

Symbolic Interaction Stigma and Self-Stigma

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Together Against Stigma

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Corrigan



Watson

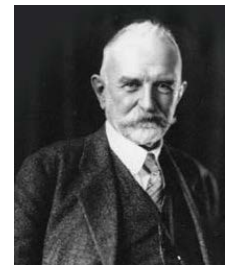
Self Stigma

- Across a broad band of stigmatized circumstances is the idea that people internalize negative stereotypes -- for example internalized homophobia, internalized racism.
- With respect to mental illness stigma – “self stigma” is often defined in relation to “public stigma.”
- Public stigma exists when the general population endorses prejudice and manifests discrimination toward people with mental illness.
- Self stigma occurs in the context of public stigma when people with mental illnesses endorse stereotypes and believe the stereotypes to be true about themselves. “I have been labeled mentally ill, people with mental illness are incompetent, I am incompetent.” (Corrigan and Watson 2002)

Self- Stigma, Public Stigma, and Symbolic Interaction Stigma

- Self- stigma is an enormously important concept and an extremely important way in which stigma causes harm.
- Another very important source of harm is exposure to public stigma.
- But internalization of stigma and exposure to public stigma are not the only way harm is produced.
- My goal today is to introduce what we call “symbolic interaction stigma.”

Symbolic Interaction Stigma



Mead

- Drawn from symbolic interaction framework in sociology.
- Across situations people seek to foretell what others might think, conjure notions about what could transpire, and imagine useful strategies to achieve desired ends or avoid undesired ones-- all before an interaction takes place.
- This sort of “symbolic interaction” can be consequential for self-evaluations and for guiding future behavior.
- The idea I will put forward today is that “symbolic interaction stigma” constitutes another way harm can be produced that is independent of both the internalization of stigma and the direct experience of public stigma.
- It is not “public stigma” – not the direct actions of others and it does not require the internalization of stigma

Concepts and Measures of Symbolic Interaction Stigma

Modified Labeling Theory for Mental Illness

- A theory designed to account for disadvantaged outcomes in the absence of blatant person to person discrimination.
- Beliefs about whether most people will devalue and discriminate against people with mental illnesses become personally relevant when mental illness develops and official labeling occurs.
- Three consequences – feel bad, cope in self-injurious ways, expectation of rejection harms performance

American Sociological Review 1989

Link

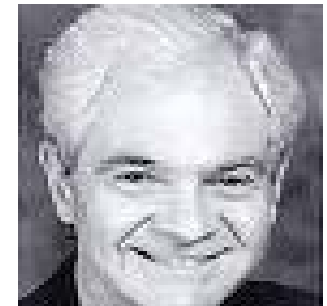


Struening

Cullen



Dohrenwend



Shrout





Bruce Link
#1

Perceived Devaluation/ Discrimination Measure “Generalized Other”



Bruce Link
#2

- Example items:
 - Most women would not marry a man who has been a patient in a mental hospital
 - Most people think less of a person who has been hospitalized for mental illness
 - Most employers will not hire a person who has been hospitalized for mental illness
 - Most people believe that a person with mental illness cannot be trusted
- Answered in a Likert format – Strongly Agree (6), Agree (5), Slightly Agree (4), Slightly Disagree (3), Disagree (2) Strongly Disagree (1)

Are there Aspects of “Symbolic Interaction” Stigma that Still Need to be Developed?

- Yes!
- Turn to Social Psychology for Assistance
 - Stigma consciousness
 - Rejection sensitivity – Concern with Staying “In”
- Further elaborate Modified Labeling Theory
 - From
 - Do I think most people reject people with mental illness ?
 - To
 - Do I think people will reject me?

Testing the Importance of Symbolic Interaction Stigma

What do We Want to Know?

- Do these forms of symbolic interaction stigma exist among people with mental illnesses? And how common are they?
- Are they independently associated with outcomes of interest (self-esteem, isolation, exclusion) when internalized stigma and the experience of public stigma are controlled?
- Could they possibly lead to internalized stigma? Are they associated with internalized stigma?

Stigma and Psychosis Sample

- Sixty four persons entering psychiatric hospitals in the New York City area with a diagnosis of non-affective psychosis are interviewed about stigma.
- Purposely sought individuals early in experience of illness and treatment -- 37% Experienced first hospitalization, 32% 2nd, and 31% between 3 and 6 Hospitalizations.
- Male: 72%.
- Age: range 18 to 54 with median age 25
- Race/Ethnicity: 48% African American, 26% Hispanic, 15% White and 11% Other (Asian and mixed race ethnicity).

Experience with public stigma

Example Items

- In the past three months – how often, very often, fairly often, sometimes, almost never, or never did people
 - Treat you unfairly because you had been a patient in a psychiatric hospital?
 - Avoid you because they knew you had been hospitalized in a psychiatric hospital?
 - Use the fact that you had been a patient in a mental hospital to hurt your feelings?
 - Use the fact of your hospitalization in a psychiatric hospital to gain an unfair advantage over you?
 - Advise you to lower your expectations in life because of your history of treatment for mental illness

Eight items -- Alpha .85

Internalized Stigma Measure in Stigma and Psychosis Sample

Right now how:

- much shame do you feel due to your “condition.” (we used patient's word)
- much embarrassment
- disappointed
- sad...
- alienated

How often during the past three months did you:

- Feel embarrassed because you were hospitalized for psychiatric problems
- Feel very different from other people because of your hospitalization for mental illness
- Feel ashamed that you were hospitalized for mental illness

Alpha = .88

Measures of Symbolic Interaction Stigma

Perceived Devaluation Discrimination Scale (12-items)

- Most people believe that someone who has been hospitalized for mental illness is dangerous.
- Most people believe that a person who has been hospitalized for mental illness is just as trustworthy as the average citizen. ®
- Most employers will not hire a person who has been hospitalized for mental illness
- Most people believe that entering a psychiatric hospital is a sign of personal failure.
- Most people would be willing to marry someone who has been a patient in a mental hospital. ®

Strongly Agree (3), Agree (2), Disagree (1) Strongly Disagree (0)

Alpha .80



Stigma Consciousness

Elizabeth Pinel

- Stereotypes about mentally ill people have not affected me personally.
- Most people do not judge someone on the basis of their having a mental illness.
- My having a mental illness does not influence how people act with me.
- I almost never think about the fact that I have a mental illness when I'm around others.
- I think that people are often unfairly accused of being biased against people with mental illness.

Strongly Disagree (3), Disagree (2), Agree (1) Strongly Agree (0)

Alpha .64



Geraldine Downey

Concern with Staying In/Rejection Sensitivity



Jo Phelan

- Imagine that you are having dinner with some good friends, who know about your psychiatric hospitalization. It's late, and you are really tired, and you say some things that don't completely make sense. How concerned or worried would you be that your friends will think you are starting to show symptoms of mental illness?
 - Very unconcerned (1), Somewhat unconcerned (2), Somewhat concerned (3), Very concerned (4)
- Imagine that you are sitting around with some friends who know about your psychiatric hospitalization. You are having a great time; everyone is laughing; and you start getting a little loud and boisterous. How concerned or worried would you be that people will think you are losing control and starting to show symptoms of mental illness?
- Imagine that you are having an argument with a friend who knows about your mental illness, and you are really upset and angry about some of the things he is saying. How concerned or worried would you be that, if you raise your voice and act angry, he will think you're losing control and showing signs of mental illness?

- Imagine that you have been invited for a job interview at a company where you'd really like to work. Right before going in for the interview, you had to fill out a form that will be given to the interviewer on which you disclosed that you have been hospitalized for psychiatric problems. How concerned or worried would you be that this information will bias the interviewer against you?
- Imagine that you have been dating someone for a few months who doesn't know about your psychiatric hospitalization. He/she has noticed that you take medications every day and asked you what they are for. How concerned or worried would you be that, if you tell him/her they're psychiatric medications, he/she will not want to continue your relationship?
- Imagine that you are in the psychiatric hospital, and one of the staff members is bossing you around and treating you unfairly. You're getting really upset and angry. How concerned or worried would you be that, if you raise your voice and show your anger, the staff member will think you are going to do something violent and put you in restraints?

Alpha .76

Anticipation of Rejection Scale

- In the past three months – how often, very often, fairly often, sometimes, almost never, or never did
 - You worry what other people might think about you because you were hospitalized for mental illness?
 - Worrying about what other people might think about your hospitalization for mental illness make you feel like hiding from other people?
 - You think that if you socialized with people they might say things about people with mental illness that would hurt your feelings?
 - You worry that employers might not hire you if they knew you had been hospitalized for mental illness?
 - You worry that people think of you as a person with mental illness and nothing else?
 - You feel that people might stop being your friend if they knew you were hospitalized for mental illness?
 - Feel that people would look down on you because of your hospitalization?

Alpha = .85

Outcome Measures

Rosenberg Self Esteem Scale

- I wish I could have more respect for myself. ®
- I am able to do things as well as most other people.
- At times I think I am no good at all. ®
- I feel I do not have much to be proud of. ®
- I feel that I have a number of good qualities.
- On the whole, I am satisfied with myself.
- I take a positive attitude toward myself.
- I certainly feel useless at times. ®
- The mean score in this sample is .6 of a standard deviation lower than the mean in a US national sample (Sinclair et al. 2010).
- The .6 difference is much larger than the difference between men and women, and approximately equal to the difference between high and low SES groups as measured by education and income .

Strongly Agree (3), Agree (2) Disagree (1) Strongly Disagree (0)
Alpha =.81

Avoidance/Withdrawal

- Stay away from people who have never been hospitalized for mental illness to avoid being rejected by them?
- Avoid social situations involving people who have never been hospitalized for mental illness?
- Feel more at ease around people who have also had a mental illness?
- Think it was easier for you to be friendly with people who have been hospitalized for mental illness than with other people?
- Avoid seeing people you know because you had been hospitalized in a psychiatric hospital?

Never (0), Almost Never (1) Sometimes (2) Fairly often (3) Very often (4)

Alpha = .71

Isolation from Relatives

- After your hospitalization did you see your relatives
 - “About the same” or “More often” = 0
 - “Less often” = 1

Results:

Do people with mental illnesses experience
“symbolic interaction” stigma?

What Proportion of Respondents are Above the Midpoint on the Scales?

- Internalized stigma
 - 26.2% (sometimes or more)
- Experiences of Public Stigma
 - 9.4%
- “Symbolic Interaction” Stigma
 - 29.2% Anticipation of rejection
 - 37.5% Stigma consciousness
 - 49.2% Perceived devaluation discrimination
 - 79.7% Concern with staying in

Results:

Are measures of “symbolic interaction” stigma independently associated with outcomes of interest?

Table 1

Regression analysis showing effects of stigma variables on withdrawal and self-esteem (standardized coefficients)

	Withdrawal		Self Esteem	
	1	2	1	2
Experiences with public stigma	.33**	.28*	-.01	.09
Internalized stigma	.24+	-.22	-.43**	-.35*
Perceived devaluation discrimination	—	-.15	—	-.02
Stigma consciousness	—	-.18	—	-.41**
Concern with staying in	—	.10	—	-.13
Anticipation of rejection	—	.58**	—	.02
<i>R</i> -square	.29	.48	.32	.48
<i>R</i> -square Increment	.19	.19	.17	.16

+ $P < .10$; * $P < .05$; ** $P < .01$.

a Standardized coefficients adjusted for age, gender, education, race/ethnicity and psychiatric diagnosis

Table 2

Logistic regression analysis showing effects of stigma variables on isolation from relatives (odds ratios and 95% confidence intervals)

	Isolation from Relatives	
	1	2
Experiences with Public Stigma	2.37 (1.12, 4.99)*	2.76 (1.08, 7.04)*
Internalized stigma	1.01 (.46, 2.24)	.74 (.20, 2.69)
Perceived devaluation discrimination	—	1.57 (.60, 4.19)
Stigma consciousness	—	.61 (.21, 1.79)
Concern with staying in	—	4.18 (1.29, 13.58)*
Anticipation of rejection	—	.92 (.23, 3.64)

+ $P < .10$; * $P < .05$; ** $P < .01$.

a Odds ratios associated with a one standard deviation unit change in an independent variable. Adjusted for age, gender, education, race/ethnicity and psychiatric diagnosis

Results:

Do measures of “symbolic interaction” stigma predict internalized stigma?

Table 3

Regression analysis showing effects of perceived devaluation, daily indignities, stigma consciousness, concern with staying in, and anticipation of rejection on internalized stigma

	Internalized Stigma	
	1	2
Perceived devaluation discrimination	.26*	.06
Experience of Public Stigma	.18	.06
Stigma consciousness	—	-.08
Concern with staying in	—	.10
Anticipation of rejection	—	.64**
R-square	.23	.58
R-square Increment	.11*	.35**

+ $P < .10$; * $P < .05$; ** $P < .01$.

a Standardized coefficients adjusted for age, gender, education, race/ethnicity and psychiatric diagnosis

What we Asked of the Empirical Data and What it Told Us

- Do these forms of symbolic interaction stigma exist among people with mental illnesses?
 - Yes they do.
 - In fact, they are more commonly reported than experiences of public stigma and internalized stigma.
- Are they independently associated with outcomes of interest?
 - Yes and different domains predict different outcomes
- Could they possibly lead to internalized stigma? Are they associated with internalized stigma?
 - Yes – especially anticipation of rejection

Some cautions

- Small, cross-sectional sample.
- Potential overlap between the measures – confounded measurement.
- Causal direction cannot be definitively ascertained in these cross sectional data.

Implications

Unfortunate Trend toward Pathologizing /Medicalizing Self-stigma

- Self-stigma has been described for example as something occurring in people who have “**psychologically metabolized**” stigma to make it part of themselves.
- Self-stigma has been described as a set of “**irrational** ideas” that demand treatment so as to “correct **dysfunctional** cognitions.” As such “professionally led **treatments** targeting internalized stigma” are required.
- And to do that we need to determine the “prevalence of **clinically significant** internalized stigma” with “**cut off scores**” so that we can “**screen**” to find people who “**meet criteria** for ‘**elevated**’ internalized stigma.”
- So self-stigma is something in the person that is pathological, needs professional treatment, and is usefully described in epidemiological/medical terms of prevalence, screening and clinically significant cut-off scores .

Symbolic Interaction Stigma Counters the Pathologizing and Medicalization of Self-Stigma

- Symbolic interaction locates much of the stigma action in the relationship between the person and the social context through its focus on symbolic interaction.
- Nor is the content of symbolic stigma “irrational” or pathological. We know from voluminous studies of public stigma that stigma exists and persists.

Implication for addressing stigma

- Very early on Goffman described stigma as a deeply social phenomenon – as he so aptly put it, understanding stigma requires “a language of relationships, not attributes.” Symbolic interaction stigma redraws our attention to this insight.
- It identifies a space between public stigma and internalized stigma that needs to be more directly addressed in intervention efforts aimed at reducing stigma.
- It strongly cautions against the sloppy, self-serving practice of pathologizing and medicalizing self-stigma.



Come Visit!

**We'll imagine, conjure and strategize about how
to address mental illness stigma**

Thank you!