

# Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma

By  
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The traditional literature on stigma focuses on identifying factors contributing to the harmful impact of stigmas on the lives of stigmatized individuals. This focus, however, cannot explain the many cases of individuals possessing a stigmatized identity flourishing in our society. This article investigates the processes that successful stigmatized individuals use to overcome the harmful consequences of stigmatization. Specifically, this article reviews three processes: (1) compensation; (2) strategic interpretations of the social environment; and (3) focusing on multiple identities that have been identified in the literature to help stigmatized individuals handle prejudice and discrimination. Moreover, successful individuals adopt an “empowerment” model as opposed to a “coping” model when dealing with stigma. In other words, successful individuals view overcoming the adversities associated with stigma as an empowering process, as opposed to a depleting process. This discussion underscores the importance of adopting a new approach to gain a fuller understanding of the experience of being stigmatized.

*Keywords:* stigma; coping; empowerment; positive psychology

Stigmatized individuals possess a devalued and denigrated identity in our society. As a consequence, they regularly confront prejudice and discrimination. They receive less help (Crosby, Bromley, and Saxe 1980) and face glass ceilings in terms of career advancement (Morrison and Von Glinow 1990). They receive fewer positive nonverbal cues (Word, Zanna, and Cooper 1974) and encounter awkward social interactions more frequently (Hebl, Tickel, and Heatherton 2000). Stigmatized individuals experience greater difficulty in gaining access to resources such as housing, public accommoda-

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tions, employment, and education (Corrigan et al. 2001; Gibbs 1987). Moreover, these experiences lead to negative outcomes. For instance, stigma deters individuals suffering from mental illness from seeking treatment and hinders healthy recovery (Satcher 1999). Stigma increases stress levels for people with mental illness, increasing the likelihood of relapse (Penn, Kohlmaier, and Corrigan 2000), and harms self-esteem and self-efficacy (Warner et al. 1989).

Considering the weight of the consequences associated with stigma, stigma research has understandably focused on the detrimental effects of stigmatization, paying attention to how stigmatized individuals are devalued, exposed to prejudices, and negatively stereotyped (Crocker and Quinn 2000). As a result, this body of work paints a grim picture suggesting that targets of stigma are doomed to lives of rejection, despair, and failure.

In the real world, however, there exist many cases of individuals' living successfully with stigma. The most prominent examples of such cases are celebrities who have come forward to discuss their experiences overcoming stigmatizing disorders and the valuable lessons learned from these experiences. For instance, Mike Wallace, the host of CBS's news show "60 Minutes" reports on his battle with clinical depression (Hirschberg 1997). Despite stigmas associated with mental illness, Mike Wallace is still a successful television personality. Paula Abdul, a pop singer, revealed that she suffered from bulimia, an eating disorder, but now reports that she is a happier and stronger person as a result of overcoming this disorder (Schneider and Gold 1995). These cases, both inside and outside the media, are not rare, suggesting that although stigmas contribute a great deal of difficulty and stress to people's lives, experiencing these additional difficulties does not always translate into poor outcomes (Crocker and Major 1989; Miller and Major 2000). Stigmatized individuals often function just as well as individuals who are not stigmatized (Miller and Kaiser 2001).

In trying to understand how to ward off the negative consequences of stigma, investigators should focus not only on identifying the factors that lead individuals to be hurt by stigma and stress but also on the factors that help individuals overcome stigmas (Garmezy and Masten 1990). In this article, I review three psychological processes that stigmatized individuals adopt to overcome the harmful effects of stigma.

## Resilience: Self-Protective Strategies to Overcome Stigma

Stigmatized individuals have resources to handle stigma (Miller and Kaiser 2001). Researchers view stigma as a chronic stressor in one's environment, and these resources help stigmatized individuals to develop resilience to stressors. The concept of developing psychological resilience in the face of stress and adversity is not novel. Moreover, the proportion of adolescents successfully overcoming adversity is not small. Half of the children living under disadvantaged conditions (e.g.,

poverty, trauma, stigma) do not succumb to the negative outcomes that these disadvantages would predict for them (e.g., antisocial behavior, delinquency, mental illness). Rather, these children grow up to be healthy, functioning adults (Garmezy 1991). Researchers of resilience such as Garmezy and his colleagues have identified factors such as intelligence that lead adolescents living in adverse environments to develop competence and healthy adjustment outcomes (e.g., Garmezy 1991; Masten, Best, and Garmezy 1990).

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Corrigan and Watson (2002) drew the distinction between public stigma and self-stigma. Public stigma relates to the judgments and negative stereotypes that society places on the stigmatized individual, whereas self-stigma refers to the degree to which individuals internalize these judgments and stereotypes. The earliest theories of stigma assumed that membership in a stigmatized group automatically led to self-stigmatization resulting in lowered self-esteem and self-efficacy. However, this is not always the case. Being aware of the negative attitudes and prejudices toward one's group does not inevitably lead one to internalize these judgments (Crocker and Major 1989). How are certain individuals able to prevent themselves from succumbing to the negative effects of self-stigma?

In the following section, I review three psychological processes identified in the literature that help targets of stigma to avoid the negative effects of stigmatization. Specifically, stigmatized individuals can handle stigmatization through compensation, strategic interpretations of their social environment, and focusing on multiple identities.

### *Compensation*

Stigmatized individuals develop skills to compensate for the stigma. These skills help them to achieve their goals and overcome the disadvantages associated with the stigma (Miller and Major 2000). One compensation strategy that stigmatized

individuals adopt is to try harder by being more persistent or assertive. Researchers found that unattractive female adolescents were more assertive when they were trying to influence their peers than were attractive female adolescents (Dion and Stein 1978). Stigmatized individuals may also try harder to be more likeable. Obese women who thought their interaction partners could see them compensated for the prejudices their weight could engender by being more likeable and socially skilled (Miller et al. 1995). They may also pay closer attention to how they present themselves. Women interacting with socially desirable men portrayed themselves differently depending upon whether they believe these men endorsed more traditional or progressive gender roles (Zanna and Pack 1975).

Stigmatized individuals may also refine their social interaction skills to compensate for the stigma (Miller and Myers 1998). Research findings show that stigmatized individuals monitor their social interactions more vigilantly. For instance, stigmatized individuals recall more details about the interaction than do nonstigmatized individuals and are also more likely to take their interaction partner's point of view (Frable, Blackstone, and Scherbaum 1990). Women tend to be more sensitive than men at reading nonverbal cues (Hall 1984). Some researchers propose that this increased sensitivity results from women's occupying a lower status (LaFrance and Henley 1994), and individuals of lower status need to be more sensitive to individuals of higher status (Snodgrass 1992).

A third compensation strategy that stigmatized individuals use is to disconfirm stereotypes, especially in anticipation prejudice. Women who were forewarned that a sexist judge would appraise their essays described themselves as less stereotypically feminine (Kaiser and Miller 2001). African American students, stereotyped to do poorly in school, endorsed fewer stereotypical traits in an academic-testing environment (Steele and Aronson 1995). These strategies help individuals to distance themselves from the stigmatized group in order to avoid being judged with prejudice.

Finally, stigmatized individuals can devalue the dimensions on which they are disadvantaged and compensate by valuing the dimensions on which their groups are not disadvantaged (Crocker and Major 1989; Schmader, Major, and Gramzow 2001). For example, research on stereotype threat has found that members of groups who are stereotyped to be poor at academics disengage themselves from the academic domain (Steele and Aronson 1995; Schmader, Major, and Gramzow 2001).

*Strategic interpretations of social environment:  
Selective social comparisons and attributions*

Stigmatized individuals also strategically manipulate their interpretations of their social environments to protect their sense of self-worth. For instance, stigmatized individuals make selective social comparisons. Rather than comparing themselves to individuals from advantaged groups who tend to have better outcomes, stigmatized individuals compare themselves to members of their own group who

experience similar or worse outcomes (Crocker and Major 1989). Seeing that one is doing just as well or even better than others in similar circumstances increases one's sense of self-efficacy. By changing their standards of comparison, stigmatized individuals are able to ameliorate perceptions of inequity and relative deprivation (Crosby 1976; Kessler, Mummendey, and Leisse 2000).

Stigmatized individuals also manipulate the type of attributions they make to explain social events. Specifically, stigmatized individuals attribute negative feedback to prejudice resulting from their membership in the stigmatized group (Crocker and Major 1989). For example, when faced with failure, white participants were more likely to attribute the failure to themselves, while black participants were more likely to attribute the failure to racial discrimination (Moghaddam et al. 1995). This pattern of attributions serves to protect a stigmatized individual's self-esteem by transferring responsibility for the undesired outcome from themselves to others (Crocker and Major 1989).

Finally, in contrast to the attributional strategy discussed above, stigmatized individuals can also deny or minimize prejudice and discrimination to protect their sense of self-worth. Research has found that individuals consistently perceive a greater degree of prejudice and discrimination directed at their group than at themselves (Kessler, Mummendey, and Leisse 2000; Taylor, Wright, and Porter 1994). Some researchers propose that a motivation to deny seeing oneself as a victim lies at the root of this perception. Because people are motivated to see the world as a just place, they often blame victims for the victims' misfortunes. This motivation cannot be applied only to justifying the misfortunes of others but also to justifying one's own misfortunes. Thus, seeing oneself as a victim can be detrimental to perceptions of control and self-worth (Crosby 1984).

### *Multiple identities*

Finally, stigmatized individuals can also draw upon their alternate identities to protect themselves from stigma. Most work on social identity and stigma focuses on a single identity, usually the stigmatized identity. However, in the real world, individuals carry multiple identities (Hewstone 2000). Consider an African American, female, Christian accountant. She can be simultaneously identified by her ethnicity (African American), her gender (female), her religion (Christian), her occupation (accountant), or any combination of these identities. Thus, while stigmatized individuals can be defined by their stigmatized identities, they can also be defined by a host of other identities.

Moreover, multiple identities protect psychological well-being. Individuals with greater self-complexity were more resilient to stress-related illnesses and depression (Linville 1987), had more opportunities to gather social support (Hong and Seltzer 1995), and felt greater life satisfaction (Thoits 1986). These benefits were also found for individuals who possessed identities that were not valued (Jackson 1997).

Identity switching is one process through which multiple identities protect psychological well-being. Since stigmas are social constructions, certain identities may

be stigmatized in one social context but not in another (Crocker and Quinn 2000; Dovidio, Major, and Crocker 2000). Thus, individuals can strategically emphasize identities that are valued and de-emphasize identities that are not in any given social context (Hogg and Abram 1988; Pittinsky, Shih, and Ambady 1999).

Evidence demonstrating that individuals can avoid the negative consequences associated with one identity by focusing on an alternate identity can be found in work on stereotype susceptibility and stereotype threat. Stereotype-threat research finds that women, stereotyped to be poor at math, perform worse on a math test when their female identity is salient. However, stereotype-susceptibility research finds that women can avoid performing worse on a math test by focusing on alternate identities. Asian American women performed worse on a math test when their female identity was made salient but better on the same test when their Asian identity, an identity associated with math talent, was made salient (Shih, Pittinsky, and Ambady 1999). The reverse was found for a verbal-test situation. Asian American women performed better on a verbal test when their female identity, an identity stereotyped to be talented verbally, was made salient (Shih, Pittinsky, and Trahan 2003).

Moreover, individuals spontaneously switch their identity orientations across situations. Work on identity adaptiveness has found that individuals orient themselves more positively toward identities that are adaptive in any given situation. Asian Americans are stereotyped to be talented at math, while women are stereotyped to be talented verbally. In a math-test situation, Asian American women recalled more positive ethnicity-related memories. However, in a verbal-test situation, Asian American women recalled more positive gender-related memories (Pittinsky, Shih, and Ambady 1999).

## Empowerment versus Coping

Researchers propose two models to account for the consequences of adopting these protective strategies and developing resilience. The first model is one of coping. Specifically, coping models propose that stigmatized individuals adopt strategies to cope with stigmas to avoid negative consequences (Oyserman and Swim 2001). Thus, this model adopts a perspective of prevention. Individuals are motivated to avoid negative consequences rather than to create positive ones. This model further proposes that stigmatized individuals adopt strategies to cope with the adversities that stigmas introduce into their lives; however, over time, employing these strategies is a draining process that ultimately hurts individuals in the end.

The second model is one of empowerment. The empowerment model views stigmatized individuals not as passive targets of prejudice who focus only on avoiding negative outcomes but rather as active participants in society who seek to understand their social world and create positive outcomes (Oyserman and Swim 2001). This model proposes that overcoming adversity is not a depleting process but rather a replenishing and enriching process. In this model, individuals who

overcome adversity develop a sense of mastery and self-efficacy at their accomplishments (Corrigan et al. 1999). For example, individuals suffering from mental illness who have successfully undergone behavioral therapy become more empowered (Corrigan 1997). It is likely that the stigmatized individuals who are thriving in society despite their stigmatized status adopt the empowerment model over the coping model.

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A number of factors help to predict whether stigmatized individuals will react to handling stigma with empowerment or with coping. One factor is the perceived legitimacy of the stigma. Individuals who perceive that the stigma has been unjustly forced on them may react to stigmatization with righteous anger and be spurred into action to remove the stigma (Corrigan and Watson 2002). A second factor is the degree of group identification. Individuals who are highly identified with their group, despite the stigmas associated with the group, are more likely to be empowered. Highly identified individuals frequently interact with others from the same group and, thus, are more aware of the positive aspects of their group membership (Corrigan and Watson 2002; Frable, Platt, and Hoey 1998). As a result, they are less likely to buy into the negative messages received from society about their stigmatized identity. Individuals who reject negative public images are more likely to strive to maintain social status and to function at a high level (Warner et al. 1989).

## Moderators

A number of moderators may account for the likelihood of successfully adopting any of these strategies. Individual difference is one significant moderating factor. For example, researchers have found that level of intelligence, as measured by IQ, has been significantly related to resilience in the face of adversity (Masten et al. 1999). Individual differences in terms of the theories one adopts toward achievement can also impact how individuals will react to adversities such as experiences of failure. For example, in academic domains, children who believe that intelligence is fixed are more likely to give up in the face of failure than are children who believe intelligence is malleable (Dweck 1986).



The type of stigma a person possesses also significantly impacts the strategies an individual chooses to adopt in the face of stigma. Goffman (1963) identified three types of stigma. He calls the first type “abominations of the body,” or stigmas due to physical deformities. The second type is “blemishes of individual character.” Mental disorder, alcoholism, and homosexuality would fall under this category. Finally, the third type of stigma is “tribal stigma.” These are stigmas based on race, religion, or nation. These different types of stigma are associated with factors such as concealability or perceived controllability, which impact the attitudes and attributions individuals and society hold toward the stigma. For example, stigmas that are perceived to be uncontrollable are judged less severely than stigmas seen as controllable.

Stigma related to mental illness, in particular, has characteristics that make it unique from stigma related to other domains (Corrigan and Penn 1999; Corrigan and Watson 2002). For example, decreased self-esteem and self-efficacy are part of the definition of mental-illness conditions. Thus, observations of low self-esteem or self-efficacy cannot always be attributed to the experience of being stigmatized. Thus, in terms of understanding the impact of stigma as it relates to mental illness, researchers will need to be careful about distinguishing between diminished self-esteem/self-efficacy caused by mental illness and that which is caused by stigma (Corrigan and Watson 2002).

Finally, external factors such as family life and community acceptance are also significant factors determining the likelihood of successful adjustment. For example, high-quality parenting has been found to be a very significant protective factor contributing to resilience to adversity (Masten et al. 1999).

## Conclusion

Traditional work on stigma has focused largely on the harm that stigma brings to individuals who are its targets and on identifying the factors that lead to these negative outcomes. A review of this literature would paint a very pessimistic outlook for individuals who are targets of stigma. However, there are many cases of individuals who possess a stigmatized identity and flourish in our society. This article examines the factors that protect these successful individuals from succumbing to the harmful consequences of stigmatization. Specifically, this article reviews three processes: (1) compensation; (2) strategic interpretations of the social environment; and (3) focusing on multiple identities that have been identified in the literature to help targets of stigma handle prejudice and discrimination. Moreover, this article describes two models that have been proposed to account for the consequences of adopting these three strategies to overcome stigma. A coping model predicts that overcoming stigma is a draining process, while an empowerment model proposes that overcoming stigma is an energizing and empowering experience.

It is important to note that the processes reviewed in the article are all processes adopted at the individual level. There are also many behaviors that individuals can adopt at the collective level, such as education, that can also reduce the negative



impact of social stigma on the individuals being stigmatized (Corrigan and Penn 1999). Many researchers caution that successful coping at the individual level can sometimes come at the expense of collective efforts because individuals are able to ward off the negative consequences of stigma with individual-level behaviors (Louis and Taylor 1999). This seems to be true when considering individuals who adopt a coping model. However, stigmatized individuals who adopt an empowerment model also tend to engage in efforts aimed at removing stigma at the collective level (Corrigan and Watson 2002). Those individuals believe that the stigma associated with the identity is unjust, and as a consequence, they are often spurred into action to remove the stigma from the identity (Corrigan and Watson 2002). Thus, these two levels of effort (individual vs. collective) are not always exclusive and contradictory.

Efforts at improving the situation of stigmatized individuals have focused on removing the stigma from the identity at the collective level through education, protest, and contact (Corrigan and Penn 1999). These efforts are necessary. However, removing prejudices and changing social attitudes is a difficult task. It will take a great deal of patience and time before this goal can be realized. In the meantime, stigmatized individuals must find a way to live healthy, productive lives within these conditions. Examples of individuals who are able to accomplish this are not rare. In trying to understand how to ward off the negative consequences of stigma, investigators should also focus attention on the individuals who are successful in overcoming stigmas and identify factors that allow them to achieve this successful outcome. This approach would allow researchers not only to identify “risk” factors but also to identify “protective” factors, contributing to a fuller understanding of the impact stigma (Garmezy and Masten 1990).

Finally, this perspective may speak to the creating of a new understanding of stigma. While an outside perspective may see stigmas as a tremendous burden to bear, stigmatized individuals may in fact have a different perspective. Many stigmatized individuals cite that they gain strength and learn valuable life lessons in confronting adversities caused by stigma. Goffman (1963, p. 11) wrote, “He [stigmatized individual] may also see the trials he has suffered as a blessing in disguise, especially because of what it is felt that suffering can teach one about life and people.” This perspective has received a great deal less attention but can in fact produce a great deal of important insights into understanding the factors that protect and contribute to the resilience of individuals coping with stigma.

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