Using Meisenbach's Typology to Classify Stigma Management Strategies and their Effects

Jamie Shapiro & Lia Lombino

Purpose

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.

Content Analysis

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.

Participants and Procedures

Participants (N=82) were students at a Midwestern University. Participants were on average 20 years old and 82.9% of participants were female. 85.3% participants identified as white, 7.3% Hispanic, 4.87% Asian, and 3.65% Black.

Participants were primed to view the communication studies major as stigmatized, then engaged in a supportive interaction in a laboratory setting. Following the conversation participants assessed outcomes of the interaction.

Societal Discourses and Material Realities

Results

- 21 participants (25.6%) accepted stigma
- 29 participants (35.4%) avoided stigma
- 18 participants (22%) evaded/reduced stigma
- 14 participants (17%) rejected stigma

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, η² = 0.11. 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, η² = 0.31. 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.

Participants and Procedures

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- Participants were primed to view the communication studies major as stigmatized, then engaged in a supportive interaction in a laboratory setting. Following the conversation participants assessed outcomes of the interaction.

Measures

Affect Improvement: 5 items (e.g., ‘After this conversation, I felt better about things’) were measured on 5-point Likert-type scales (M=3.82; SD=.83; α=.92).

Perceptions of Stigma: 10 items (e.g., ‘I’m embarrassed of my college major.’) were measured on 5-point Likert-type scales (M=2.24; SD=.75; α=.89).

Works Cited
