Coping with Stigma

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This chapter presents an overview of how individuals who are subjected to negative stereotypes, prejudice, and discrimination cope with stigma, with a particular focus on emotion regulation strategies. I aim to highlight strategies used to cope with stigma that sit at the intersection of two domains: type (cognitive and behavioral) and engagement versus disengagement (see Table 24.1). Cognitive strategies center on psychological processes, whereas behavioral strategies focus on behaviors as a primary way to regulate emotions. Engagement coping is broadly defined by approaching the stressor or its associated emotions, whereas disengagement is distancing oneself from the stressor or related emotions. I identify two characteristics that have received limited attention that shape these coping strategies: the nature of the stigma-based stressor and one's sociocultural history. I conclude with considering intersectionality as an important framework to guide future work in this area.

Integrating Stress and Coping with Emotion Regulation

There is a vast literature outlining the overwhelmingly negative consequences of stigma. At its core, stigma occurs when individuals are devalued within a particular context because of an attribute or social identity that they have or are perceived to have (Crocker et al., 1998; Jones et al., 1984). Therefore, identification with a social group or being "marked" with an attribute that is perceived as flawed may be subject to the consequences of being stigmatized.

Understanding the consequences of stigma has often been framed via transactional models of stress and coping (Lazarus & Folkman, 1984; Major & O'Brien, 2005; Miller & Kaiser, 2001), identifying stigma as a stressor eliciting a stress response. Individuals' responses lie in their appraisal of the stressor as taxing or exceeding their resources to effectively cope with the stressor and impacting their well-being. That individuals vary

TABLE 24.1. Coping Strategies in Response to Stigma by Strategy Family and (Dis)engagement Coping

Type of strategy	Engagement coping	Disengagement coping
Cognitive strategies	*Meaning making:* Finding a purpose in or meaning for a stigma-related stressor. Example: A strengthening of one's stigmatized identity in response to a stigma-related event.	*Denial or minimization:* Deny or minimize that one is the target of stigma. Example: Believing that an experience of harassment is not important.
	Attribution change: Making an external versus internal attribution for stigma. Example: Attributing an experience of stigma to someone's prejudice as opposed to believing a person deserved such treatment.	*Distraction:* Engaging in cognitions and behaviors that direct attention away from emotional stimuli. Example: Focusing one's attention on something pleasant and not related to the stigma.
Behavioral strategies	*Seeking social support:* Seeking assistance or comfort from others. Example: Reaching out to friends or family to vent.	*Escape or avoidance behaviors:* Engaging in behavior that avoids engaging with aversive affective states resulting from stigma. Example: Drinking alcohol to deal with one's negative mood.
	Collective action: Engaging in activism. Example: Going to a protest that advocates for improved treatment of one's ingroup.	*Concealment:* An active attempt to prevent disclosure of a stigma. Example: Avoiding conversations where one's stigmatized identity may be brought up.

in their appraisal of stressors and their ability to cope, which are impacted by context, suggests a diversity of responses to the same stressor.

Compared to other stressors, stigma places unique demands on the individual because of their specific devalued characteristic, making stigma particularly stressful and evoking primarily negative affective responses (Miller & Major, 2000). Despite stigma being context dependent, it is regarded as a relatively chronic stressor considering that stigma is embedded into social and cultural structures.

Within the stress and coping framework, the response to stigma-based stressors is dependent on how an individual cognitively appraises the situation/event and the availability of resources to cope with the demand. Though individuals mount involuntary responses to stigma (e.g., rumination), coping refers to efforts to regulate emotion, physiology, behavior, cognition, and the environment in response to stressful events (Compas et al., 2001). Within this perspective, there are clear connections between coping with stigma and emotion regulation. Both require some measure of control to regulate affective states when it is relevant for an individual's current goal, as well as recognizing how contexts can shape these efforts (Gross, 2015). Unlike emotion regulation, which includes regulating positive and/or negative emotions, coping with stigma can be regarded as mitigating generally negative affective states. Identifying strategies to decrease these negative states has historically been the focus of coping with stigma.

Importantly, coping efforts are divorced from its outcomes such that not all coping strategies will be successful and may in some circumstances be harmful (Compas et al., 2001), which suggest that identifying effective coping strategies may be a learned skill. Though it places the burden on the stigmatized to cope the "right way" within specific contexts (e.g., salience of the "mark"), it acknowledges the stigmatized as individuals

with agency and resilience to overcome the pervasive and detrimental effects of stigma (Crocker & Major, 1989). Because several reviews of emotion-focused coping strategies in response to stigmatization exist (e.g., Crocker et al., 1998; Major & Townsend, 2010), this chapter serves as a highlight of the coping strategies used to regulate emotions in response to stigma.

Which Coping Strategies Regulate Emotions in Response to Stigma?

There are a number of strategies used to cope with stigma that can be organized across two dimensions: type (cognitive, behavioral) and engagement versus disengagement coping. While choice of coping strategy and its associated effectiveness is contingent on various factors, generally disengagement strategies tend to be adaptive in the short term but maladaptive as a long-term strategy, particularly when compared to engagement coping. Coping strategies are discussed below by type but are further characterized by their (dis)engagement in Table 24.1.

Cognitive Strategies

Stress and coping frameworks and process models of emotion regulation (Gross, 2015) recognize appraisal as central to shaping any given response. Reappraisal, demonstrated by changing an original appraisal, are common cognitive strategies in coping with stigma. One manner of reappraisal is to deny or minimize that one is the target of stigma. This strategy avoids negative affective states by denying the existence of prejudice and discrimination or minimizing the role that stigma may have on their well-being. For instance, one may believe that harassment by a colleague is not important or does not interfere with their immediate goals, thereby mitigating any negative consequences of stigma. This strategy may make stigmatized individuals feel less vulnerable to stigma and perceive their situation as less threatening (Major et al., 2002). Denying may also protect the individual from acknowledging the presence of an unfair system given that people are motivated to believe in an overall fair system (Bahamondes et al., 2019). Though this strategy may be adaptive in the short term, it may be a maladaptive long-term strategy by passively "accepting" stigma as a way of life.

Another cognitive strategy is to engage in positive reappraisal, such as meaning making. Engaging in a strategy to derive meaning from exposure to stigma includes appraising the stressor as a challenge (vs. threat). This strategy elicits a sense of empowerment and resilience, which facilitates positive affect and mitigates downstream negative affective states insofar as meaning is made. Individuals also engage in meaning making by reaffirming or strengthening their stigmatized identity following a stigma-related stressor as a way of protecting their self-esteem and increase feelings of belonging (Branscombe et al., 1999). That positive reappraisal has been identified as important for emotion regulation in the face of discrimination (Duker et al., 2022) suggests it as a potential point for intervention and promotes the stigmatized as active agents to resist and thrive in the face of stigma.

As another form of reappraisal, one could also change their attributions explaining the experience of stigma. For instance, one might make an external attribution of social rejection as a characteristic of the perceiver instead of an internal attribution, or personal characteristic. Attributional models of emotion indicate that negative emotions are more likely when internal attributions are made toward negative outcomes than when they are attributed to external factors. Because there is an innate desire to view oneself and their

social group positively, making external attributions toward prejudiced events enhances self-esteem (Crocker & Major, 1989) and rightly places the responsibility of stigma onto others and dominant social structures—however, in the absence of clear situational cues that may denote prejudice, a stigmatized individual may be more apt to make internal attributions for rejection, which have negative consequences (e.g., lowering self-esteem).

Distraction is another cognitive strategy that can help regulate the intensity of the emotional response and disrupt rumination, curtailing stigma-related distress. Distraction involves engaging in cognitions and behaviors that redirects attention away from aversive emotional situations/conditions (Aldwin, 2011) For instance, individuals who engaged in distraction reported improved mood (less psychological distress) following a stigma-related stressor, while individuals who engaged in rumination maintained high levels of distress (Hatzenbuehler et al., 2009). While research has generally pointed to the adaptive nature of distraction via cognitions, evidence for the long-term effectiveness of distraction via behaviors may be dependent on the specific behavior, discussed in the next section.

Behavioral Strategies

Stigmatized individuals also cope with aversive affective states resulting from stigma by engaging in escape or avoidance behaviors. Stigmatized people may actively avoid environments where stigma occurs or may be expected (Pinel, 1999). Though this strategy maintains stigma by keeping the stigmatized "away" from the nonstigmatized (Link & Phelan, 2014), it may be especially advantageous if the stigmatized perceive few benefits (e.g., social connection) from being in situations where stigma is anticipated. People also engage in various physical escape and avoidance behaviors to cope with stigma, such as alcohol use and smoking, among others (Pascoe & Richman, 2009). Though there are strong relations between stigma and unhealthy behaviors (e.g., alcohol use), evidence of engagement in other avoidance behaviors is mixed (e.g., exercise). Irrespective of their long-term consequences, all aim to buffer or eliminate the immediate negative affect resulting from stigma. In severe instances, some may try to "escape" their stigmatized characteristic if it's perceived as mutable (e.g., getting gastric bypass surgery to escape weight-based stigma). Individuals unable to do so may attempt to hide their stigmas, if possible.

For individuals with nonvisible stigmas (those not readily apparent), concealing a stigma is another behavioral strategy. Concealment, an active attempt to prevent disclosure of one's stigmatized identity, may serve as an adaptive short-term coping strategy to avoid future victimization and subsequent negative affective response. For instance, concealment may be particularly beneficial if disclosing one's stigma may interfere with current goals and if stigmatized individuals perceive their environments to be hostile (Quinn, 2018). Importantly, concealment has significant consequences as a long-term coping strategy, as it can become a significant source of stress with adverse affective (e.g., thought suppression, depression) and coping (e.g., reduced social support access) implications.

Seeking social support can also serve as a behavioral emotion regulation coping strategy. The benefits of social support are well documented and generally serve to buffer stress (Cohen & Wills, 1985). For instance, social support provides individuals with a way to express their emotions, help with reappraisal, and serve as a distraction from the stigmatized event (Compas et al., 2001). Social support's effectiveness, however, may depend on whether those providing support are ingroup (those included in one's group) or outgroup (those not included in one's group) members. Whereas outgroup members may meet some of the needs of the stigmatized (e.g., source for venting), ingroup members may offer greater insight for reappraisal (Haslam et al., 2004) and validation—yielding greater

benefits. Seeking social support may also manifest in self-segregation. Limiting social interaction to ingroup members may circumvent stigma and increase self-validation, but it may also limit access to resources (e.g., knowledge) known only to outgroup members (Schmader & Sedikides, 2018), which may diminish effective coping. Social support may also play an important role for reducing societal stigma, such as engaging in collective action.

Organizing for collective action is one avenue by which individuals who experience unfair treatment share their feelings of dissatisfaction toward an unjust system. Stigmatization can yield action-oriented emotions like anger, an affective state aroused by moral situations and an other-directed emotion associated with external attributions (Weiner, 2014). Anger is a common affective response when individuals perceive stigma as impacting their ingroup and is associated with perceived injustice. Importantly, anger mediates the relationship between perceived unfairness and collective action tendencies (van Zomeren et al., 2004). This suggests that under certain conditions, collection action is simultaneously an emotion-focused coping strategy and a motivator for change in the sociocultural structures that gave rise to stigma in the first place.

What Characteristics Shape Coping Responses?

There is a recognition that coping responses to stigma are shaped by numerous factors, such as characteristics of the stigma, person, situation, and sociocultural context (see Major & Townsend, 2010, for a review). Two that have received less attention are the nature of the stigma-related stressor and one's cultural history.

One characteristic that may shape coping responses is the nature of the stigma-related stressor. Stigma can manifest in different ways, including, but not limited to, major life events (e.g., being denied housing), daily microaggressions (e.g., being followed while shopping), and implementation of new policies (e.g., being banned from activities). Experiences that are perceived as unique and significant, such as major life events or implementation of new policies, may be more apt to elicit activated negative affective states, such as anger and frustration, that signal an important unachieved goal (e.g., not getting the job). Daily slights, however, may not be perceived as unique events given their chronicity, be perceived as less severe, and less likely to impede meeting one's goal. As such, they may be more likely to elicit deactivated negative affect states, such as disappointment. Given that responses differ as a function of level of arousal (e.g., preserving energy in response to low arousal states, mobilizing energy in high arousal states; Carver, 2004), stigmatized individuals may engage in different coping strategies as a function of the different affective states elicited by major versus minor stigma-related stressors.

A stigmatized individual's sociocultural history can also shape coping responses. Growing evidence indicates the presence of group differences in coping styles across numerous identity dimensions, such as race and sexual orientation. The extent to which there are differences may, in part, derive from an individual's cultural background and historical context. For instance, African Americans have historically been grounded in a strong religious belief system, a collective social orientation, and affective expressiveness (Utsey et al., 2007) likely deriving from the need to contend with a legacy of racism. As such, African Americans may be predisposed toward specific forms of coping strategies, such as engaging social support or prayer due, in part, to their sociocultural history. Conversely, sexual minorities may be less likely to use prayer given their historical persecution by religious organizations and may instead engage in concealment, social support, and alcohol use, given bars historically being a respite from concealing their stigmas and

a source of community connection (Trujillo & Mendes, 2021). Though individuals have multifaceted connections to their stigmatized identity, an individual's sociocultural history is likely an important consideration for coping.

Future Directions

While coping with stigma has received considerable attention in the literature, there remain several areas ripe for additional study. There has been increased interest in applying an intersectional framework to several psychological domains, including stigma. Intersectional stigma as a concept has emerged from this attention to consider the intersection of multiple stigmas within a person and understand their effects (Bowleg, 2012). In contrast to an additive approach whereby stigma's effects are (literally) added together, intersectional stigma seeks to reflect the unique experiences of individuals with multiple intersecting stigmas (e.g., Black lesbians, individuals with HIV and larger bodies) that counter this additive (analytical) perspective. How an individual appraises a stigma-based stressor and subsequently copes is likely to be impacted by their lived experiences as a person with more than one stigma. Each stigma may have its own unique effects on access to the resources necessary for effective coping. For instance, a Black lesbian may attribute an ambiguous stigma experience to race, sexuality, or both, which impacts which form of coping may be effective. Concealment may be an option if stigma is attributed to sexuality but not so for race.

An intersectional perspective can also help identify new coping strategies, particularly as they relate to identification with one's stigmatized identities. Identification with one's ingroup may both increase and decrease in response to stigma and this may either hinder or facilitate effective coping. To increase complexity, relatively little is known about how stigmatized individuals navigate multiple identities in response to stigmatization, especially if more than one stigma is targeted. While work on understanding multiple identities exists (Kang & Bodenhausen, 2015), this has often been limited to race and one other identity. Expanding on this intersectional work can bring us to a fuller understanding on how multiply stigmatized people experience and cope with exposure to stigma. Future work on coping with stigma should consider an intersectional framework for understanding stigma and effective coping for multiply marginalized people taking care to center their experiences and knowledge as acts of resistance and resilience.

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