

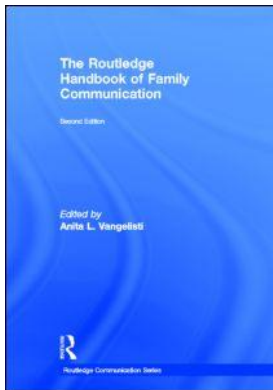
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Anita L. Vangelisti

### **Support Communication in Culturally Diverse Families**

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# Support Communication in Culturally Diverse Families

## The Role of Stigma

Stanley O. Gaines, Jr., Stacey L. Williams,  
and Kristin D. Mickelson

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To mark a person implies that [a] deviant condition has been noticed and recognized as a problem in [an] interaction or [in a social or personal] relationship. To stigmatize a person generally carries a further implication that the mark has been linked by an attributional process to dispositions that discredit the bearer, i.e., that “spoil” [the bearer’s] identity.

Edward Jones, Amerigo Farina, Albert Hastorf, Hazel Markus, Dale Miller, and Robert Scott, *Social Stigma: The Psychology of Marked Relationships* (1984, p. 8)

### Support Communication in Culturally Diverse Families: The Role of Stigma

Ethnic minority groups are societally defined groups that exist as psychological and/or numerical minorities, and whose members presumably share biological and/or cultural heritage (Markus, 2008). Although religious and national minority groups clearly are defined by culture, racial minority groups (which psychologists have tended to regard as defined by biology; Fairchild, Yee, Wyatt, & Weizmann, 1995; Yee, Fairchild, Weizmann, & Wyatt, 1993) similarly are defined by culture (Jones, 1997). In turn, culturally diverse families are defined by the presence of one or more family members who are members of racial, religious, or national minority groups within a given society (Gaines, 1997).

According to Erving Goffman (1963), stigmatization toward members of ethnic minority groups not only can affect those individuals but also can affect the individuals’ families. Within the U.S.A. and other Western nations, majority group members as well as minority group members in interracial marriages often are acutely aware of the transmission of stigmatization throughout entire families (Gaines & Ickes, 2000). However, the transmission of stigmatization can occur in all families in which one or more members belong to racial, religious, or national minority groups (Gaines, 2001).

In the present chapter, we draw upon Goffman’s (1959, 1963) symbolic interactionist theory in examining support communication within culturally diverse families. We pay

particular attention to Goffman's (1963) concept of stigma as applied to members of ethnic minority groups and as applied to their families. Moreover, we focus on specific forms of support communication (following Mickelson & Williams, 2008; Williams & Mickelson, 2008) that members of ethnic minority groups may use to obtain social support from family members and, thus, counteract the potentially negative effects of stigmatization. In addition, we consider the utility of Claude Steele's (1997) concept of stereotype threat in explaining the potential lack of generalizability of support communication processes across ethnic (and especially racial) groups.

### **Goffman's Symbolic Interactionist Theory: A Theoretical Point of Departure for Understanding Stigma and Support Communication within Culturally Diverse Families**

Symbolic interactionist theories generally are based on the premise that individuals in social contexts are like actors on stages, striving to convince audience members to accept individuals' performances as authentic (Stryker & Statham, 1985). In *The Presentation of Self in Everyday Life*, Erving Goffman (1959) not only embraced this general premise but also argued that individuals often possess considerable flexibility in the manner in which they engage in impression management. However, in *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963) contended that when individuals in social contexts are stigmatized, those individuals are likely to find it difficult (if not impossible) to persuade audience members to perceive them as they would like to be perceived. Taken as a whole, Goffman's (1959, 1963) version of symbolic interactionist theory—which is as relevant to modern-day mediated communication as it is to traditional interpersonal communication (Smith, 2007)—presents a stark contrast between (a) idealized social interaction involving nonstigmatized individuals as actors, and (b) actual social interaction involving stigmatized individuals as actors.

Especially relevant to the present chapter is Goffman's (1963) conclusion that when families consist of one or more members of ethnic minority groups, *all* family members are stigmatized. At first glance, such a conclusion offers little hope for the long-term survival of culturally diverse families. Regarding families with one or more members from religious and/or national minority groups, individual members might experience pressure from several sources (e.g., strangers, acquaintances, friends, other family members) to convert and/or to become naturalized citizens. Regarding families with one or more members from racial minority groups, individual members (who generally lack the option of changing their racial group memberships) might experience pressure to exit the families via separation or divorce; such an option typically would be available only to spouses or to unmarried, cohabiting romantic partners (see also Meisenbach, 2010, for a contemporary critique of Goffman's emphasis on individuals' defensive responses to stigmatization).

#### *Identity as a Property of Interaction in Goffman's Symbolic Interactionist Theory*

One of the great ironies of Goffman's *Stigma: Notes on the Management of Spoiled Identity* (1963) is that Goffman did not offer a specific definition of identity. For our purposes, *identity* can be understood as “the definitions that are created for and superimposed on the self” (Baumeister, 1997, p. 682). In turn, *self* can be understood as “the direct feeling [that] each person has of privileged access to his or her own thoughts and feelings and sensations” (Baumeister, 1997, p. 681).

In many psychological theories of identity—most notably Erik Erikson’s (1950, 1968) ego psychology—identity is conceived as a property of the individual. However, in many sociological theories of identity—most notably Erving Goffman’s (1959, 1963) symbolic interactionist theory—identity is conceived as a property of interaction (Cote, 2006). Unlike Erikson, Goffman emphasized society (via social roles) and social and personal relationships (via face-to-face interaction) as the primary shapers of individuals’ identity.

How do society, social relationships, and personal relationships combine to shape individuals’ identity? As Goffman (1963) observed, society is especially adept at informing individuals as to the social groups (e.g., racial, religious, and national groups) to which they do or do not belong; social relationships (which typically involve little or no emotional intimacy) are especially adept at informing individuals as to who they are in the eyes of members of outgroups; and personal relationships (which typically involve considerable emotional intimacy; Duck, 1999) are especially adept at informing individuals as to who they are in the eyes of members of individuals’ ingroups. Through years-long processes of immersion in social roles and in social interaction with ingroup and outgroup members, individuals acquire a sense of who they are, and in relation to whom (Cote, 2006).

#### *Implications of Goffman’s Symbolic Interactionist Theory for Ethnic Minority Group Members’ Receipt of Social Support*

Goffman’s (1963) symbolic interactionist theory suggests that members of ethnic minority groups are most likely to receive social support from ingroup members (most likely family and friends who tend to view the individual favorably), less likely to receive social support from outgroup members (most likely strangers and acquaintances who tend to view the individual unfavorably), and still less likely to receive social support from societal institutions (faceless in themselves but controlled primarily by members of ethnic majority groups, most likely strangers and acquaintances who tend to view the individual unfavorably), unless those institutions are required by law to provide social support (Jones, 1997). One mechanism by which members of ethnic minority groups provide social support to each other appears to be ingroup members’ overt and/or covert communication to each other as follows: “You are who you say you are, and I accept who you are.” This tendency on the part of racial minority ingroup members to minimize or eliminate the discrepancy between social actors’ *virtual social identity* (i.e., the identity that perceivers believe to be true of actors) and social actors’ *actual social identity* (i.e., the identity that actors believe to be true of themselves; Goffman, 1963) has been documented in experimental research by Garcia, Hallahan, and Rosenthal (2007) regarding initial meetings between strangers of the same race; African American and Latino pairs displayed greater actor-perceiver agreement than did European American pairs.

This is not to say that all ingroup members will automatically provide social support toward members of ethnic minority groups, or that all outgroup members will automatically withhold social support from members of ethnic minority groups. For example, some European American wives in interracial marriages report that their own parents have rejected them (especially if those wives have borne children in those marriages); whereas the most reliable sources of social support come from African Americans, not only within spouses’ families, but also within the wider African American community (Porterfield, 1978; Rosenblatt, Karis, & Powell, 1995). Nevertheless, interracial marriages and families remain the exception for European Americans, African Americans, and Latinas/os (though not necessarily for Asian Americans or Native Americans; Gaines & Ickes, 2000).

### **A Case in Point: Stigma and Support Communication among Asian-Descent Immigrants in the U.S.A.**

A review of the literature on stigma and support communication within culturally diverse families reveals that this area has not received much attention from researchers, especially with regard to large-scale, quantitative studies. Much of the relevant literature focuses on social support and social networks among Asian-descent immigrants in the U.S.A. (e.g., Thomas & Choi, 2006; Xu & Burleson, 2001; Yeh, Okubo, Ma, Shea, Ou, & Pitue, 2008). A consistent theme emerging from these studies is the role that social network members can (but do not always) play in mitigating the stigmatization that many Asian-descent immigrants experience upon arrival in the U.S.A. Not only are Asian-descent immigrants members of a racial minority group (thus possessing a *discredited* stigma that outsiders can detect without talking to stigmatized persons); but they also are members of a national minority group (thus possessing a *discreditable* stigma that is not immediately visible but that outsiders can detect once they talk to stigmatized persons; Goffman, 1963).

Yeh et al. (2008) examined links among cultural interactions, acculturation, family obligations, language use, and social support among adolescent Chinese immigrants in the U.S.A. These researchers assessed sources of social support (i.e., significant others, family members, and friends), rather than content areas of social support. Thus, it is not clear how the immigrants sought or received social support, let alone what social network members actually said or did to provide support. Nevertheless, Yeh et al. found that Chinese immigrants' level of social support received from friends in particular (and not level of social support received from significant others or from family members) was significantly and negatively related to the immigrants' concerned about intercultural competence.

Thomas and Choi (2006) examined links between acculturative stress and social support among 10- to 20-year-old Korean and Indian immigrants in the U.S.A. Like Yeh et al. (2008), Thomas and Choi (2006) distinguished among sources of social support (i.e., friends, parents, religious organizations, social organizations, and cultural associations), rather than content areas of social support. As was the case with Yeh et al.'s study, it is not clear from Thomas and Choi's study how social network members communicated support to the immigrants. Nonetheless, Thomas and Choi found that social support from parents in particular was a significant negative predictor of the immigrants' acculturative stress.

Finally, Xu and Burleson (2001) examined gender, culture, and support type on perceptions of spousal social support among native-born American university students and native-born Chinese university students; all students were married and were living in the U.S.A., though (unlike the native-born American students) none of the native-born Chinese students had lived in the U.S.A. longer than five years. Unlike Yeh et al. (2008) or Thomas and Choi (2006), Xu and Burleson (2001) distinguished among content areas of social support (i.e., emotional, esteem, network, tangible, and informational). As was the case with the Yeh et al. and Thomas and Choi studies, Xu and Burleson's study did not specify what spouses did or said to convey support. Nevertheless, Xu and Burleson detected a "support gap" such that American as well as Chinese wives obtained significantly lower emotional support and esteem support from their spouses than did husbands; in addition, Chinese wives (but not American wives) obtained significantly less network support from their spouses than did husbands.

*Stigma Versus Perceived Stigma Among Members of Ethnic Minority Groups and Culturally Diverse Families*

Perhaps relevant here is a distinction in the stigma literature on stigma versus perceived stigma. The former refers to the stigmatized mark itself or the unfair treatment one might receive for having the stigmatized mark. By contrast, perceived stigma is a stigmatized individual's perception of holding the stigmatized mark. This self-perception or self-stigma has been discussed in relation to individuals with mental illness and other stigmatizing conditions (Corrigan, Watson, & Barr, 2006).

In the case of ethnic minority status or being a member of a culturally diverse family, one could report stigma as well perceived stigma—that is, the unfair treatment by others, the anticipated unfair treatment by others and the resultant self-beliefs. Perceived stigma has been discussed previously as the internalization of negative stereotyping or treatment by the public (presumably nonstigmatized) of those holding a stigmatizing mark. Internalization of stigma or perceived stigma has been the focus of prior literature in a variety of contexts (e.g., homosexuality, Herek, Gillis, & Cogan, 2009; sexual assault, Rife & Williams, under review), and has shown associations with negative psychosocial correlates, including relational ones (e.g., social constraints, Lewis, Derlega, Clarke & Kuang, 2006; lower support availability, Mickelson, 2001; Mickelson & Williams, 2008).

Despite the apparent hopelessness that pervades much of Goffman's (1963) symbolic interactionist theory with regard to stigmatization of members of ethnic minority groups within culturally diverse families, Goffman did observe that individuals and families need not passively accept society's verdict regarding devaluation of ethnic minority group members (Gaines, 2001). For example, individuals from ethnic minority groups often seek and receive social support from social network members who can empathize with the plight of those individuals (i.e., "the own") or from social network members who can sympathize with the plight of those individuals (i.e., "the wise"; Goffman, 1963, p. 31). The skill with which many members of ethnic minority groups obtain social support from social network members might explain why members of ethnic minority groups generally score far higher on self-esteem scales and on other measures of psychological well-being than their objective circumstances would lead one to predict (see Crocker, Major, & Steele, 1998). Indeed, research has shown that identifying with the stigmatized group—that is, having a positive group identity is related to better outcomes (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). This resilience may be due to the supportive context that similar others provide to a stigmatized individual faced with unfair treatment or the threat of it.

How do we make sense of the seemingly opposing outcomes among stigmatized groups and enhance the positive outcomes of stigmatized relationships? In the following section we consider literature on social support dynamics, perceived stigma and identity to explain possible support and communication processes in culturally diverse individuals and families.

*Reconciling the Opposing Outcomes: Considering Perceived Stigma and Support Dynamics*

Barbee and Cunningham (1995) in their sensitive interaction system theory (SIST) state that support encounters reflect a dynamic between the individuals involved in the

exchange. That is, the social support outcome—or level or quality of social support—is not dependent solely on the actions of the support provider, but rather also depends upon the method of support seeking employed by the support recipient (or seeker). The specific strategies or activation used by support seekers can, in part, determine the responsiveness of the support network. Specifically, direct (e.g., asking for support, disclosure of problem) versus indirect (e.g., nondisclosure, seeking the network to be close but not stating there is a specific problem, appearing sad or distressed but not stating why) support seeking strategies can lead to supportive (solace, solve) or unsupportive (escape, dismiss) network responses, respectively (Barbee & Cunningham, 1995).

In recent research, this theory has been applied to stigmatized individuals as support seekers. Derlega, Winstead, Oldfield, and Barbee (2003), for example, examined the SIST in a sample of individuals with HIV—a group that holds a concealable stigma, and one that might even reflect multiple stigma due to the association of HIV with deviant sexual behavior. This work has shown evidence that direct forms of support seeking are linked with more positive or supportive responses from the support network.

Subsequent research has examined these patterns in relation to explicit reports of perceived stigma and fear of social rejection. In trying to manage others' perceptions of the self, individuals who perceive stigma might approach their network members for support in ways that would presumably minimize social rejection or negative support responses. The extent to which individuals perceive stigma may be connected to their expectations and subsequently their behaviors within social exchanges. Stigmatized individuals may fear rejection and uncertainty about how others view them (Goffman, 1963).

### *Negative Support Exchanges Involving Members of Ethnic Minority Groups and Culturally Diverse Families*

Of course, receipt of rejecting behaviors from others is a reality in the lives of the stigmatized in general (Dovidio, Major, & Crocker, 2000), as illustrated by work on discrimination and unfair treatment (Kessler, Mickelson, & Williams, 1999). Among members of ethnic minority groups and culturally diverse families in particular, strategies for approaching the network in ways to avoid social rejection might include less direct and more indirect methods to get comfort. In turn, indirect support seeking behaviors might inadvertently evoke an undesired, unsupportive network response; whereas direct support seeking behaviors might evoke a desired, supportive network response (and, perhaps, inhibition of unsupportive network response).

Indeed, work involving both women in poverty (Mickelson & Williams, 2008) and women experiencing abuse (Williams & Mickelson, 2008), has shown that increased levels of perceived stigma (i.e., shame, embarrassment, or unfair treatment from others) are linked with greater fears of anticipated social support rejection. In turn, individuals perceiving stigma use more indirect strategies to gain support from friends and family (see Figure 13.1), and consequently, reported more negative support responses from the support network (see Figure 13.2). By contrast, use of direct seeking strategies was related to reports of more positive responses from the network (Williams & Mickelson, 2008).

Thus, individuals who perceive stigma appear to report some difficulties in their support network exchanges including fear or social support rejection and unsupportive network responses to their attempts to seek support. But does this work apply to racial minorities and those in culturally diverse families? That is, do they perceive stigma and encounter negative support exchanges?

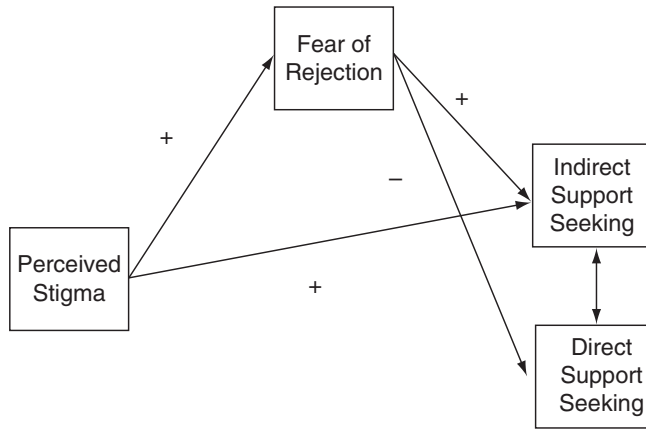


Figure 13.1 Hypothesized Links among Perceived Stigma, Fear of Support Rejection, and Indirect and Direct Support Seeking for Stigmatized Persons  
Source: Adapted from S. Williams & Mickelson, 2008, p. 500.

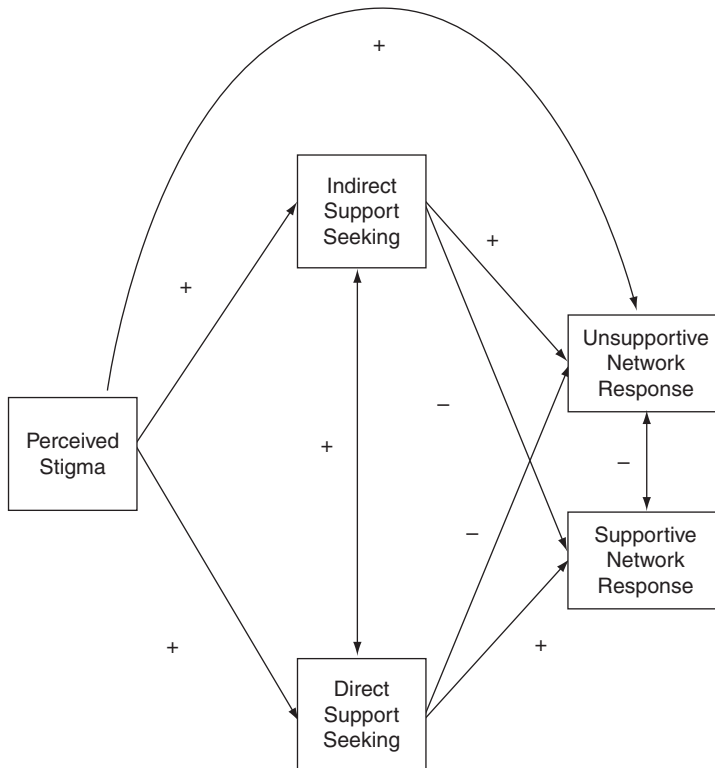


Figure 13.2 Hypothesized Links among Perceived Stigma, Indirect Support Seeking, Direct Support Seeking, Unsupportive Network Response, and Supportive Network Response for Stigmatized Persons  
Source: Adapted from S. Williams & Mickelson, 2008, p. 504.



The idea that racial minorities might perceive stigma including self-stigma is supported by the work of some on the internalization of racial stereotypes, or internalized racism (Taylor, 1990; D. Williams & Williams-Morris, 2000). Taylor (1990) has argued that Blacks may internalize the racism that is rampant in U.S. culture and endorse the stereotypes of Blacks. Taylor and his colleagues have found this internalization to be linked with negative psychosocial as well as health outcomes (Butler, Tull, Chambers, & Taylor, 2002; Taylor, 1990). As well, Williams and his colleagues have argued that one mechanism by which racism can come to impact Blacks' mental health is via this internalized racism process, perhaps helping to explain racial disparities (e.g., D. Williams & Williams-Morris, 2000).

*The Role of Concealability of Stigma in Support Exchanges Among Members of Ethnic Minority Groups and Culturally Diverse Families*

Given the findings that Blacks can internalize racism or stigma, we might extrapolate to indicate they can also encounter fears of social rejection as well as a tendency toward indirect support seeking strategies, followed by unsupportive responses from their network. Yet, one might argue the generalizability of the work on perceived stigma and support exchanges to racial minorities and culturally diverse families due to the concealable nature of the stigmas that were investigated in the prior examples. As Goffman (1963) pointed out, those with concealable stigmas are managing information and not impressions of others. Concealable stigmas (or discreditable stigma, as outlined by Goffman) have their own unique set of psychosocial processes due to the vigilance and cognitive salience that can pervade daily life (Quinn & Chaudoir, 2009).

Importantly, similar findings of negative support related exchanges have been shown with more visible stigmas, such as the perceived stigma reported by parents of children with special needs. Stigma related to special needs children not only is a more visible stigma, but also is associative in nature. Research on this population has revealed parents' perceived stigma linked to increased negative interactions with the support network and decreased support availability from them (Mickelson, 2001).

Yet, equally possible to the idea that culturally diverse families encounter negative social exchanges like the ones we describe, is that the visibility of the stigmatized characteristic (i.e., race) creates a situation divergent from the one elaborated. Racial minorities perhaps more often encounter direct experiences with stigma or anticipated stigma and less often with internalized or self-stigma. Indeed, although some work has shown that racial minorities can internalize stereotypes (as illustrated by the work of Taylor, 1990), a large literature supports the resilience of racial minorities to the negative stereotypes. By having a strong sense of group identity (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003), minorities and culturally diverse families may overcome the potential harmful effects—bypassing self-stigma. Indeed, other theoretical work on stigma argues that seeing the membership in the stigmatized group as central to one's identity can be protective, contributing to positive outcomes such as self-esteem (Crocker & Major, 1989). For example, unfair treatment can be attributed to the stigmatized group rather than to the self.

*The Role of Strength of Group Identity in Support Communication Processes Among Members of Ethnic Minority Groups and Culturally Diverse Families*

If low self-stigma and strong group identity are related to better self-related outcomes, might they also be linked to reduced likelihood of negative support dynamics? It could be

that those holding a stigma but who have low levels of self-stigma and strong group identity use fewer indirect strategies for seeking social support. As a result, support exchanges might be protected because it is the indirect seeking that has been linked with negative support outcomes. Indeed, perceived stigma is not a monolithic construct. Different psychosocial processes are associated with subtypes of perceived stigma. For example, Mickelson and Williams (2008) in their sample of women in poverty showed that there are separate mechanisms linked to self-stigma and to experienced stigma.

This distinction between self-stigma and experienced stigma has been made by others (Corrigan, Watson, & Barr, 2006; Watson, Corrigan, Larson, & Sells, 2007) from whom we draw important theory on stigma. In a sample of women in poverty, results showed that self-stigma, or the internalization of negative stereotypes and unfair treatment resulting in a negative self-image (shame, embarrassment, thinking the self is inferior to others), is linked with impaired self-esteem and fear of support rejection, whereas experienced stigma, or the actual reports of unfair treatment or social exclusion, is linked with not only fear of support rejection, but also lower perceived support availability (Mickelson & Williams 2008). This study did not examine the support seeking dynamics of the SIST. However, one might imagine differences in interpersonal exchange based on type of perceived stigma and type of stigma that elicits the perception of stigma. The resulting model is shown in Figure 13.3.

How might the support communication dynamic look for racial minorities and culturally diverse families, whose stigmas are not only visible but can be associative and moderated by a strong and protective group identity? Current understanding based on the above reviewed literature highlights that support and communication exchanges for

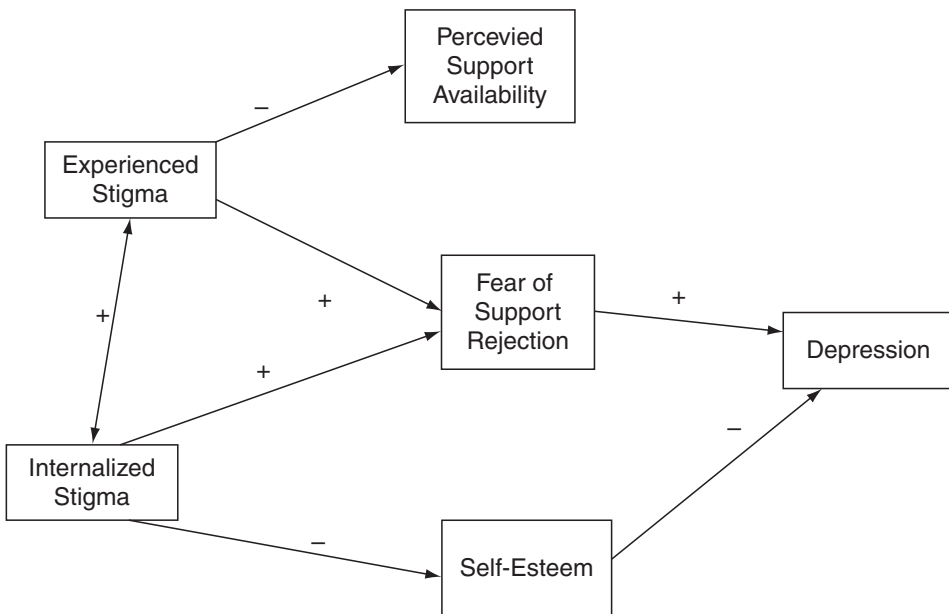


Figure 13.3 Hypothesized Links among Experienced Stigma, Internalized Stigma, Perceived Support Availability, Fear of Support Rejection, Self-Esteem, and Depression among Stigmatized Persons

Source: Adapted from Mickelson & S. Williams, 2008, p. 910.

racial minorities and culturally diverse families might depend on the level that they perceive stigma, report self/internalized stigma, report strong group identity (or that the group membership is central to their identity), interact with similarly stigmatized or nonstigmatized others, and use direct or indirect support strategies in their communications.

A model showing these general factors that contribute to support communication dynamics is shown in Figure 13.4. As depicted, individuals and families who identify strongly with their ethnic group would be buffered by the potentially negative experiences of experienced stigma (discrimination, anticipated unfair treatment) and thus report more support availability, more direct support seeking and more positive support outcomes given that they fear less support rejection. In addition, those with strong identification would report less internalized stigma thereby reducing the likelihood of using indirect support seeking strategies which are linked with unsupportive outcomes from support network members, again given that they fear less support rejection. Psychosocial outcomes of self-esteem and depression would be protected as a parallel process. This figure presents a cohesive model representing support communications in culturally diverse families, while previous literature has supported the hypothesized relationships individually or in parts. Further, this combined model has yet to be tested empirically. Thus, this model is intended to provide impetus for future collaborative work between researchers studying stigma and personal relationship and communication processes.

*The Role of Stereotype Threat in Support Communication Processes Among Members of Ethnic Minority Groups and Culturally Diverse Families*

So far, we have focused on stigma as the primary construct that was derived from Erving Goffman’s (1959, 1963) symbolic interactionism theory. In turn, Claude Steele’s (1997)

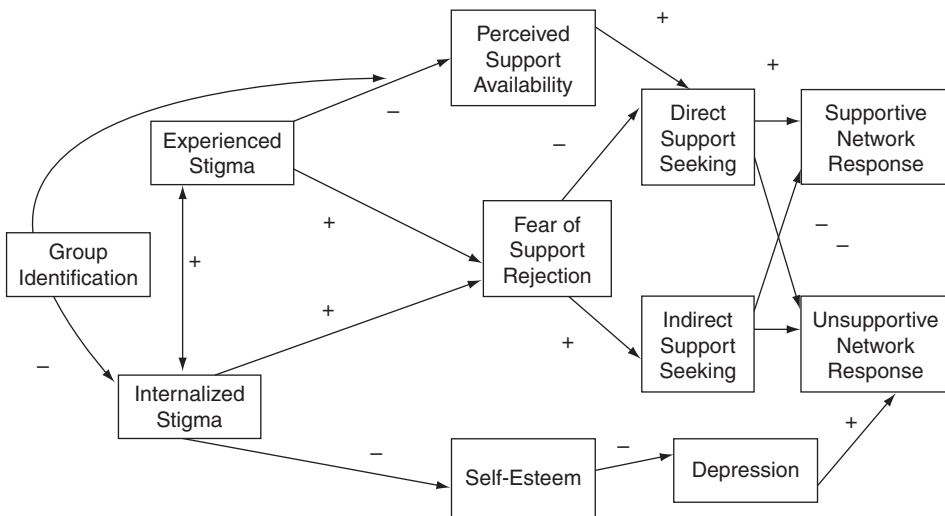


Figure 13.4 Hypothesized Links among Ethnic Group Identification, Perceived Stigma, Fear of Support Rejection, Perceived Support Availability, Indirect and Direct Support Seeking, Psychosocial Variables, and Network Response to Understand Support Communication in Culturally Diverse Families

construct of *stereotype threat* (i.e., the anxiety and, potentially, impaired performance that result from stigmatized individuals' belief that they will be evaluated in a domain where members of their group historically have been expected to perform poorly) was derived from Goffman's construct of stigma. Stereotype threat has been invoked as a reason for women's poorer performance on mathematics tests, relative to the performance of men (Carr & Steele, 2009; Pronin, Steele, & Ross, 2004; Spencer, Steele, & Quinn, 1999), and as a reason for African-descent Americans' poorer performance on academic tests in general, relative to the performance of European-descent Americans (Blascovich, Spencer, Quinn, & Steele, 2001; Deaux, Bikmen, Gilkes, Ventuneac, Joseph, Payne, & Steele, 2007; Steele & Aronson, 1995). In addition, stereotype threat might help explain why African-descent Americans rely on their kin networks and are less likely to seek professional help (or to continue seeking such help over time) for mental health difficulties than are European-descent Americans (Brown et al., 2010)—decisions that could place even greater demands on African-descent Americans' families as social support networks over the long term.

As the literature on stereotype threat indicates, African-descent Americans are keenly aware of the negative societal stereotypes that depict them as intellectually deficient (Crocker, Major, & Steele, 1998). Moreover, negative societal stereotypes characterize African-descent Americans as *personally* deficient, not just intellectually deficient (White & Parham, 1990). Among those African-descent Americans who are contemplating whether to seek psychological help, the stigma that accompanies their status as members of one devalued group (i.e., African-descent Americans) may be complemented by a stigma that accompanies their potential status as members of another devalued group (i.e., clients in therapy; Brown, et al., 2010). Just as individual African-descent Americans may be wary of entering academic settings in which their intellectual performance can be interpreted as reflecting negatively upon African-descent Americans as a group, so too may individual African-descent Americans be wary of entering clinical or counseling settings in which their social performance can be interpreted as reflecting negatively upon African-descent Americans as a group. It should not be surprising, therefore, that individual African-descent Americans tend to seek family members, rather than mental health professionals, for psychological assistance.

Stacey Williams and Kristin Mickelson (2008) suggested that the negative impact of stereotype threat on stigmatized persons' behavior in academic settings parallels the negative impact of anticipated social rejection on stigmatized persons' tendency to engage in behaviors that are likely to bring about actual social rejection. We are not aware of any published empirical studies examining the links between these two processes. Nevertheless, even if the two processes operate independently, knowledge of social-psychological processes that involve stereotype threat may help social scientists understand communication processes that involve other aspects of stigmatization among African-descent Americans.

#### *Generalizability of Stereotype Threat and Support Communication Processes Across Members of Various Racial Minority Groups*

The literature on stereotype threat implies that the same social-psychological processes that characterize the stigmatization of African-descent Americans (constituting 13 percent of the U.S. population; Humes et al., 2011) also characterize members of other so-called racial minority groups (Crocker, Major, & Steele, 1998). However, such a conclusion may be premature. The stigmatization of African-descent Americans is unique and includes such historical events as enslavement, segregation, and enduring discrimination (Gaines &

Reed, 1994, 1995; Reed & Gaines, 1997). Thus, it is not clear whether the role of stereotype threat in support communication processes can be generalized from African-descent Americans to members of other so-called racial minority groups.

Consider the plight of Asian-descent Americans. Unlike African-descent Americans, Asian-descent Americans (constituting 5 percent of the U.S. population; Humes et al., 2011) are often stereotyped *positively* as the “model minority” regarding academic performance (see Crocker, Major, & Steele, 1998). In and of itself, stereotype threat would not be expected to place the same burden upon individual Asian-descent Americans or their families as it would upon African-descent Americans or their families. Nevertheless, unlike African-descent Americans, Asian-descent Americans are *more* likely to suffer from low self-esteem than are European-descent Americans (Chan & Mendoza-Denton, 2008). This apparent paradox might be explained by the fact that Asian-descent Americans are negatively stereotyped in the social and athletic domains, but not in the academic domain (Mendoza-Denton, Kahn, & Chan, 2008). Ironically, some Asian-descent Americans may find it more difficult to seek (if not to obtain) social support from their own families than do African-descent Americans, out of concern that they will not live up to their families’ academic expectations.

Next, consider the plight of Latinas/os. Technically, Latinas/os (constituting 16 percent of the U.S. population; Humes et al., 2011) do not constitute a race. Nevertheless, Latinas/os often are treated individually and collectively as distinct racially from non-Hispanic Blacks and from non-Hispanic Whites (Roth, 2010). Moreover, although anti-Hispanic stereotypes might not be as negative or as pervasive as are anti-Black stereotypes, the stereotype of Latinas/os as intellectually deficient is comparable to the stereotype of African-descent Americans as intellectually deficient (Dixon & Rosenbaum, 2004). Many Latinas/os may experience stigmatization and stereotype threat; and many Latinas/os may find it difficult to seek or to maintain help from mental health professionals, thus placing further strain upon their families as social support networks.

#### *Generalizability of Stereotype Threat and Support Communication Processes Across Members of Various National Minority Groups*

The terms “race” and “ethnicity” often are treated as if they are interchangeable (Phinney, 1996). However, as Goffman (1963) pointed out, race represents only one component of individuals’ ethnicity. A second important component of ethnicity is individuals’ nationality. As it turns out, individuals’ native-born versus foreign-born status and individuals’ race covary: More than 90 percent of African-descent Americans and more than 90 percent of European-descent Americans were born within the U.S.A.; whereas 60 percent of Latinas/os and fewer than 35 percent of Asian-descent Americans were born in the U.S.A. (Grieco, 2010).

Among African-descent Americans, the native-born/foreign-born distinction carries important implications for individuals’ susceptibility to stereotype threat and, hence, for the burdens than African-descent Americans’ families must bear as social support networks. For example, African-descent Americans who were born in West Indian nations generally seem to be less susceptible to stereotype threat than are African-descent Americans who were born in the U.S.A. (Deaux, 2006). Moreover, first-generation African-descent Americans having roots in the West Indies tend to be less susceptible to stereotype threat than are second-generation African-descent Americans having roots in the West Indies (Deaux et al., 2007).

Since the passage of immigration reform legislation in 1965, most immigrants to the U.S.A. (currently 13 percent of the U.S. population; Grieco, 2010) have come from Asian or Latin American nations (Deaux, 2008). However, immigrants from Asian nations typically are regarded as legal immigrants; whereas immigrants from Latin American nations (especially from Mexico) typically are regarded as illegal immigrants, regardless of the veracity of such assumptions (Guyll, Madon, Prieto, & Scherr, 2010). Stereotype threat may be especially problematic for those Latinas/os who are perceived as having relocated to the U.S.A. illegally. To the extent that language barriers prevent many Latinas/os from seeking help from mental health professionals, stereotype threat may loom ever larger as a burden for Latinos' families as social support networks.

### *Generalizability of Stereotype Threat and Support Communication Processes Across Members of Various Religious Minority Groups*

A third major component of ethnicity that Goffman (1963) identified alongside race and nationality is individuals' religion. The U.S. Census has never included a question on individuals' religion (Schultz, 2006). Thus we cannot state percentages of individuals from specific religious groups with any certainty. Nevertheless, we can speculate as to the degree that individuals from particular religious minority groups are more, versus less, likely to be susceptible to stereotype threats and consequent burdens to individuals' families as support networks.

In the post-9/11 era, Muslims have emerged as arguably the most negatively stereotyped religious minority group within the U.S.A. (although Muslims were stereotyped negatively before 9/11; Kalkan, Layman, & Uslander, 2009). Indeed, within the U.S.A., Muslims are stereotyped as lower in both warmth and competence than are Christians (Fiske, Cuddy, Glick, & Xu, 2002). The anti-Muslim stereotype is similar to anti-Hispanic and anti-Black stereotypes. As such, it is likely that Muslims will find it difficult to seek or to obtain help from mental health professionals and will lean upon their families as social support networks—no small task, given that some Muslim families are subjected to intense scrutiny by non-Muslim majorities in their communities (Post & Sheffer, 2007).

In contrast to Muslims, Jews are stereotyped in largely positive terms within the U.S.A. (Reyna, 2000). In fact, within the U.S.A., Jews are stereotyped as higher in competence (albeit lower in warmth) than are Christians (Fiske, Cuddy, Glick, & Xu, 2002). The pro-Jewish stereotype is similar to the pro-Asian American stereotype. As such, individual Jewish persons may not be susceptible to stereotype threat (at least within academia) but nonetheless may find that their own families place such high emphasis on achievement that any admission of difficulty might be viewed as tantamount to failure.

### **Closing Remarks**

Discussed above, Goffman (1959, 1963) contended that in social contexts stigmatized individuals find it difficult to persuade audience members to perceive them as they would like to be perceived. As we have seen from the present chapter, and like other stigma researchers have stated, stigma influences social interactions and “the psychological and social consequences of stigma involve the responses both of the perceivers and of stigmatized people themselves” (Dovidio, Major, & Crocker, 2000, p. 5). Evidence is accumulating that direct support seeking communication strategies in social exchanges with close others appear to enhance positive, supportive, outcomes in interpersonal interactions.

Yet, admittedly, direct disclosure of support needs most likely is not the preferred method for use with acquaintances, strangers, or others with whom interactions are wrought with outcome uncertainty. Instead, perhaps essential is a simple awareness that indirect methods of communication are not effective. It may be an unfortunate responsibility on the part of the stigmatized that some encounters will not have positive outcomes but that these exchanges with nonstigmatized others could be the exposure needed to effect change in negative attitudes (exposure to stigmatized individuals can assist in creating more accepting cultural attitudes toward the stigmatized; Pettigrew, 1998; see also Allport, 1954). Such action on the part of the stigmatized might in part reflect what Crocker and colleagues refer to as an ecological approach to social exchanges as opposed to one involving the ego (Crocker & Garcia, 2009; Migacheva, Crocker, & Tropp, 2011) and may be one resulting in better outcomes in the end.

Indeed reviews of research on intergroup contact reveal that intergroup contact is helpful in having a positive impact on the nonstigmatized or those exposed to minority individuals, but may be more difficult on the stigmatized or minorities given the threat and perception of prejudice and discrimination within the exchange (e.g., Tropp, 2006). Moreover, enhancing the support exchanges with close others could serve to buffer individuals in the face of difficult encounters with others; “the extent to which stigmatized partners receive love and esteem from significant others may enable stigmatized partners to maintain high levels of self-esteem, despite the ever-present possibility that a given social situation will bring negative stereotypes to bear upon the nature of interactions between stigmatized target persons and nonstigmatized as well as stigmatized perceivers” (Gaines, 2001, pp. 126–27).

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