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# To Whom It May Concern: Support-Seeking within Letters of Stigmatized College Students in the Southeast U.S.

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To Whom It May Concern:

Support-Seeking within Letters of Stigmatized College Students in the Southeast U.S.

Anna E. Nolte

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**Abstract**

Individuals with stigmatized identities have been shown to have more negative health outcomes and shorter life expectancy than individuals who don't carry a stigmatized label. One factor that acts as a buffer to protect stigmatized individuals against negative outcomes is support.

However, how an individual seeks support can have an impact on whether they receive it. This study attempted to discover if the anticipation of either acceptance or rejection affected the type of support-seeking present in letters written by college students with either concealable or visible stigmatized identities. Results indicated stigmatized individuals displayed significantly more indirect support seeking in their letters when they were in the rejection condition compared to those in the acceptance condition. No significant condition or stigma type differences were found when examining seeking behaviors with a quantitative survey. However, a posthoc analysis revealed a significant interaction between stigma type and condition for indirect support-seeking. Those with a visible stigma reported more indirect seeking in the acceptance condition.

### **Acknowledgments**

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Lastly, I want to give a big thank you to my biggest supporter: my mother, Cindy Nolte. You taught me that no challenge was too big to tackle, with a little bit of discipline. You always knew I was capable, even when I had my own doubts. Thank you.

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## Introduction

A significant population of people in this world carries with them a stigmatized identity that makes everyday life more of a struggle for them than someone without that identity. Considering mental illness – one such stigmatized identity – alone, the World Health Organization assessed 19 DSM diagnoses and found that, in a twelve month period, at least 26.2% of adults experienced mental illness (Bagalman & Napili, 2013). Another analysis of the same data found it could be up to 32.4% of adults who experienced mental illness, the difference in these finding is attributed to new information about the population in the United States in weighting the data. While some statistics on the prevalence of stigmatized identities is clear, it is much more difficult to predict prevalence for other identities, particularly those that are concealable or easily hidden. For example, sexual minority identity (identifying as lesbian, gay, bisexual) is not easily quantified due to individuals concealing their identities to avoid being stigmatized or treated unfairly.

Considering that there are many other types of stigmatized identities in addition to mental illness and minority sexual orientation (minority ethnicity, disability, etc.), the relevance for considering the impact of stigma is even clearer. Indeed, regardless of whether identities are visible or concealable, stigmatized individuals encounter many forms of unfair treatment and resulting negative beliefs about the self and negative health outcomes (CDC, 2011; Nelson, 2002; Major, Mendes, & Dovidio, 2013; Meyer 2013).

Given the stress of stigma, individuals with stigma could benefit from social support. Such support has been linked with more positive outcomes in the face of stigma (Cohen & Wills, 1985). However, stigmatized individuals may be reluctant to disclose their identities, or

problems related to their identities, due to the shame attached to having such an identity (Downey & Feldman, 1996; Macdonald & Morley, 2001).

The purpose of the present thesis was to examine support-seeking in relation to visible and concealable stigmatized identities. Building on prior work that has shown more indirect support-seeking strategies used by the stigmatized in an effort to avoid social rejection (Williams, LaDuke, Klik, & Hutsell, in press; Williams & Mickelson, 2008), this study explored the presence or absence of indirect and indirect support-seeking strategies in the context of letters to potential supporters. This is the first study to examine whether manipulating the level of anticipated rejection or acceptance from the potential supporter will impact the type of support-seeking strategy present in the written letters of stigmatized (with concealable and visible stigmas) individuals.

### **Stigma**

When thinking about these identities, it is often helpful to define what a stigmatized identity is exactly. The concept has been described in many different ways, often in vague terminology. One of the earliest definitions was by Goffman (1963). He described a stigmatized identity as an attribute that taints and discredits the bearer of the identity. In more recent research, a stigmatized identity was defined as a characteristic that is devalued by society, and once attached to a person, devalues the individual (Crocker, et al., 1998). In both definitions, it is clear that the bearer is marked as different and this causes them to be devalued by others (Major & O'Brien, 2005).

Stigmatized identity is a broad term that covers a lot of different characteristics. These identities can be concealable (e.g., sexual orientation) or visible (e.g., obesity) to outsiders. Link and Phelan (2005) expand on this by explaining stigmatized identities may be perceived as being

within the individual's control (e.g., abortion, criminal past), or it may be perceived out of a person's control (miscarriage, child abuse). Stigmatized identities can be connected to the individual's appearance (e.g., obesity), their behavior (e.g., drug addiction), or membership to a group (e.g., racial minority). It is important to note that stigma itself is a social construct; it is not a part of the individual, but a part of the society in which the individual lives (Link & Phelan, 2005).

### **Health Outcomes**

Extensive research has been done on the health outcomes of those with stigma and stigmatized identities. Socially disadvantaged groups, such as those with stigmatized identities, have, on average, poorer health when compared to those who are socially advantaged, or without stigmatized identities (Major, Mendes, & Dovidio, 2013). When looking at the stigmatized identity of racial minorities, White people are healthier, both physically and mentally, than Black, Hispanic, or Native-American people. Data from the Centers for Disease Control and Prevention (CDC, 2011) show Black men are twice as likely to have prostate cancer as White men, as well as Black adults having a 50% higher mortality rate from strokes than White adults. On average, compared to White people, Latino men have a 63% increase in the rate stomach cancer, and Latino women have a 150% increase in the rate of stomach cancer. The largest health disparity, however, is between Black and White people (National Center for Health Statistics, 2003). The average life expectancy is 5.2 years shorter for Black people (73.1 years) compared to White people (78.3 years).

Common explanations for these health problems focus on factors like environment, diet, and health care. After controlling for these factors, however, the health differences remain

(Nelson, 2002). One possible explanation for these differences could be the prejudice and bias in society when interacting with racial minorities.

In addition, an article by Meyer (2013) examined prejudice, stress, and mental health in lesbian, gay, and bisexual populations. He sought to discover if LGB individuals were indeed at risk for mental illness caused by social stress. From his research into literature, he found that gay men and lesbians were more likely to have mental health problems, such as substance use disorders, affective disorders, and increased suicide rates compared to the heterosexual population. The popular explanation for these mental health disparities is the social stress LGB people experience because of stigma, discrimination, and prejudice.

While race is a visible stigmatized identity and sexual orientation is often considered a concealable stigmatized identity, both examples of stigma types reveal the detrimental effect stigma can have on an individual. Stigma can be a major factor in determining the health outcomes of a population.

### **Social Support as a Protective Factor**

One of the most important protective factors for those with a stigmatized identity can be support. Research shows that social support contributes to well-being with an overall beneficial effect, and protects the person from the adverse effects of stressful situation (e.g., stigma) by acting as a buffer (Cohen & Wills, 1985). Support is critical for individuals with a stigmatized identity.

However, stigma has often been linked with a reluctance to seek support. Studies have concluded that feelings of shame and the anticipation of a negative response are related to non-disclosure (Macdonald & Morley, 2001; Downey & Feldman, 1996). Not revealing a stigmatized status leaves an individual unable to ask for help, but non-disclosure itself may be a way of

copied with stigma (Chaudoir & Fisher, 2010). Disclosing opens the individual up to rejection and discrimination, so in some cases not disclosing their stigmatized status to someone they fear will reject them may have a protective effect.

Research suggests the anticipated reaction of the other person plays a role in whether the stigmatized person will disclose or not, and they are more likely to disclose when they anticipate a positive reaction (Major et al., 1990). The reaction of the other person may also be the most important factor in whether or not disclosure is harmful or beneficial to the stigmatized person. Self-disclosure is, by its definition, deliberately communicating something to others which they do not already know, an act that leaves the individual who self-disclosed vulnerable to their judgements (Tubbs, 1988). Previous data suggests that an individual would only allow themselves to be vulnerable if they expected a positive reaction, or acceptance, and less likely to put themselves in this vulnerable situation by disclosing if they expected a negative reaction, or rejection (Chaudoir & Fisher, 2010; Major, et al., 1990).

### **Support Seeking**

While the anticipated reaction of the other person is a major factor in whether the stigmatized person discloses and if it is beneficial or harmful, the way in which someone seeks support can also determine that reaction and if they receive support.

The Sensitive Interactions Systems Theory was revolutionary in how researchers thought about support-seeking (Barbee & Cunningham, 1995). The main idea is that individuals in distress normally know their support needs, and generally have people who wish to support them, but a multitude of factors that can influence their decision to seek support. These factors, whether internal or external, create conflicting motivations, tensions, and uncertainty during the support-seeking process.

This thesis focuses on two types of support-seeking, direct and indirect, as outlined by Barbee and Cunningham. Direct support-seeking is just that, being direct. It involves disclosing the problem or in this case, the stigmatized identity, and directly asking for emotional support or advice. It is clear what is being asked for (what is needed), and how support can be given. The support sought can be emotional support (e.g., love, care, understanding, reassurance) or informational support (e.g., information or advice). Examples of direct support-seeking include asking what they would do in a similar situation, requesting prayer, or simply asking for love and support. Disclosure is inherent in direct support-seeking, as it is in its very nature, direct.

Indirect support-seeking is more subtle in nature. It does not always involve disclosing the problem, or stigmatized identity, and it is not clear what their support needs are exactly. Examples of indirect support-seeking include complaining without being specific about the problem, acting like something is needed but not stating what or why, downplaying their emotions, or changing the subject.

Indirect support-seeking can create an interesting paradox for those with stigmatized identities. As previously discussed, the anticipated reaction of the other person plays a large role in how someone seeks support. The individual is less likely to disclose or seek support directly if they anticipate a negative reaction, and those who have received negative reactions in the past are more likely to anticipate negative reactions in the future (Downey & Feldman, 1996; Major, et al, 1990). In the case of those with a stigmatized identity, even if they have not had those negative reactions, they are aware of their devalued social status and this can create uncertainty and fear of rejection (Goffman, 1963).

Those who fear rejection can perceive it even in ambiguous situations, and research has found that those who perceive rejection are more likely to use indirect support-seeking than

direct support-seeking (Williams & Mickelson, 2008). Direct support-seeking has been positively correlated with positive reactions, while indirect support-seeking has been positively correlated with negative reactions. The positive reactions typically entail actions from the support network such as solace, while the negative reactions entail the network dismissing the need for support entirely. Essentially, those who seek support indirectly are less likely to receive it. This primes them for rejection the next time, as their experience has told them that they are likely to receive rejection. Because of this anticipated rejection, they are more likely to seek support indirectly in the future, thus creating a paradox.

### **Current Study**

While correlational data has been gathered that supports the relationship between indirect support-seeking and those with stigmatized identities, no studies have examined using experimental data to look at the direct and indirect support-seeking strategies of the stigmatized in the context of anticipating rejection. The present thesis sought to examine whether more indirect strategies were used by stigmatized individuals in the context of anticipating rejection than in the context of anticipating support. In order to examine the links between level of rejection and support-seeking, an experiment was conducted in which individuals were asked to write a letter to someone who either accepted them or rejected them. This distinction was also examined depending on whether individuals reported a visible versus concealable stigmatized identity.

I tested four hypotheses. I hypothesized that (H1) participants assigned to the rejection letter-writing condition would exhibit more indirect support-seeking behavior than direct support-seeking behavior (as determined by both the presence of support-seeking in the qualitative letters and the amount of support-seeking reported on the quantitative survey); (H2)

participants assigned to the acceptance letter-writing condition would display more direct support-seeking behavior than indirect support-seeking behavior (as determined by both the presence of support-seeking in the qualitative letters and the amount of support-seeking reported on the quantitative survey); (H3) participants with concealable stigmatized characteristics would display more indirect support-seeking behavior; (H4) participants with visible stigmatized characteristics would display more direct support-seeking behavior.

## **Method**

### **Participants**

Participants were 147 (24 male; 120 female; 3 other) individuals recruited from a midsized public university in the Southeast United States from an online participant recruitment tool (SONA). The average participant was 21.91 years of age (min: 18.00, max: 51.00,  $SD=6.17$ ), white (89.2%), female (81.2%), heterosexual (81.8%), and in a relationship (43.2%). While the majority was Protestant (55.4%), a large portion of participants self-selected as spiritual or non-religious (40.5%). The majority of participants were lower income (56.1%) but employed (62.8%), and living in a Suburban area (61.5%). See Table 2 for the descriptive statistics of the sample. Participants were college students enrolled in undergraduate psychology courses and received credit for participating in the study. Participants were given a screener and only those who self-reported a stigmatized identity were included in these analyses. The majority of participants self-reported being overweight or obese (31.8%), followed by a history of mental illness (17.6%). See Table 1 for all possible stigmas and frequencies.

### **Procedure**

The students logged into SONA, an online software that manages research participation, and self-selected to participate in the study. Those who chose to participate in the study were

redirected to an online survey tool (SurveyMonkey.com) where they first read a consent form. After reading the informed consent, participants entered their SONA ID and filled out demographic information (i.e., age, gender, sexual orientation, race, relationship status, employment status, income, geographic population, and religious denomination). Participants then selected their most central stigmatized characteristic from a list in the stigma questionnaire. After completing the questionnaire, participants who chose a stigmatized characteristic were randomly assigned to one of three conditions: acceptance, rejection, or neutral. Participants who chose a stigmatized characteristic received the instructions: “For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won’t actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled due to the experience you indicated on the previous page and needed support.”

The acceptance condition prompt for those who chose a stigmatized characteristic added: “For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be supportive of your identity and you as a person.” If the condition was rejection, the additional prompt read: “For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be unsupportive of you as a person”. If the condition was neutral, the additional prompt read: “For the next 15 minutes, please write a letter about that situation to a friend or family member whose opinion of your identity and you as a person, does not matter to you.”

For those participants who chose no stigmatized characteristic from the list in the stigma questionnaire, they received the instructions, “For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won’t actually send this

letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled and needed support.” The no-stigma participants were randomly assigned to acceptance, rejection, or neutral conditions and received corresponding additional writing prompts identical to those participants who chose a stigmatized characteristic. After the letter writing portion is complete, participants completed a Social Activation scale (Mickelson & Williams, 2008).

### **Materials**

**Writing prompt for stigmatized characteristic - acceptance.** “For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won’t actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled due to the experience you indicated on the previous page and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be supportive of your identity and you as a person.”

**Writing prompt for stigmatized characteristic – rejection.** “For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won’t actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled due to the experience you indicated on the previous page and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be unsupportive of your identity and you as a person.”

**Writing prompt for stigmatized characteristic – neutral.** “For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that

you won't actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled due to the experience you indicated on the previous page and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member whose opinion of your identity and you as a person, does not matter to you."

**Writing prompt for non-stigmatized - acceptance.** "For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won't actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be supportive of your identity and you as a person."

**Writing prompt for non-stigmatized – rejection.** "For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won't actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member who you know would be unsupportive of your identity and you as a person."

**Writing prompt for non-stigmatized – neutral.** "For the next part of the study, we would like for you to write a hypothetical letter. To be clear, hypothetical means that you won't actually send this letter to the person. For the writing task, we would like for you to think about a specific situation that happened in your life in which you have struggled and needed support. For the next 15 minutes, please write a letter about that situation to a friend or family member whose opinion of your identity, and you as a person, does not matter to you."

**Demographics.** Socio-demographic factors such as age, race, and gender were assessed, including sexual orientation, relationship status, employment status, income, geographic population, and religious denomination.

**Support-seeking scale.** The Social Activation measure by Mickelson, K. D., & Williams, S. L. (2008) consists of twelve items that assess indirect and direct support-seeking behavior tendencies. The scale asks participants to rank how likely they are to use a behavior toward friends and family on a 4-point scale from “Never” to “Often”. Questions exhibit both direct support-seeking behavior (“Give them details about the problems”) and indirect support-seeking behavior (“Complain about your problems in a general way, without telling details or asking for any help”). Reliability was moderate for both the direct subscale ( $\alpha = .81$ ) and the indirect subscale ( $\alpha = .77$ ).

## Results

### Qualitative Coding and Findings

Two independent coders read through transcribed letters, blind to the experimental condition of each participant. Each coder determined whether the letter had the presence of direct or indirect support-seeking. A third category of disclosure was added after the coding process began, given that some disclosed their stigmatized identity but did not ask for support directly. If both support-seeking and disclosure were present, coders noted those instances. Following independent coding, a third researcher directed the process of comparing codes and discussing to consensus any disagreements among the two coders.

51% of participants were randomly assigned to the acceptance condition, and 49% were randomly assigned to the rejection condition. Of the participants with a stigmatized identity, 59.2% had a concealable identity versus 40.8% with visible identity. Of those in the rejection

condition, 55.1% (n = 27) had indirect support seeking in their letters versus 33.3% (n = 17) of those in the acceptance condition. Of those in the rejection condition, 34.7% (n = 17) had direct support seeking in their letters versus 41.2% (n = 21) of those in the acceptance condition. Of those in the rejection condition, 71.4% (n = 35) had disclosure in their letters versus 66.7% (n = 34) of those in the acceptance condition.

In order to test whether these differences were statistically significant, chi-squared analyses were conducted through the cross-tabs option in the “Analyze-Descriptives” drop-down menu of SPSS. Results revealed a significant difference in the presence of indirect support-seeking strategies within the letters of those in the rejection condition versus the acceptance condition ( $\chi(1) = 4.806, p = .028$ ). No significant differences in the presence of either direct support-seeking ( $\chi(1) = .446, p = .504$ ) or disclosure ( $\chi(1) = .265, p = .607$ ) were found between the two conditions. In addition, no significant differences by type of stigmatized identity for disclosure ( $\chi(1) = 1.141, p = .286$ ), indirect support-seeking ( $\chi(1) = .108, p = .742$ ) or direct support-seeking ( $\chi(1) = .004, p = .947$ ).

### **Quantitative Support Seeking Findings**

In order to test hypotheses 1 and 2, two regression analyses were conducted. First, indirect support-seeking was regressed on the experimental condition (rejection vs acceptance). A dummy variable with “0” representing the rejection condition and “1” representing the acceptance condition was used. Second, direct support-seeking was regressed on the experimental condition variable. The constant in the output of these analyses represents the rejection condition, and the B-coefficient indicates the change in outcome for those in the acceptance condition.

Hypotheses 3 and 4 were tested similarly with the exception of indirect and direct support-seeking being regressed on a dummy variable representing concealable versus visible stigmatized identity. The dummy variable had “0” representing concealable and “1” representing visible identities. The constant in the output of these analyses represents the concealable variable, and the B-coefficient indicates the change in the outcome for those with visible identity. There was no significant effect for any relationships at the  $p < .05$  level.

Hypothesis testing for the quantitative scale revealed non-significant findings. As a follow up, we conducted a posthoc analysis which included examining the possibility that there is an interaction between condition and stigma type (concealable versus visible). Results of moderated regression revealed a significant interaction between concealed and visible identities for indirect support-seeking based on whether participants were in the acceptance or rejection condition. A simple slopes analysis (and ANOVA afterward to see exact means) revealed a significant effect of condition on indirect support-seeking for those with a visible stigma. Specifically, more indirect support-seeking was indicated in the acceptance condition for those with visible identities.

### **Discussion**

Previous research has shown that those with stigmatized identities would benefit from support (Cohen & Wills, 1985), but the way in which they seek support may depend on different factors (Downey & Feldman, 1996; Macdonald & Morley, 2001; Major et al., 1990), and how they seek support can decide if they receive it (Barbee & Cunningham, 1995; Chaudoir & Fisher, 2010; Major, et al., 1990; Tubbs, 1988). In this study, we examined how often indirect and direct support-seeking behaviors were displayed when primed for rejection, acceptance, or a neutral response in people with a stigmatized identity. Additionally, we examined if the stigmatized

identity being concealable or visible played a role in the frequency or type of support-seeking behavior.

I hypothesized that participants assigned to the rejection letter-writing condition would exhibit more indirect support-seeking behavior than direct support-seeking behavior (as determined by both the presence of seeking in the qualitative letters and the amount of support-seeking reported on the quantitative survey). Results support a significant difference in the presence of indirect support-seeking strategies within the letters of those in the rejection condition versus the acceptance condition. Participants in the rejection condition displayed more indirect support-seeking (51.1%) in their letters versus those in the acceptance condition (33.3%). This supports current theory that those who anticipate a negative response, in this case, rejection, will seek support more indirectly, in order to appear less vulnerable (Chaudoir & Fisher, 2010; Major, et al., 1990).

In contrast to what was expected, no significant relationship was found to support the latter three hypotheses. This could be due, in part, to the limitations of the study, which will be explained further. There was, however, a significant posthoc interaction revealing that those with a visible stigmatized identity had more indirect support-seeking within the context of acceptance. This finding is conflicts with my hypothesis that participants with visible stigmatized characteristics would display more direct support-seeking behavior. One possible explanation for why individuals with a visible stigmatized characteristic might seek support indirectly in a situation in which they expect acceptance could be due to the nature of their stigmatized identity. Disclosure is an inherent part of direct support-seeking, but in the case of visible stigmatized identities, their identity is already apparent. This could help explain why those with visible

stigmatized identities seek support more indirectly. More research needs to be conducted to determine if this is a finding consistent in the lives of those with visible identities.

### **Limitations**

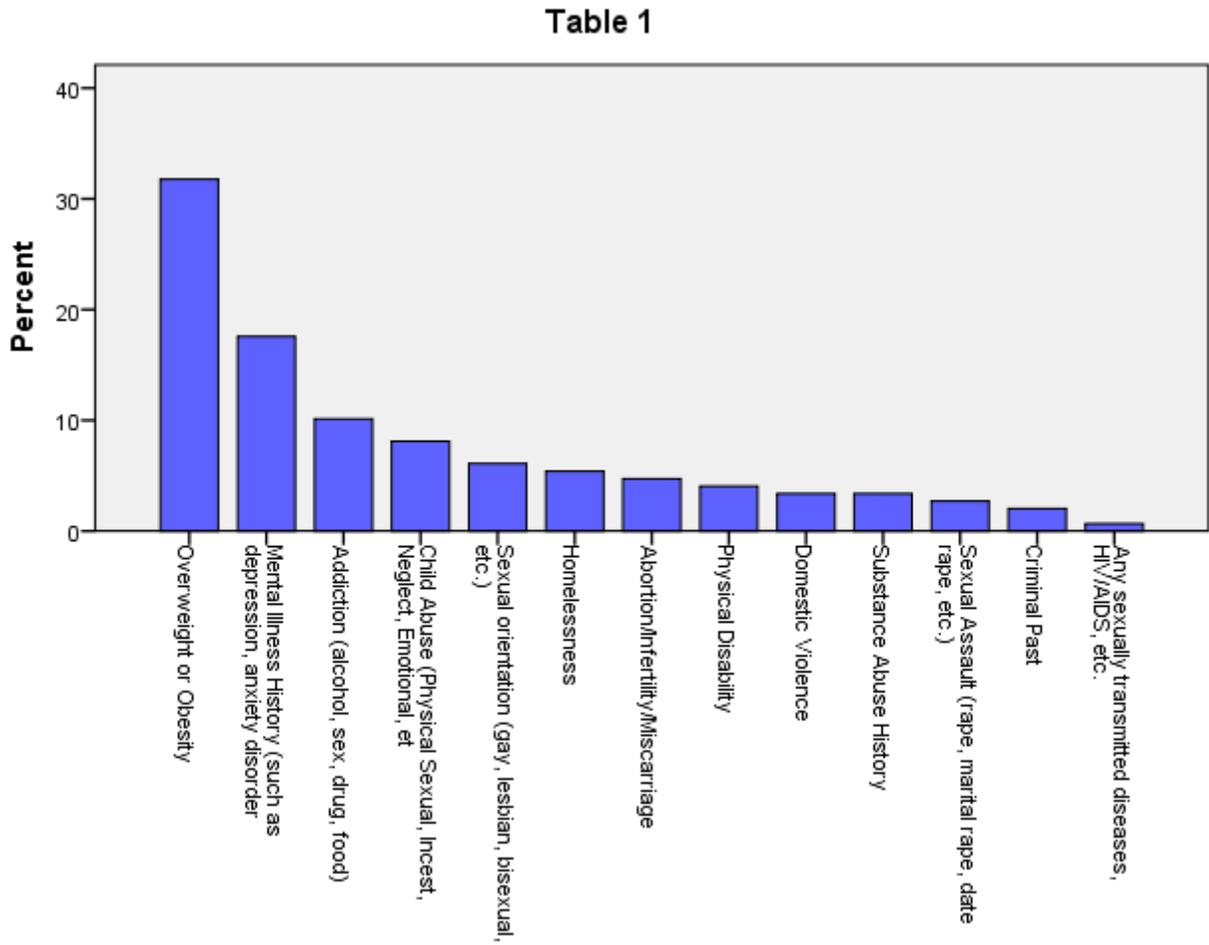
There were several limitations to the study that should be considered when interpreting the findings. The sample of participants was relatively homogenous, as the majority was white, female, and straight. This lack of diversity may make the results less generalizable to the larger population of those with stigmatized identities. Also, the nature of the letter writing in this study may not be conducive to actual support-seeking processes, as indirect support-seeking can be non-verbal (e.g., appearing sad but not stating why). Because of this, coding for indirect support-seeking within letters does not permit subtle ways of support seeking in an indirect way. Future directions would include a more diverse sample, as well as more in-depth study designs, including video recorded lab interactions with support network members, and follow up interviews to uncover the subtle nature of indirect support-seeking processes.

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Table 1. Statistics of Stigmatized Characteristics.



*Table 2. Descriptive Statistics of Sample (N = 147).*

Main Study Variable	<u>M</u>	<u>SD</u>	<u>N</u>	<u>%</u>
1. Age	21.91	6.19	147	---
<b>2. Gender</b>				
Female			120	81.6%
Gender queer/neutral/Two-spirit			3	2.0%
Male			24	16.3%
<b>3. Sexual Orientation</b>				
Asexual			6	4.1%
Bisexual			8	5.4%
Heterosexual			120	81.6%
Homosexual			7	4.8%
Pansexual			4	2.7%
Other			2	1.4%
<b>4. Race</b>				
Alaskan Native/Native American			4	2.7%
Asian/Asian-American			4	2.7%
Black/African-American			10	6.8%
Caucasian/White			132	89.9%
Hispanic			2	1.4%
Pacific Islander			1	0.7%
<b>5. Relationship Status</b>				
Single			57	38.8%
In a Relationship			63	42.9%
Cohabiting			14	9.5%
Separated			1	0.7%

Main Study Variable	<u>M</u>	<u>SD</u>	<u>N</u>	<u>%</u>
Married			10	6.8%
Domestic partnership			2	1.4%
6. Employment Status				
Employed			92	62.6%
Unemployed			55	37.4%
7. Income				
Low income			82	55.8%
Low-middle income			33	22.4%
Middle income			26	17.7%
Upper-middle income			3	2.0%
Upper income			3	2.0%
8. Geographic Location				
Urban (over 100,000 residents)			20	13.6%
Suburban (10,000-100,000 resident)			91	61.9%
Rural (less than 10,000 residents)			36	24.5%
8. Religion				
Protestant (e.g., Baptist, Church of Christ, Lutheran, etc.)			82	55.8%
Catholic			6	4.1%
Muslim			1	0.7%
Hindu			1	0.7%
Non-religious			28	19%
Spiritual			31	21.1%
Other			5	3.5%

*Table 3. Regression Analysis for Examining Support Seeking (Quantitative)*

	Indirect			Direct		
	B	SE	$\beta$	b	SE	$\beta$
Condition	.063	.117	.054	.041	.146	.028
Stigma Type	-.039	.099	-.033	.106	.123	.071

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$p < .05$ . \*  $p < .01$ . \*\*  $p < .001$ . \*\*\*

## Appendix

### Demographics

- 1. How old are you (in years)?**
- 2. Please indicate your gender (check all that apply).**
  - a. Intersex
  - b. Female
  - c. Gender queer/Gender neutral/Two-spirit
  - d. Male
  - e. Transgender (Female to Male)
  - f. Transgender (Male to Female)
  - g. Other (Please indicate)
- 3. Please indicate your sexual orientation.**
  - a. Asexual
  - b. Bisexual
  - c. Heterosexual
  - d. Homosexual
  - e. Pansexual
  - f. Other (Please indicate)
- 4. Please indicate your race/ethnicity (check all that apply).**
  - a. Alaskan Native/Native American
  - b. Asian/Asian-American
  - c. Black/African-American
  - d. Caucasian/White
  - e. Hispanic
  - f. Pacific Islander
  - g. Other (Please indicate)
- 5. Please describe your current relationship status.**
  - a. Single
  - b. In a relationship
  - c. Cohabiting
  - d. Separated
  - e. Married
  - f. Domestic Partnership
- 6. Are you currently working a paid job?**

- a. Yes
  - b. No
- 7. How would you classify your personal financial situation?**
- a. Low income
  - b. Low-middle income
  - c. Middle income
  - d. Upper-middle income
  - e. Upper income
- 8. Please indicate what kind of area you currently live in.**
- a. Urban (over 100,000 residents)
  - b. Suburban (10,000-100,000 residents)
  - c. Rural (less than 10,000 residents)
- 9. My religious denomination is...**
- a. Protestant (e.g., Baptist, Church of Christ, Lutheran, etc.)
  - b. Catholic
  - c. Jewish
  - d. Muslim
  - e. Buddhist
  - f. Hindu
  - g. I am non-religious
  - h. I am spiritual

**Life Experiences**

Please indicate ONE of the following that you have experienced that you think about often:

- Homelessness
- Substance Abuse History
- Sexual orientation (gay, lesbian, bisexual, etc.)
- Overweight or Obesity**
- Domestic Violence
- Child Abuse (Physical Sexual, Incest, Neglect, Emotional, etc.)
- Criminal Past
- Physical Disability
- Any sexually transmitted diseases, HIV/AIDS, etc.
- Mental Illness History (such as depression, anxiety disorder, or bipolar, PTSD, or ADD/ADHD)**
- Gender identity issues
- Sexual Assault (rape, marital rape, date rape, etc.)
- Abortion/Infertility/Miscarriage
- Addiction (alcohol, sex, drug, food)

**Social Activation**

*Sometimes we like to share our experiences and feelings with others more directly – telling it how it is – while other times we are more indirect or round-about in sharing our feelings with other people. The following is a list of both direct and more indirect behaviors that people sometimes use when they have problems or are upset. Please indicate, overall, how likely you would be to use each of the following behaviors toward your friends and family.*

0	1	2	3	9
Never	Rarely	Sometimes	Often	N/A
1. give them details about the problems _____				
2. ask them for help or advice about what to do about the problems _____				
3. ask them to share their own experiences with problems that are similar to yours _____				
4. ask them for love or reassurance about what you were feeling or doing _____				
5. ask them to do something (e.g., tell you a joke) to get your mind off the problems _____				
6. come across as sad but not state exactly why or do not give details _____				
7. feel like you want comfort from them but not tell them why _____				
8. talk about other things or hang out just to get your mind off of your problems _____				
9. complain about your problems in a general way, without telling details or asking for any help _____				
10. whine about your problems _____				
11. appear noticeably irritated about something or distracted when with them but not tell them why _____				
12. downplay to them how much the problems really bother you _____				