

Breaking Down Stigma

Stigmatization: When people stereotype, hold prejudices about, or discriminate against others because of certain characteristics and/or membership (or perceived membership) in certain identity groups. Stigmatization is a social, interpersonal process that we do to each other.

Unpacking the component parts of stigmatization can be useful whether the stigma is aimed at you, Veterans you work with, or others. While not solving the problem, doing so breaks stigmatization into more specific and concrete pieces which can make it easier to grapple with and to see what might help a given situation.

1. The Three Components of Stigmatization

Thinking: Stigmatizing others starts with the inaccurate and negative beliefs, stereotypes, assumptions, and judgements that people have about the stigmatized individual or group. That is, a primary part of stigmatization is *cognitive*.

Feeling: Negative prejudices or biases against the stigmatized individual or group stem from these stereotypes or beliefs. These contain negative *feelings* towards the individual or group such as fear, dislike, aversion, anger, distrust, disgust, or hatred.

Doing: The combination of stigmatizing thoughts and prejudiced feelings often leads to negative *behaviors* towards the stigmatized individual or group. This can include blanket criticism, dismissive or demeaning interactions, discrimination, exclusion, avoidance, harassment, and even violence.

All three are usually intertwined in a given type of stigmatization. Nonetheless, considering the role of each one can help identify strategies for lessening stigmatization and/or its harmful impacts.

Note that this is true of any type of stigmatization – stigma of justice involvement, of mental health treatment, of addiction, of race, of gender, etc. At the same time, each of these also has essential unique details in the dynamics and forms of stigmatization that people face and the harms it causes.

Addressing the Components

EDUCATION can make inroads on stigmatizing **thinking** (thoughts & beliefs)

= Information to correct ignorance and inaccurate ideas.

POSITIVE CONTACT can make inroads on stigma-related **feelings** and aversions

= Helping others see members of a stigmatized group as full people by interacting with them and their stories can erode stereotypes and negative assumptions.

ADVOCACY can make inroads on stigmatizing **actions** and policies

= Speaking up to change unjust situations, behaviors, policies, expectations

Each of these has strengths, weaknesses, and costs. See next page →
Many efforts combine multiple strategies, at multiple levels, tailored to the situation.

	EDUCATION	POSITIVE CONTACT	ADVOCACY
Strengths	Facts are on your side Need not be complex to deliver Sometimes people do just need accurate information	Powerful for eroding stereotypes, changing feelings Harder to discriminate against or belittle a person or group you “know”	Practical, direct approach with a concrete goal (un)Fairness is often compelling Common goal can bring people together
Challenges	People often ignore information that is counter to their biases Often education is not enough to change stereotypes, prejudices, or structural bias Need to have / find sources	Requires people to be known, to “put themselves out there” Can involve uncomfortable conversations, hostility, risk Positive examples work best, pulling for editing & “poster children” examples	Often emotionally taxing Complex, takes a long time Resistance and push-back, even retaliation, are possible Not always successful, can be disheartening
Examples	Communications to correct common myths or stereotypes More formal education such as recommended readings, trainings, or coaching	First-person stories, profiles (written, video, in person) Being “out” when one can in relevant settings Speakers, speakers’ bureau, ambassadors, advocates	Informally speaking up in the moment, making requests Meetings, letters, visible protest requesting a specific change Efforts to change policies and practices from within

ALSO: please know that this information is not meant to imply that you *should* tackle (much less solve) *every* instance of stigmatization you encounter. We all must “pick our battles,” heed our limits (eg., overextending, burnout), stay within the scope of our jobs, and maintain good professional boundaries.

2. Five Types of Stigmatization

Being able to name the type(s) of stigmatization in a given situation can be very useful for communicating the problem and for thinking through ways to respond, cope with, or lessen it.

Public or Societal Stigma – An umbrella term for the many and varied stigmatizing assumptions, stereotypes, attitudes, disrespect, discrimination, and even violence aimed at people in a stigmatized group by others in their society, community, culture, and/or its institutions.

Experienced Stigma – The stigmatizing experiences (of any type, from any source) that you yourself have experienced.

Anticipated Stigma -- Worry, distress, and/or avoidance caused by anticipating that one will encounter stigmatization. Often sensible and self-protective but can be overgeneralized and can get in the way of things a person wants to or needs to do.

Internalized Stigma -- When a person comes to believe that the negative messages about a label or group are true of themselves. Also sometimes called “self stigma.”

Associative Stigma -- The stigmatization that people find projected on to them when they associate with people in a stigmatized group. For example, people working with justice-involved Veterans may be stigmatized due to that association, as may family members of such Veterans.