The purpose of this study is to determine if communicative strategies for managing stigma impact an individual’s perceptions of stigma and emotional state related to the stigma.

2 RAs coded the videos of these interactions and searched for key behaviors and viewpoints that indicated a specific stigma management strategy. RAS would participate in weekly meetings, with thorough discussion in the case of a disagreement regarding management strategies.

Two one-way ANOVAs were used to determine if participant’s orientation toward their stigmatized trait is associated with outcomes.

The one-way ANOVA for affect improvement was significant, F(3, 78) = 3.24, p < .05, n² = .11. Follow-up tests with a Bonferroni correction revealed that participants who accepted their stigma during a supportive conversation reported significantly lower affect improvement compared (M = 3.49, SE = .26) to participants who avoided their stigma (M = 4.15, SE = .09, p < .05).

The one-way ANOVA for perceptions of stigma was also significant, F(3, 78) = 11.73, p < .001, n² = .31. Follow-up tests with a Bonferroni correction revealed that participants who accepted personal and private stigma during a supportive conversation reported higher perceptions of stigma (M = 2.93, SE = .15) compared to people who avoided their stigma (M = 2.05, SE = .11, p < .001), evaded or reduced their stigma (M = 2.06, SE = .11, p < .001), and rejected their stigma (M = 1.79, SE = .15, p < .001).


**Figure 1.** Model of Stigma Management Communication.