

Coping With Stigma and Destigmatizing Intervention Strategies: An Analytical Framework

Simona Rodat

Faculty of Theology and Social Sciences, Adventus University, Cernica, Romania

Справяне със стигма и дестигматизиране на стратегиите за интервенция: Аналитична рамка

Симона Родат

Факултет по теология и социални науки, Адвентистки университет Черница, Румъния

Author Note

Simona Rodat  <https://orcid.org/0000-0002-2916-7002>

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Correspondence concerning this article should be addressed to Simona Rodat, Faculty of Theology and Social Sciences, Adventus University, Șos. Decebalnr. 11-13, 077035, Cernica, Ilfov, Romania. E-mail: simona.rodad@uadventus.ro

Бележки за автора

Симона Родат  <https://orcid.org/0000-0002-2916-7002>

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Abstract

This paper addresses the stigmatization process, outlining the meaning of the social stigma and the different types of stigmata, focusing further on the ways in which stigmatized people cope with stigma and on the main intervention strategies that can be used for destigmatization. A social stigma is an undesirable characteristic or an unfavourable element, along with any generalization or attribution of further characteristics that can lower or humiliate the individual. Not the characteristic itself, but a negative meaning in the social and cultural context, make the person concerned a stigma bearer. Stigmatization describes how actual or potential negative characteristics are ascribed to a person, and thus this person is assigned to a certain socially disregarded group. At the same time, stigmatization involves associating the person concerned with the prejudices and stereotypes connected to the assigned devaluating characteristic and the experience of varied forms of discrimination. To avoid the consequences of their social stigma, the people concerned develop in diverse social situations in different ways to cope with their stigmatization. Among these, correction, avoidance or defensive attitude, inner distance, compensation, alternative relationships, external assignment, and hostile bravado are highlighted and discussed in the paper. Destigmatization, as a reverse process to stigmatization, can be targeted through various intervention strategies. The paper addresses the most frequently used destigmatizing intervention strategies, namely protest, education, and contact, emphasizing their strengths, especially of the last two, and arguing that, depending on the type of stigma and the social context, a mixture of intervention strategies is more effective, and therefore desirable.

Keywords: stigma, stigmatization, destigmatization, coping with stigma, destigmatizing intervention strategies

Резюме

Тази статия разглежда процеса на заклеявяване, като очертава значението на социалната стигма и различните видове стигми, като се фокусира допълнително върху начините, по които стигматизираните хора се справят и върху основните интервенционни стратегии, които могат да бъдат използвани за дестигматизация. Социалната стигма е нежелана характеристика или неблагоприятен елемент, заедно с всяко обобщение или приписване на допълнителни характеристики, които могат да понижат или унижат индивида. Не самата характеристика, а негативното значение в социалния и културен контекст, правят засегнатото лице носител на стигма. Стигматизацията описва процеса, чрез който действителни или потенциални

отрицателни характеристики се приписват на дадено лице и по този начин лицето се причислява към определена социално незначитана група. В същото време стигматизацията ги обвързва с предразсъдъците и стереотипите, имплицирани една подценена характеристика, както и с различните форми на дискриминационен опит. За да избегнат последиците от своята социална стигма, засегнатите хора развиват различни начини за справяне с тяхното стигматизиране в различни социални ситуации. Подчертани и дискутирани в статията са корекцията, избягването или защитната нагласа, вътрешната дистанция, компенсацията, алтернативните отношения и пр. Дестигматизацията, като процес, обратен на стигматизацията, може да бъде таргетирана чрез различни стратегии за намеса. Статията разглежда най-често използваните дестигматизиращи интервенционни стратегии, а именно протест, образование и контакт, подчертавайки техните силни страни, особено на последните две, потвърждавайки, че в зависимост от вида на стигмата и социалния контекст, използването на смесица от интервенционни стратегии е по-ефективно и следователно желателно.

Ключови думи: стигма, стигматизация, дестигматизация, справяне със стигмата, дестигматизиране на интервенционни стратегии

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Coping With Stigma and Destigmatizing Intervention Strategies: An Analytical Framework

Stigmatization is the process by which a person is associated with a stigma, that is, a negative attribute, which discredits the individual in society. The process of stigmatization involves, on the one hand, labelling, stereotypes, and prejudices, and on the other hand, action, and behaviour, that is discrimination. Stigmatization involves assigning the person concerned to a certain socially disregarded group, which leads to social disapproval, loss or diminished status, marginalization, humiliation, and the person's perception primarily through the prism of her stigma and reducing her to the negative characteristic assigned. Moreover, all other possible negative attributes of the person in question, which might suit her stigma, are perceived more intensely. At the same time, neutral or positive characteristics are either reinterpreted or not taken into account.

Furthermore, stigmatization involves generalization, that is, the attribution of additional features, usually depreciating, which are not objectively related to the original characteristic. This generalization corroborates the social process of differentiation, underestimation, and devaluation of stigmatized people and can contribute to the appropriation of an "altered" social identity (*spoiled identity*, in the terms of Goffman, 1963). Being aware that they do not meet the normative expectations of society, stigmatized people expect to be treated with derogatory attitudes and behaviors and may experience reduced self-esteem and self-respect (Petersen & Six, 2008).

Social stigmatization involves not only disapproval of the person concerned but also discrimination, only as a result of that socially undesirable characteristic. In general, the stigmatized person is regarded in society as bad, vicious, dangerous, or weak. Moreover, there is a widespread belief that the stigmatized person, or her family, are themselves guilty of the "abnormal" characteristic, i.e., for the stigma (Fuchs, 2010, p. 50). For this reason, people with stigmata experience numerous forms of discrimination and go through various crises, including crises of their identity, their self-esteem, and acceptance of themselves.

This paper addresses how stigmatized people cope with stigma and the main intervention strategies that can be used for destigmatization. Also, in the article, the stigmatization process is outlined, and the different types of stigmata are delineated.

Stigmatization and types of stigma

The process of stigmatization involves the association to a person of a devaluating characteristic and the prejudices and stereotypes that are connected to it, as well as assigning

the person concerned to a certain socially disregarded group. At the same time, stigmatization is also linked to an underlying, context-dependent process of differentiation, control, and discrimination, as well as to the attribution of a certain social identity (Cloerkes, 2000). In their argumentation within the labelling theory, Link and Phelan (2001) define stigmatization as the assessment of a characteristic (*labelling*) that is associated with prejudices (*stereotyping*) and a differentiation (*separating*) and loss of status (*status loss*) of those affected, and thus *discrimination* results when the power constellation allows this. While characteristics are to be located on the attribution level and prejudices at the attitude level (Cloerkes, 2001), discrimination relates to the *act*. Accordingly, discrimination as an *action-related component* is an integral part of the stigmatization process.

To trigger a process of stigmatization and its consequences, the visibility of the distinctive feature that is associated with a person, as a starting point for the whole process, has considerable importance. Goffman (1963; 1975) divided stigmata firstly into visible and invisible ("hidden") and thus into stigmata of the discredited and discreditable individuals.

The stigma of the discredited persons is immediately visible in a social interaction, such as a physical disability or body weight. People with an obvious stigma are more likely to experience a social distance from their fellow human beings rather than people with an invisible ("hidden") stigma. This happens because the "hidden" stigma, or, in Goffman's terms, *the stigma of the discreditable persons*, is not immediately visible in social interaction. Such stigmata are, for example, homosexuality or an HIV infection. Whether a stigma is visible or invisible depends on the type of stigma. Goffman (1963; 1975) delineated three forms of stigmata:

a) "Physical deformities," such as a physical disability, as for example, leprosy (probably the most striking form of physical stigma), deafness, blindness, obesity (Latner & Stunkard, 2003; Latner et al., 2005), AIDS or HIV infection (Pryor & Reeder, 2011), or, in the current context, COVID-19 or Coronavirus infection (Vertovec, 2020; Villa et al., 2020), etc.

b) "Blemishes of character," such as mental disorders or illnesses (Fuchs, 2010; Michaels & Corrigan, 2013; Corrigan et al., 2014; Wilson & Scior, 2015), addictions (Corrigan et al., 2009; Fraser et al., 2017), homosexuality (Mihalik, 1991; Peate, 1995), etc.

c) "Tribal stigmata" (Goffman, 1975: 13), which includes, for example, belonging to an ethnic group, a nationality, race, or religion (see also Dovidio et al., 2002; Wailoo, 2006; Pasek, 2015).

Thus, while obvious stigmata, such as some medical conditions or some physical disabilities, are immediately visible in social interactions, often causing direct social distancing from the fellow human beings, invisible stigmata, such as some unseen medical conditions, sexual orientation or affiliation to certain ethnic or religious groups, may remain "hidden" as long as their owners do not disclose them. In fact, many individuals, aware of their stigma, as well as of existing prejudices about it and its consequences, try to hide it in social interactions, as long as this is possible.

According to the findings of various empirical studies (Crocker & Major, 1989; Katz et al., 2002; Major & O'Brien, 2005), the negative effects of stigma on self-esteem can be avoided or processed through different protective mechanisms. As stated by Crocker and Major (1989), the individual characteristics and ways of thinking about one's stigma play a central role here, as those affected can use their resources and coping strategies to counteract the negative effects of their stigma (Quinn & Chaudoir, 2009). Coping with stigma is, therefore, a central aspect of the stigmatized person's life.

Coping with stigma

In order to prevent an identity crisis and to avoid the consequences of self-esteem, individual management regarding stigma through coping strategies plays a major role. Stigmatized people develop in diverse social situations in different ways to cope with their stigmatization and thus to protect their identity and self-esteem. The following are some of the most commonly used coping strategies in addressing stigma (Major & Eccleston, 2004; Major & O'Brien, 2005; Petersen & Six, 2008; Quack & Schmidt, 2013).

1. Correction. In this case, stigmatized individuals try to manage their stigma through a correction strategy, attempting, for example, to increase their attractiveness as a partner for interaction in social exchange. Therefore, following this strategy, they either try to effectively correct the stigma (for example, by following a diet in case of overweight or undergoing treatment for a physical defect) or to retouch its characteristics (for example, by cosmetic surgery), or to distance themselves from the stigmatized group (by hiding the stigma, such as an HIV infection, or a coronavirus infection). In the case of this coping strategy, however, there is a risk of relocation. More precisely, there is the danger of transforming from "Me, with a certain flaw," into a "Me, with the feature of having certain flaws corrected" (Goffman, 1975, p.19).

2. Avoidance or defensive attitude. Another way to cope with stigma is to avoid situations, contacts, and social interactions in which stigma can occur. Stigma bearers can

avoid stigma by eluding the circumstances or social connections in which they anticipate experiencing exclusion and rejection, by averting situations where the stigma is particularly visible (such as for overweight people who do not go to the gym), as well as by dodging social relationships in which stigmatization can be expected (such as, for example, stigmatized people who avoid romantic or sexual relationships).

3. *Internal distance*. Stigma bearers can also protect their identity and self-esteem by distancing themselves internally from the expectations and tasks in the areas of life that are stigmatizing for them. For example, there are homosexual people who, due to discrimination at work based on their sexual orientation, lose interest in their work and evade professional obligations (Petersen & Six, 2008).

4. *Compensation*. Through this coping strategy, the stigmatized person tries, in order to compensate for her stigma, to acquire skills that no one would expect. An example, in this sense, can be the Paralympic Games, where athletes with disabilities show their special skills and achievements (Quack & Schmidt, 2013, p.16).

5. *Alternative relationships*. Coping with stigma may include the frequent appeal of stigmatized people to alternative relationships in which they feel appreciated and respected. A high level of identification with one's own group can prove to be, in this context, a factor of protection against low self-esteem (Major & Eccleston, 2004). However, this strategy only works if those who are stigmatized unite within their anti-discrimination and anti-stigmatization group and gain alternative perspectives on the negative stereotypes about their own group. For example, by organizing anti-bullying and anti-harassment campaigns. (Major & Eccleston, 2004).

6. *External assignment*. Stigmatized individuals can protect their identity and self-esteem by interpreting everyday exclusions and rejections not by their personal characteristics but by prejudices against their social group. Some studies, such as that of Crocker and Quinn (1998), show that, given certain situational and personal factors, the experience of stigmatization does not influence self-esteem and personal identity if prejudice is perceived only as a result of belonging to the group, and not as a result of individual traits.

7. *Hostile bravado*. In this case, the person in question is very open about her stigma, even defiant. This strategy involves not hiding the stigma in any way but forcing the environment to cope with the stigma (Quack & Schmidt, 2013).

Destigmatizing intervention strategies

The term "destigmatization" describes the reverse process of stigmatization, that is, the process of combating the attribution of a negative characteristic to certain persons and thus their allocation to certain disregarded social groups, as well as the perception of those persons and groups only in terms of the stigmatizing characteristic and their reduction only to this.

Destigmatizing means to appreciate a person as a whole, as a complex human being, and not just as a human being reduced to a trait, which, at the social level, is perceived as diverging, in one way or another, from "normality." Moreover, destigmatization involves rejecting stereotypes and prejudices associated with the devaluating feature and combating the discrimination that usually accompanies this process of labelling and differentiation. Destigmatization strategies, therefore, try to (re)valorise stigmatized people and groups in society.

Interventions for destigmatization be undertaken both at the macrosocial level and at the mezzo- and microsocial level. At the level of society (macro), various strategies and measures can be designed, such as legislative and normative changes and adaptations, protests, public campaigns, information campaigns, etc. At the mezzo and micro levels, possible intervention measures and strategies include organizing interactive contact with stigmatized people and groups, education in the form of argumentation and the transfer of knowledge and information, raising awareness of the problems of those affected, etc. Based on the research on destigmatization, especially on numerous studies on the destigmatization of people with mental disabilities and illnesses, there can be identified three intervention strategies that prove to be effective in this difficult approach: protest, clarification/information/ education/ awareness-raising, and contact (Gaebel et al., 2010; Corrigan et al., 2012; Corrigan & Fong, 2014; Roe et al., 2014; Corrigan et al., 2015; Röhm, 2017)

Protests a destigmatizing intervention strategy refers to those public actions and manifestations by which everything related to the social stigmatization of some individuals and groups is strongly disapproved. Protests can range from simpler forms, such as letters in which complaints are made or attention is drawn to unfair facts, to more complex forms, such as public demonstrations, manifestations against repressive political decisions, empowerment and self-advocacy groups, or calls to boycott certain stigmatizing social representations, especially through the media. The purpose of all these actions is to draw attention to the situation and interests of stigmatized people.

Although they can have a substantial impact when organized and publicized, protests often have, according to studies, only short-term effects on attitude changes (Corrigan et al., 2012; Corrigan & Penn, 2015). This can be explained by the uncontrollable nature of the processes and effects (Corrigan & Shapiro, 2010). Moreover, there are indications that protests may have a "rebound effect" or even a reinforcing effect on the negative attitudes (Rüsch et al., 2005; Gaebel et al., 2010; Corrigan & Penn, 2015). In other words, a boomerang effect: instead of the expected outcomes, that is, at least the promotion of critical thinking towards negative attitudes, the consequences can include, on the contrary, the strengthening of negative beliefs and assumptions. A possible explanation for this boomerang effect is that protest interventions and actions probably require from the recipients of messages cognitive resources appropriate primarily to suppress prejudices and not to process information to clarify a stigma. Therefore, after such an intervention ends, instead of the factual rejection of the stigma, the existing prejudices are restored and used again (Corrigan & Penn, 2015; Röhm, 2017).

Clarification/ information/ education/ awareness raising involves the generation and use of factual knowledge to explain stigmata and their causes (e.g., knowledge of mental illnesses, including deconstruction of their associated stigma) and dispel the related myths and prejudices through scientific evidence. This approach aims both to inform and educate the general population, especially children and young people, and to transmit knowledge to specific groups, which deal more often with stigmatized people and groups, such as employees in the social and health sector, especially those dealing with people with disabilities (Whiteley et al., 2016), students and specialists in the socio-humanistic fields, people in leadership positions, etc.

This intervention strategy is specific to almost all anti-stigma projects. Its purpose is to destigmatize by transmitting knowledge based on scientific facts and evidence, as well as raising awareness and education about prejudices in society. Information, clarification, and education take place primarily through seminars and other teaching and training units, but also through information events, continuing education and professional development, cultural events, film screenings, school projects, information campaigns, groups of discussions, etc., including through the media.

In addition to destigmatization based on knowledge and information, the strategy of clarification and awareness-raising can also include an emotional side. This should even be used preponderantly in certain situations, such as stigmata associated with mental illnesses.

Thus, in this case, it was found that purely biogenetic explanatory models can lead to increased fear and desire for social distance from affected people, and as a result, they should be used with caution or avoided (Lincoln et al., 2008; Sartorius, 2010). Instead, it is more logical and effective to convey information about multilateral approaches to the causes of these conditions (Gaebel et al., 2010), to raise awareness of existing stereotypes and prejudices, and to call for empathy for these individuals that are subjects of discriminatory actions, which they have to face and deal regularly.

Education in the form of teaching units is particularly useful, mainly if it is carried out in several ways, i.e., if in addition to lectures other components are used, such as videos, computer elements, both active and interactive. In particular, using media is considered an effective method. Also, clarification and education focused on emotions, such as role-playing games, movies, or books, can increase the ability to empathize (Gaebel et al., 2010).

Therefore, clarification/ information/ education/ awareness-raising is one of the most effective forms of intervention for destigmatization, despite some cases where there have been adverse effects of campaigns that have provided some explanation for the causes of stigmata (such as certain mental disabilities) (Sartorius, 2010; Röhm, 2017). From these cases emerged the conclusion of avoiding the use of unilateral information, especially the need to combine several methods and forms of education and involve the emotional side in the transmission of knowledge. Another observation is that the media prove to be particularly suitable for education for the purpose of destigmatization because a multitude of information can be easily integrated into the media content (Röhm, 2017). Based on their analysis of the design and implementation of interventions for the destigmatization of mental illness in Germany, Gaebel et al. (2010) show that the main focus in intervention projects should be on the media, advertising, press, and websites, to educate the general population. Using the media, the impact is considerable, and the effort is relatively low.

Contact is another destigmatizing intervention strategy that, in some cases, proves useful, especially for reducing prejudice against certain persons or minority groups. According to the *contact hypothesis* in psychology and other socio-human sciences, intergroup contact can effectively reduce, under certain appropriate conditions, the prejudices between the members of the majority and minority group. G. W. Allport (1954) considered intergroup contact as a means of reducing prejudice, provided that equal status, common goals, institutional support and a willingness to cooperate.

"Prejudice (unless deeply rooted in the character structure of the individual) may be reduced by equal status contact between majority and minority groups in the pursuit of common goals. The effect is greatly enhanced if institutional supports sanction this contact (i.e., by law, custom or local atmosphere), and provided it is of a sort that leads to the perception of common interests and common humanity between members of the two groups" (Allport, 1954 p. 281).

According to several studies (Corrigan et al., 2012; Corrigan et al., 2015), contact with people with disabilities is a promising intervention strategy for destigmatization, especially in the context of mental disabilities, confirming Allport's hypothesis. Compared to clarification/information/ education, contact contributes to clearer effects regarding positive attributions about some conditions such as depression and schizophrenia (Corrigan et al., 2001).

Other research, such as that of Kosyluk et al. (2016), confirms that establishing contact with those affected by certain stigmatizing conditions is useful for reducing stigma. In their experimental study, these authors randomly assigned 198 students to either a contact group, an information/ education group, or a control group. In the contact group, an affected person, either male or female, reported her experiences with her mental disability. In the informative/ educational group, participants watched a presentation on stigma/ stigmatization, mental health, common myths, and related facts. The control group was not subjected to any intervention. Attitudes related to stigmatization and trends towards discrimination were recorded both before and after the intervention. It was found that, compared to the control group, where there was no change, both the contact intervention approach and the information and education approach can contribute to reducing stigma (Kosyluk et al., 2016).

Conclusions

Awareness of stigma and everyday experiences of rejection and discrimination influence a person's self-assessment and self-perception. However, as some studies have shown, stigmatized people often develop certain protective mechanisms to process and avoid the negative effects of stigma on self-esteem. For self-protection, own resources and various adaptation and defence strategies are used. Among the most common coping strategies of stigmatized individuals can be mentioned: correcting the stigma, including retouching it and distancing oneself from the stigmatized group by hiding the stigma, when possible; defensive attitude and avoidance of situations, contacts, and social interactions in which stigmatization may occur; inner distancing from expectations and tasks in areas of life that are stigmatizing for them; compensation, by acquiring unexpected skills and by obtaining special

achievements; the appeal to alternative relationships, in which they feel valued, appreciated and respected; external attribution, by interpreting discrimination and exclusion not by their own characteristics, but by belonging to a group and by prejudices against it; hostile bravado, a strategy that involves the brave, even hostile display of stigma, and defiance of prejudice and the environment. Coping with stigma is a central aspect of the life of a stigmatized person.

The reverse process of stigmatization, thus combating the attribution of stigmata to certain people and their assignment to certain social groups, along with the rejection of stereotypes, prejudices, and discriminatory behaviors, can be referred to by the term "destigmatization." Awareness of social stigma should lead to the use of active methods and means and to taking firm and long-term actions to destigmatize, both at the macrosocial and mezzo- and microsocial levels. Among the most well-known intervention approaches in this regard are protest, clarification/ information/ education/ awareness-raising, and contact. Although the protest, which aims to draw attention to the situation and interests of stigmatized people, can have a strong impact, it usually has, according to studies, only short-term effects on attitude changes. Intervention strategies based on informing and educating the population, both as a whole and of certain target groups, respectively those that involve contact with stigmatized people and groups, are proving to be more effective.

The information, respectively the clarification, the education and the awareness-raising of the stigmatization problem, of the causes and consequences of stigmata, of the existing prejudices, etc., are most often made in the form of teaching units, didactic and instructional units, cultural events, continuing education and training, information events and campaigns, etc. The media can also play a key role in implementing this type of intervention, due to their enormous and varied potential to integrate information and educational and clarifying elements to destigmatize both in non-fiction journalistic genres and in fictional ones, to carry out information and awareness campaigns, targeting inclusive aspects that involve emotionalization, which prove to be beneficial for destigmatization, to provide the framework for varied discussion and support groups, etc. The major advantage of the media is, in addition to the innumerable variety of content, that all these forms of education and information can reach, in a short time and without high costs, a very large and diverse audience.

The intervention strategy that involves interpersonal contact with stigmatized people also proves to have considerable potential for destigmatization, especially for people with

disabilities, as this type of intervention can be applied relatively uniformly and consistently to different types of disabilities. Moreover, the combination of several types of interventions has increased efficiency, especially those based on information and education, respectively contact. Therefore, for the purpose of combating stigmatization and obtaining expected results in order to destigmatize, it is desirable to combine several forms of intervention.

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