss et al. 1985) carried out by the staff (also the staff of Goffman's total institutions) working with the inmates.

¹⁵ “In many cases where the individual's stigmatisation is associated with his admission to a custodial institution such as a jail, sanatorium or orphanage, much of what he learns about his stigma will be transmitted to him during prolonged intimate contact with those in the process of being transformed into his fellow-sufferers” (Goffman 1981, 50).

¹⁶ Obviously, other influences contradicted the stigma put on the narrators. These include the presence and impact of *constructive significant others* (staff members, biographical care-takers) or the influence of peer group as the *collective significant other*.

¹⁷ CGH – children's groups homes.



Pic. 1. Stigmatising identity work (Golczyńska-Grondas 2014, 191).

placement) elaborated the characteristics of the wards, mostly addressing the family situation (family structure, adults' income sources, institutional interventions in the household) and school behaviour. The psychological assessments were formulated too – professionals estimated wards' cognitive development level, self-reliance, obedience, learning motivation and functioning in the peer group. They also diagnosed basic personality traits (“high level of neuroticism”) and characterized the bonds between siblings. Emergency shelter staff formulated instructions for future carers (“it is recommended to respect the girl's feelings, to relate to commonly respected positive values, to provide the girl with a friendly climate to help her adjust to the new conditionings, to engage her in different institutional activities to prevent her from feeling like a stranger”). The notes on mental, emotional and/or social developmental retardation can be also found in narrators files, sometimes such opinions contradicted chronologically, on occasions preceding subsequent assessments (see Shaw and Moore 1968).

Obviously, formal diagnoses were, and are, indispensable as the foundation of activities of the institutional care system. One can also assume that the main aim of the assessment was to direct the professional work with the group homes inmates not to

stigmatise them – it is noticeable that principally the analysed documents contained neutrally formulated opinions and suggestions. However, when we take into consideration the fact that formal opinions could shape the perception of neglected children/teenagers as individuals of lower abilities or disordered personality, some menacing consequences resulting from the possible manipulation of these documents must be indicated here. For example, studies on neighbourhoods of relegation in the Łódź area conducted at the beginning of the 1990s demonstrated that primary schools relatively often tried to place “difficult” children from poor families in special needs education institutions (Golczyńska-Grondas 1998, 169–170). Therefore, it seems possible that institutional definitions of the inmates could have influenced their life courses and indeed the narrators reported their fears relating to the danger of being placed in “a special school” or a similar institution:

“Once we noticed that such a pedagogue brought (...) some documents. And with curiosity we [managed] to read them (...), and I say, my Lord, it was so odd for me, that/ we were chanceless then (...), we felt that we hadn’t, that they can do anything they want to, that they can send everybody, each of us to such a centre, that we will not have any alternative, any protection, why? One should examine me if I suit to such a centre, maybe, but... Those times they made those diagnosis, I can recall that I was sometimes taken to be examined (...)” (WDD07, Mr. B.).

We do not know if and to what extent the content of professional assessment was familiar to an institutionalised child, but it can be assumed that recurring diagnoses in psychological and pedagogue centres or – more rarely – in psychiatric settings could support inmates self-definition in terms of being “a special case” weighed down by some kind of dysfunction¹⁸.

Institutional stigmatisation had both internal and external origins. Institutional internal stigmatisation was performed through directly labelling verbal statements in daily inmates interactions with some staff members:

“The worst were carers (...); it was such (...) trauma (...), as they couldn’t hit us or anything/ so they humiliate us psychically (...), for example after a pass ‘*what kind of mother did not give you a grub at home*’, such situations (...) one couldn’t say a word. And my nerves are shattered till today” (WDD32, Mrs. S.).

Stigmatising is also observable in written staff notes contained in some narrators’ files:

“The individual style of behaviour, coming from not very proper patterns of some adolescent groups, is typical of her (...). During summer camp she also represented a bitter, pouting youth, she wrapped herself in the rugs as if she was in India or she decorated her swimsuit with some rags making herself

¹⁸ When in 1990 I was working with underprivileged teenagers in a local youth club, some of my wards told me about their fears regarding the situations of formal psychological and pedagogical assessments. The most “difficult” wards, perceived by wider society as “dangerous” shared this fear. One can speculate here if the teenagers subjected to such procedures were aware of the stigmatising aspects of professional assessments and their real, biographical consequences.

a laughing stock. While being scolded she was smiling ironically. The type very difficult to bring up” (the opinion formulated for family proceedings court).

In correspondence with Goffman’s notions, CGH personnel believed in some generalized portrait of the inmates¹⁹ as individuals particularly prone to anormative behaviours – the narrators were suspected of different kinds of wrong doing and negatively labelled both individually and as members of a collectivity²⁰. Their future was already decided – staff predications about inmates’ adulthood and their abilities to fulfil important social roles seem to be highly stereotyped and experienced by the narrators as negative labelling:

“Once I meet the carer from [name of institution] (...) he asks how I am, (...) I said, it is basically o.k., I live with a girl-friend and the first question: ‘Is this the girl from our world, I mean from the children’s home or emergency shelter?’, ‘No. It is completely normal girl’. Always/ I am suspected that I am in relationships with some... mmm orphans. Oh!” (WDD05, Mr. A.).

One of the narrators formulated the credible thesis that newly employed staff members imagined that they would be working “with poor children, who would all be like a mascot”. Confrontation with complicated institutional reality could result in some cases in rapid vocational burn-out and change the set of the attributes ascribed to the inmates. The initial idealization was therefore replaced by distance and negation. Uniformity, stereotyping and stigmatisation provoked the inmates’ sense of objectification, the picture of being an institutionally processed product:

“There is no interest in such children, there is something as someone once in a book says: ‘*Next, please*’ (...). In these institutions it happens the same way, as if not to break this chain but next one, because the next one will come, next, next, next, oh!” (WDD 12, Mr. D.).

“Unfortunately, the headmaster did not support us in education, settling into independent life (...) and good bye! (...) She treated us, as it seems to me, sometimes as... a small plant, well we are watering, watering at the minimum just to not to let me be totally spoiled, but oh! I have grown up. Ok, let’s cut, ready to be sold” (WDD07, Mr. B.).

The staff (and sometimes the wards) of institutions and organizations cooperating with children’s group homes were senders of negative labelling within the framework of *external institutional stigmatisation*. Although the narrators underline that in general terms schools created a relatively friendly atmosphere for the inmates, a number of the informants were stigmatised by teachers and/or other pupils. In the narrators’ childhoods the differences between the them and their school-mates were observable as the

¹⁹ See the results of Sajkowska’s study (1999, 38, 45).

²⁰ E.g. one of the narrators mentioned a gynaecological examination all the girls from her group were subjected to, when it occurred that she was pregnant (“as if it was contagious”). Another informant recalled the label of “the criminals” used by the group home headmaster suspecting the inmates that they were in touch with a local mafia.

former were dressed in identical cloths and equipped with identified school items (“we all looked one and the same”). Furthermore, in those times school teachers in Poland often had a good knowledge of the family situation of their students:

“We attended the normal schools, but (...) simply you don’t always have nice memories, because (...) not only the children but also the adults treated people from children’s homes as though they must be a whore and a thief. It hurt a bit sometimes, I will not say that not (...), because we were sometimes treated a little bit differently by... a society (...) in these schools by the teachers or what. And life kicks you in the ass, so we won’t give you [anything]. And you are from the group home, you, so you are shitty losers, or anyway, to phrase it differently” (WDD25, Mr. J.).

The school personnel mainly stigmatised the inmates through specific verbal practices, nevertheless sometimes the narrators faced acts of physical violence.

“It rarely happens that in a school and everywhere the teacher had the attitude towards us that we were the same as others. We were not demanded/expected anything or simply one didn’t want to demand. For example I remember how during the lessons we volunteered to answer teachers’ questions, and it was ‘you can answer, you can answer but not you, because you are from a children’s home’ (...). For example we couldn’t give ourselves (...) because teachers did like this simply, how you say it, in a secret way. They didn’t tell us directly that you are worse and – but it was for example in their behaviour, ok? For example they pulled our ear lobes” (WDD37, Mr. O.).

In places and events, during which children from institutions were grouped with other children (e.g. summer camps), the group home inmates were the first ones suspected of breaking social norms (stealing, vandalising, etc.). Obviously children raised in the institutions took part in such kind of activities too, but the inequality in the procedures undertaken in such cases by the staff, especially accusations directed towards the inmates seemed to be the most grave for the narrators. The institutional wards were also submitted to humiliating procedures of personal hygiene control more often than other children. The acts of negative labelling were experienced as a deep suffering, especially when they were associated with the peer stigmatisation (“do not talk with her, she is from a children’s home”). Moreover, it seems that institutional employees either in conscious or unconscious way contributed to the specific narrators’ self-conception – defining themselves as social orphans supported by the state (see Sajkowska 1999, 165):

“The possible influence of our Teachers Board is very limited, because the juvenile was transmitted to the custody of the residential school [where the narrator had bad scores and played truant]. Although we are not in daily contact with the juvenile, we conduct the disciplining conversation with him. We stated that the Public Treasury cannot afford to waste state money, and when he takes a profit from them, he must have good grades, behave himself and finally grow up to be a decent man [underlining AG-G]” (children’s home assessment for family proceedings court).

Narrators also gave a picture of *unaware interactional stigmatising* practices, e.g. helping activities realised by social actors in the name of “good intentions:

“(…) These (…) big factories invited (…) children from a children’s home to a Christmas party (…) and I know that those people didn’t know about it (…) that if we were to feel good, there is no need to underline that these are children from children’s home… We felt as if we had it written on the blouses that [it is] a group home inmate and it was very, very embarrassing for us (…). We felt just such ones, why do they rub our noses in the dirt, that everybody screened us. Or (…) was trying to find out that [we] are worse. Even by a microphone ‘Now we invite children from a children’s home to take their gifts’. Nobody wanted to go. (…). It was for us so embarrassing, everybody was ashamed that, she/he is from this children’s home and that it so openly shown was in public; I do not know, maybe because the factories wanted to show that they were he/helping (WDD07, Mr. B.).

Interactions with institutional inmates (children and adults) and the issue of institutionalization itself set in motion different reactions of “normals”. Some “mainstreamers” verbally and non-verbally communicated negatively labelling institutional leavers. *Non-institutional stigmatisation* probably results from the tribal stigma (Goffman 1981, 14) put on the narrators’ family of origin by their environment and confirmed by professional assessment:

“A lot of people think that as children from children’s homes, that means from pathological families, we have a lot from our parents, who mostly are alcoholics either/we have inside these gens or other cumul/ tendencies towards it, that it is in us, still not activated, but all the time it is somewhere in us. A lot of people think that children are the same as the parents (…). And mostly that it is either an alcoholic or a thief” (WDD07, Mr. B.).

In adulthood non-institutional stigmatisation is performed mostly by non-verbal communication:

N: “If nobody knows, we are normal (…)”

A: “So, were you in situations in which people change their attitude towards you when they got to know that you were in a children’s home?”

N: “Yes (…) with 1000 percent in other direction, for the worse (…), they hid their wallets, all the things, they locked, because they thought that I would have stolen them or taken them [ironically]”.

A: “Where did it happen?”

N: “In work places for example” (WDD16, Mr. E.).

The acts of labelling resulted in emotional, interactional and biographical consequences. First of all, the generalised stigmatisation the narrators were subjected to stimulated their emotional reactions – the shame or the sense of humiliation. Sometimes though there was a sense of harm or even anger and the need to fight for the sake of the good name of the inmates. In childhood and/or adolescence information about a school colleague’s origin could bring about a change in attitude of interactional partners or even their withdrawal from the relationship (“The acquaintances ended. For example I met a boy, it was great, during next meeting I told him [that I live in children’s home] and he didn’t call anymore”). In educational institutions a direct defence against labelling maintained both the negative definition of institutionalised

children and the vicious circle of stigmatisation²¹. However, labelling, especially resulting from the doubled tribal stigma of “the pathological” family or origin and of the institution, can also bring about more grave biographical consequences, such as hindering the development of a person’s educational or vocational career²² or disturbances in friendship and sexual relationships. For example, the breaking of early adolescent relationships by the partner of an institutional inmate is interpreted by the narrators as a result of stigmatisation. It could also happen that partners’ parents negatively reacted to the information about the social and material status of the inmates or that the inmate left the partner under pressure of his/her relatives²³. In rare cases the partners’ relatives still disregard their son/ daughter-in-law and present their negative attitude to the narrators:

“Even at my home there was a situation, there was such a conversation that one shouldn’t adopt children. I say ‘How come? Why?’, ‘Because your own child will not repay you, so such one what she/he can repay’ [narrator impersonates her mother in law and her weak voice]. I say what/ I don’t understand, go on, because I do not understand. It was my mother’s-in law voice. Because she says that (...) such children have the past, that parents are from *dif*– they are different, pathological, such different” (WDD₀₄, Mrs. D.).

Even though the narrators themselves did not experience stigmatisation at all or faced this phenomena rarely, it seems that the belief about social stigmatisation affecting institutional leavers defined as “low-valued persons” is commonly shared by interviewees who also support their standpoint with the examples from public discourse:

²¹ “I (...) had such a nasty experience, that my ward [Mr.] L. (...) was offended by a boy from a rich family/ They sponsored this school he attended to. The other boy was such pretty-pretty, good looking, tall, handsome son of the rich parents (...). And this boy told my ward ‘I am not anybody from the children’s home that you can do this and this’, and then [Mr.] L. grabbed the chair and hit him with this chair. (...) He smashed his glasses. That – of course everybody judged [Mr.] L. guilty. And I was standing for him, because, he was provoked and someone woke up his worst feelings” (carer, FGI-AW).

²² “I (...) had terrible troubles, just because people in Poland are terrible racists. Only because I was raised in children’s home – I couldn’t do a lot of things. I wanted to attend confectionary vocational school (...), everybody was willing to take pupils for apprenticeships, but as they got to know that I am from children’s home everybody said ‘No’. The doors were suddenly closed. (...) So I said I would become either a tailor or a hair-dresser. I was not interested in it but just to do anything (...). And there was a hair dressing centre which said that it is willing to take a pupil (...), but when she got to know again that I am from a children’s home, it was all ended. So it was a disaster (...). Generally, zero trust in such children (...); they explained that they didn’t want to be responsible for such people. They even didn’t try to meet anybody. They didn’t see me and they judged me negatively” (WDD₁₅, Mrs. J.).

²³ In the most striking case, the sense of stigmatisation was imposed by the narrator’s aunt prompted the narrator to finish a serious relationship with her peer from a well-off family and she ended up marrying a destructive, violent partner (“Dear child, leave him, otherwise he will tell you in the future, that he has taken you from the street, that you didn’t have anything, that you were nobody”).

“From the books I’ve read in my life, from newspapers, from films one can watch, a child from a children’s home is a thief. A slut, a dunce, a bimbo. All the things which are the worst, yes. My God! What are we looking for? A child from children’s home is equal to a child from a pathological family, where the mother is drunk, the father is drunk, where such a child doesn’t learn anything, yes. That she/he sees only the other side of the world, only the evil” (WDD35, Mrs. U.)²⁴.

It must be underlined that information about the social status of an institutional leaver could result in positive, but unique actions, which can be termed as *positive labelling of the inmates as persons with “special psychosocial needs”*. For example, in early adulthood the position of institutional leaver could be useful in obtaining service and support from different institutions and organizations (see Marody 2002, 261–264) or private persons. The acts of *self-stigmatising* stand as a background to such strategies. Depreciating names such as “orphanage”, “poor house”, “beggars’ house”²⁵ used by narrators describing the institutions in which they spent their childhood are other examples of self-stigmatising. At the same time – it seems that self-stigmatisation has its source in narrators’ perception of their biographical situation in terms of its abnormality or counter-normality in comparison to their non-institutionalised peers’ life.

ONE DETAILED EXAMPLE OF STIGMATISING IDENTITY WORK – THE PHENOMENON OF THE INSTITUTIONAL “CURSE”

Some employees of children’s residential care system and cooperating institutions in their relations with wards followed specific interactional ritual (see Goffman 1967; 2006) which can be addressed as *a generalised institutional curse*. This ritual seems to be the one of the most interesting categories of stigmatising identified in the study. I assume that the institutional curse – as a kind of prophecy about foreseen inmate’s life course, communicated to him/her by formal authority – stands for the modern form of the cursing phenomena typical of traditional, folk cultures²⁶.

The scheme of institutional curse, founded on participation of two social actors, belongs to the category of asymmetric rules of conduct Goffman (2006, 53). The professional – the institutional representative – due to his/her formal position, social status

²⁴ The narrator’s remark recalls some heroes of the Agatha Christie’s novels and their adaptations. Stereotyped picture of institutionalised children is present also nowadays. E.g. such a character appears in one of the parts (Little Lazarus) of detective series „Vera” based on Ann Cleeves’ books. The institutional leaver, a man with disordered personality kills his previous in-mate, the single mother, a person deeply excluded, on the constant run from society.

²⁵ Non translatable *bidul, dom dziada*.

²⁶ Anna Engelking in her profound study on curse formulates the question about contemporary continuation of folk curse with its forms and functions in modern Polish language (Engelking 2010, 296) – it seems that institutional curse can be analysed as the example of such continuation.

and age dominates over a child/adolescent coming from the lowest social strata. The institutional curse consists of two kinds of statements: one part of the curse regards low social status and low social value of the inmates (“you are nobody here, you will be the loser”), another one (constructed as imperative phrase carrying illocutionary power of the curse – Engelking 2010, 237) informs about their anticipated fates, especially about their inability to fulfil important social roles (“at children’s home they did threaten me that it will end the same as in my mother’s case, that my children will be taken away from me”). Presumably, the institutional curse representing also the category of verbal abuse, has two possible functions: 1/ it serves as a negative sanction for anormative behaviour and a tool of social control²⁷; 2/ it liberates a curse sender’s emotions; however in the episodes recalled by the narrators indicate that it was also probably used in everyday interactions without any special reason²⁸.

The hypothesis about the “magical nature” of the institutional curse is supported by narrators’ emotional and cognitive reactions to it, especially their faith in the possibility of curse materialization; the episodes of institutional cursing are described in the interviews as if the curse senders had the magical power of enchanting the inmate’s future provoking the real effects by using causative words (see Engelking 2010, 38–72, 78; Mauss 1973 as quoted in Engelking 2010, 42; Tokarski as quoted in Engelking 2010, 50; Grzegorzczkova as quoted in Engelking 2010, 53)²⁹. The curse was understood as if it “judged” who the narrator in fact was, stigmatised him/her and determined his/her fate. Unconsciously ex-institutional inmates imaginatively recreate the phases of the traditional folk curse sequence: the sin, verbalising the curse as its consequences and the punishment as the unavoidable result of the words (Engelking 2010, 169). Such narrators’ attitude could have resulted both from their sense of guilty or the awareness of their responsibility for breaking given social norms and from the perceived danger related to the mechanisms of social/genetic inheriting³⁰. The intensity of emotions regarding the curse can also indicate that the narrators who have managed to break through the vicious circle of poverty and social exclusion, especially in their early adult-

²⁷ The curse can be analysed on the sociocultural level as a group sanction for the individual who has broken the collective norms and the tool of social exclusion (Engelking 2010, 293).

²⁸ It is impossible to decide about the intentions of the institutional curse senders – some of them could use the cursing phrases to attain some socialization effects, others to situationally reveal their emotions (e.g. Wierzbicka 1987 as quoted in Engelking 2010, 106, 157, 238), in some cases the acts of cursing could also mirrored the negative attitude towards the wards, deeply rooted in class order.

²⁹ Engelking reported by her informants about many cases of curse fulfilment, states that curse understanding as a magical causative formula is not forgotten (Engelking 2010, 137).

³⁰ Supported perhaps by some traditional believes regarding cursed families: “The curse hanged over a family is inscribed in the chain of evil and sin (...). These are [phenomena] recurring in subsequent generations as if in a vicious circle: the lack of parental blessing, alcohol abuse, discord and unsuccessful life, being ‘a bad parent’ and ‘a bad child’” (Engelking 2010, 227, transl. AG-G). Engelking’s quoted statement reflects perfectly narrators’ description of their families of origin.

hood experienced uncertainty regarding attained identity and “normality”. The faith in the magical power of the curse appeared when they faced some kind of difficulties (early parenthood, poverty, etc.): “Each day I was looking through the window, at the doors, if anyone who wanted to take my child from me came”; the fear could be also experienced on subconscious level without any special reason:

“And someone told me that my child will come back here, I mean to the institution to a children’s home... I remember, when Dorota was a baby, my daughter, I remember how I was dreaming at night that I was going to a children’s home to Dorota, and I was wondering, how it could come, what I did wrong. And I was waking up screaming, all in sweat, and I saw that I’m home and everything is OK” (WDD 34, Mr. M.).

The first interview with a woman anonymised as Agata (b. 1961, placed in the institution at the beginning of her education in a primary school) contains the most clear example of the institutional curse in the research sample. As a 17 year old girl, Agata got pregnant with her peer, a boy from the village in which the group home was situated. Due to Polish law it was the judge of the family proceedings court who was entitled to give minors official permission to get married:

“The pregnancy. And the decision, the wedding, nothing else. There is no school, there is nothing, there is a problem to solve. Not being even 18 [years old] when the wedding was decided, in the family proceeding court. And I can recall the words of the judge: ‘And what will you do now, what have you done... You have been in a group home, now you are pregnant, you are preparing your child for the same... for the same you have gone through’. And then I can recall such a promise [cries, very moved], that I will finish school, that I will not end just with the primary school, and I will never in my life allow a situation in which my children would be placed in a group home. Not in my life [deeply moved, sniffing], just to prove to this judge that she was mistaken... I remember that with such a vow I got out from the court (...). My son, Michael, the older one, was born as a healthy child, no complications, no troubles, a big joy... because he just is [longer pause] and there is just this determination that when I raise him I will go to the school and organize myself somehow, I will not let this judge, which the name I don’t remember, because it was many years ago... that she will not be right. And it happened... I went to high school, I graduated from it (...) after 8 years Paul was born, my younger son (...) and we have been living happily (...). I believe that my children have a different... and joyful childhood, in the sense that they didn’t need to worry about anything or. They grew happily, looked after by us, protected from any lack... so that my determination that they would have much better than I had, that heaven would forbid them from my fate... it came true”.

Agata’s story seems to have many similarities with examples of parental cursing of disobedient, sinful children in folk culture. The judge, as the state delegate (possibly representing here both the generalised parental figure and socially accepted virtues), punished the teenager for losing her virginity, denying her the blessing for the adult life and simultaneously cutting her off from the possibility of the proper fulfilment of her maternal role. The predicted punishment mirrors the narrator’s sin – her irresponsible sexual behaviour would have provoked further irresponsibility in the domestic sphere

(see Engelking 2010, 144–146, 152, 241). Agata's immediate reaction to the judge's statement can be understood as an action aimed at removing the spell or uncursing herself, especially when we take into regard the folk belief that a curse can be inhibited only in the first phase of the process, at that moment when the negative words have just been spoken and the curse has not yet been activated (Engelking 2010, 282).

FINAL REMARKS

The typological analysis of narrators' life histories, combined with an analysis of the "sets" of narrators auto-characteristics (see Golczyńska-Grondas 2014, chapter V), demonstrate mutual interlinkages between biographical career, biographical and identity work³¹. The potential for achieving biographical success and/or stabilization or – using the narrators' term – *normality*, at least a fragmentary break from the biographical patterns of previous generations and defining oneself as a normal, fully fledged participant of social life, depended on the abilities to confront the negative trajectory potential accumulated during childhood and adolescence. The most important factors in this regard were: a) the biographical work and identity work on the inheritance of family of origin (a crucial factor endangering the attained normality); b) identity work on the self-conception of children stigmatised as has having dysfunctional/pathological parents; c) the identity work on the stigma of being first a ward and later on an institutional care leaver (assigned as a consequence of the primary status ascribed to the dysfunctional family of origin) and to the feeling of *abnormality* associated with this status. These activities were (and still are) related to attempts to become socially classified as a member of the collectivity of "normals". "Normalizing practices" were implemented by narrators during the institutionalization period (e.g. self-presentation based on proper physical appearance, the construction of a social peer network outside the institution, or even the performance of fictitious self-conception through story-telling about "the normal family") and in "post-institutional times". As adults, only a few narrators function within an open awareness context, i.e. disclosing information about their institutional past. Moreover, it seems that this strategy results partly from the need to construct counter-definitions of the negative picture of the collectivity of inmates. Most of the informants follow the strategy of a partly open awareness context; their 'coming out' depends on diverse factors, especially the type of social bond connecting them with the others and the foreseen direction of relationship development. Those

³¹ Biographical and identity work are two interrelated phenomena emerging in autobiographical narrations (e.g. Schütze 2009). *Biographical work* is defined as a self-interactive "effort to interpret biographical experiences in relation to one's identity, self-image, behaviours, actions taken or not taken" (Kaźmierska 2012, 28), undertaken especially in biographical turning points and other difficult situations and conditioned by (*significant*) others' influences and generally by the socio-cultural context.

who suffered from intensive stigmatisation manage the inmate auto-definition with a high level of caution. The identity and biography normalisation of the institutional leavers (construction of positive self-conception) was also based on the development of personal potential (educational career, gaining new skills, taking new, significant social roles) and taking advantages of narrators' own serious mistakes founded on conscious attempts to function in a different way from that of their parents or on initiating *auto-therapeutic biographical work* based on book readings, film watching and introducing the conclusions resulting from these activities into their own actions.

The phenomena of biographical and identity work are seldom depicted in the narrations of ex-group home inmates who have been living at the margins of the mainstream society. Rare cases also indicate that we should consider the probability of *negative identity and biographical work* phenomena³². These concepts can be defined as the opposite to that described above: the individual takes in stigmatising classifications formulated by other participants of social life and finally defines her/himself as a not fully fledged or even incapacitated social actor. Obviously the self-conceptions consisting of depreciating elements also encompass neutral and positive contents. People performing *negative identity work* cannot distance themselves from internalized definitions (even if imposed on them). *Negative biographical work*, regressive in character, sustains some elements of self-conception, which hinders personal development. I state that both *negative biographical* and *identity work* and also the *lack of biographical* and *identity work* are factors related to the inheritance of preceding generations' low, stigmatised status and falling into biographical traps.

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³² I need to underline that biographical sociologists have so far assumed that *biographical work* and *identity work* can be understood as phenomena of exclusively developmental or auto-therapeutic character. I assume that both undoubtedly exist, yet these concepts are still intuitive ones and they need further exploration and testing.

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List of illustrations:

Pic. 1 Stigmatising identity work.

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