A paradox of support seeking and rejection among the stigmatized

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Abstract

Individuals perceiving stigma may be unwilling to seek support directly. Instead, they may use indirect strategies due to fear of rejection. Ironically, indirect seeking leads to unsupportive network responses (i.e., rejection). In Study 1, data collected from structured interviews of a sample of U.S. women in poverty (N = 116) showed that perceived poverty-related stigma was related to increased fear of rejection, which in turn partially mediated perceived stigma and indirect seeking. In Study 2, data gathered from structured interviews of a sample of U.S. abused women (N = 177) revealed that perceived abuse-related stigma was linked to increased indirect seeking, which in turn related to increased unsupportive network responses. By contrast, direct support seeking was related to increased supportive and decreased unsupportive responses.

For decades, researchers have noted the influence of stigma on social interactions. In his classic theoretical work, Goffman (1963) stated the stigmatized may withdraw from social situations, and likewise, the nonstigmatized may avoid interactions with the stigmatized. Researchers continue to uphold the belief that 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). This dual response implies that these problems may arise from a dynamic interplay of social behaviors and perceptions on the part of both individuals in an interaction. Recent research has focused on beliefs and behaviors of the perceiver and the target (i.e., the stigmatized) within dyadic interactions. This work has shown that outcomes of social interactions often confirm initial expectations about what the social encounter will hold, reflecting a self-fulfilling prophecy (Jussim, Palumbo, Chatman, Madon, & Smith, 2000).

In this article, we apply these prior findings and concepts within dyadic interactions to stigmatized individuals’ encounters with their social support network. In so doing, we integrate the literature on perceived stigma, which is traditionally social psychological, with the personal relationships literature on support seeking. We believe that individuals’ stigma perceptions may lead them to interact with their support network in ways that contribute to the rejection they ultimately receive from the network. Drawing from sensitive interaction systems theory (SIST; Barbee & Cunningham, 1995), we posit and test a paradox of support seeking, such that stigmatized individuals use less direct and more indirect methods to solicit support, which inadvertently lead to unsupportive responses and their feared rejection.

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Perceived stigma and fear of rejection

Traditionally, scholars have defined stigma as a deviant condition (e.g., physical disability, disease; Goffman, 1963), characteristic, behavior, or attribute that reflects a devalued social identity (Crocker, Major, & Steele, 1998). This conceptualization of stigma is broad and encompasses conditions that are inherently visible or invisible to others and those with different characteristics associated with their development, such as blame (e.g., Smart & Wegner, 1999). Researchers have extensively examined stigma by way of people’s negative reactions toward, or stereotypes of, individuals holding a deviant condition or stigma (Crocker et al., 1998; Jones et al., 1984; Katz, 1981). Only most recently have researchers studied the psychological responses of being stigmatized and stigmatized individuals’ own perceptions of deviance (Crandall & Coleman, 1992; Mickelson, 2001; Swim & Stangor, 1998). Perceived stigma includes individuals’ reactions to holding a deviant condition, and beliefs about the self, such as shame, embarrassment, and projection of such beliefs onto others (Mickelson, 2001). In this article, we focus on perceived stigma from the perspective of the individual with the deviant condition or identity.

The extent individuals perceive stigma may be connected to their expectations and behaviors within social interactions. Stigmatized individuals may feel unsure of how others view them and may fear rejection (Goffman, 1963). Experiencing actual rejecting behaviors from others is clearly a reality in the lives of the stigmatized (Dovidio, Major, & Crocker, 2000), as the work on discrimination and unfair treatment demonstrates (Kessler, Mickelson, & Williams, 1999). Still, individuals may develop a fear of rejection, even though they do not experience it firsthand. People with and without stigmas are aware of the unfair ways that others treat stigmatized individuals. This knowledge becomes personally meaningful once individuals perceive themselves as stigmatized. For instance, Link (1987) posits that individuals are knowledgeable of the ways others devalue people with mental illness years prior to having the stigma and that the beliefs become personally relevant once diagnosed. Thus, individuals who perceive stigma may fear rejection, without ever experiencing it personally. Other research has shown that some individuals may be more likely to fear rejection than others, a “rejection sensitivity” that can be based on group membership, such as race (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002).

One implication of cognitive-based beliefs and expectancies is that they can lead to behaviors that elicit the expected or feared outcome, as behavioral confirmation or self-fulfilling prophecies demonstrate (Jussim, Palumbo, Chatman, Madon, & Smith, 2000), as well as stereotype threat (Steele & Aronson, 1995). Similarly, anticipated social rejection leads to the adoption of social behaviors that elicit a negative response or rejection from others. In a classic study, Farina, Allen, and Saul (1968) led participants to believe their interaction partners viewed them as mentally ill or homosexual. In reality, researchers had told the interaction partners that participants merely were college students. Ultimately, through the course of their interactions, the supposedly “stigmatized” participants evoked rejection from the interaction partners. More recently, Pinel (2002) examined stigma consciousness in relation to social rejection and found that women high in stigma consciousness were more likely to act critically toward men whom they believed to be sexist. Their critical behaviors brought about unfavorable evaluations from male interaction partners. Furthermore, Downey and Feldman (1996) demonstrated that males and females who were sensitive to rejection from their romantic partners interacted in ways with their partners that actually led to their partners’ dissatisfaction with the couple relationship. Specifically, their relationship conflict behaviors explained the link between rejection sensitivity and actual rejection from partners (Downey, Freitas, Michaelis, & Khouri, 1998).

These studies, like other social psychological studies on social rejection (e.g., Baumeister, DeWall, Ciarocco, & Twenge, 2005; Twenge & Baumeister, 2005), typically involve direct rejection such as being discriminated against or excluded from social activities or interactions. Specifically, researchers often manipulate
social rejection in an experimental paradigm. By contrast, in this article, we relate these findings to stigmatized individuals’ actual encounters with their support network. Specifically, we examine support-seeking behaviors of the stigmatized and rejection by the network. Because we are proposing that social behaviors lead to rejection in the context of support seeking, we define rejection in terms of the negative or unsupportive responses received from network members. In the context of support seeking from one’s family or friends, rejection seems more likely to take the form of denied support or unsupportive responses from the network rather than direct rejection such as ostracism. In line with this idea, the prior literature has shown that interactions with one’s network are not always positive but can be problematic (e.g., Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991). We retain the term rejection because we presume it captures what it feels like for the stigmatized to encounter unsupportive responses from close network members.

One caveat of this application is that it can seemingly blame socially marginalized individuals for negative outcomes or prejudice they encounter. We, like others (e.g., Link, Mirotznik, & Cullen, 1991), believe that stigmatization is ultimately a social problem, not one inherent within the stigmatized individual, and should be addressed at a societal level. Even so, examining the dynamics of social interactions, including behaviors of both the stigmatized and their interaction partners can call attention to the unmet needs of the stigmatized. It also may provide insights about changes both interaction partners can make to maximize their social encounters.

**Social support seeking and rejection**

We begin our formal discussion of social support and rejection with the premise that perceived stigma impacts individuals’ decisions about seeking support from close network members. Social support can have beneficial effects on health, especially when coping with stressful events (Cohen & Wills, 1985), and disclosure both in general and in the context of trauma can have positive health outcomes (Pennebaker, 1995). Individuals may, however, choose not to seek support or may avoid disclosing their condition or related problems because of potential negative reactions of others. Previous researchers (e.g., Derlega, Winstead, Greene, Serovich, & Elwood, 2002; Macdonald & Morley, 2001) have found anticipated negative responses and feelings of shame to be related to an unwillingness to disclose stigmatizing information. In fact, secrecy and social withdrawal may be ways in which the stigmatized cope with their situations (e.g., Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Link et al., 1991).

Prior studies of support seeking, however, have only assessed its most direct form—that is, by examining self-disclosure or the seeking of assistance in direct ways (e.g., asking). This limited view may be problematic because individuals tend to seek support directly only when the result (e.g., embarrassment) is not too costly (Eckenrode & Wethington, 1990). The presumed costs associated with disclosure and direct support seeking may be particularly relevant for those who perceive stigma. In the eyes of the stigmatized, their chances of a network member rejecting them increase once they disclose the problem or seek support directly for a stigma-related problem. In this way, anticipated cost of rejection outweighs the potential benefits of support. Therefore, we believe that the stigmatized will be less willing to seek support in direct ways from family and friends. They may, however, employ alternative methods of support seeking.

One alternative method of support solicitation is indirect support seeking (Barbee & Cunningham, 1995). Indirect strategies by definition are subtler than direct ones, and as a consequence, their usage for seeking advice or emotional support (tangible aid presumably is difficult to seek indirectly) might allow the stigmatized to keep their condition or related problem hidden or only partially disclosed. For instance, instead of asking for emotional support from a friend or a family member, individuals may choose to hint that a problem exists or act sad without giving details or directly stating reasons for the sadness (Barbee & Cunningham, 1995; Barbee, Rowatt, & Cunningham, 1998). Keeping the
support network from knowing details of their stigmatized identity, or of problems related to the stigma, presumably reduces the chance for the network to think badly of them. Indeed, Barbee and Cunningham have studied the interactive nature of supportive exchanges and have shown that when individuals are embarrassed or ambivalent about seeking support directly, they use indirect activation strategies in order to protect self-esteem. Thus, the stigmatized may seek support in more indirect ways in order to avoid rejection.

Unfortunately, indirect seeking strategies may, in fact, elicit negative responses or rejection. Within the broad framework of SIST (Barbee & Cunningham, 1995), characteristics of support exchanges can determine whether support providers give appropriate support (Barbee, Derlega, Sherburne, & Grimshaw, 1998; Barbee et al., 1993; Derlega, Winstead, Oldfield, & Barbee, 2003). Indeed, researchers posit that direct methods are more likely met with approach behaviors (e.g., solace), while indirect methods more often result in avoidant behaviors (e.g., dismissal, escaping). Indirect strategies may be associated with unsupportive or rejecting outcomes because they do not convey to the network how to provide effective help (Barbee, Rowatt, et al., 1998). Alternately, indirect strategies do not entail disclosure, which may facilitate smooth interactions between the help seeker and the provider as acknowledgment of the problem indicates to the provider that the topic is open for discussion (Farina, Sherman, & Allen, 1968). By contrast, when support seekers approach support providers using indirect strategies, the particular problems might be elusive, thereby creating a feeling of uncertainty or inadequacy about their ability to help (Barbee, Rowatt, et al., 1998). As a consequence, providers may respond negatively or apathetically. These ideas are supported by work that shows how a person copes with a problem may determine support received; individuals receive adequate support when actively coping (Schwarzer, Dunkel-Schetter, Weiner, & Woo, 1992; Silver, Wortman, & Crofton, 1990). In this way, indirect seeking may be considered an “inactive” or an “avoidant” means of coping.

Herein lays the paradox of indirect support seeking. Individuals who perceive stigma may be less willing to seek support directly because of potential rejection. As an alternative, they use indirect strategies to solicit support. Indirect strategies may, however, actually lead to the rejection they fear. We term this phenomenon the paradox of indirect support seeking. Although direct and indirect support seeking could potentially apply to a range of situations and problems for which stigmatized individuals might seek support, we focus on support seeking for stigma-related problems. As discussed above, individuals may use indirect strategies to avoid disclosure or calling attention to stigma.

In order to test the paradox, we conducted two studies, which when combined begin to provide evidence of the paradox of indirect support seeking. In Study 1, we assess perceived stigma associated with poverty and examine the first part of the paradox, testing the following hypothesis:

**Hypothesis 1:** Fear of rejection of support requests from family and friends will mediate the relationship between perceived stigma and support-seeking method, such that fear of rejection will be positively related to indirect support seeking and negatively related to direct support seeking.

In Study 2, we assess perceived stigma related to partner abuse and examine the remainder of the paradox, testing the following hypothesis:

**Hypothesis 2:** Support-seeking method will mediate the relationship between perceived stigma and network response.

Specifically, indirect seeking will be related to more unsupportive network responses and fewer supportive network responses, whereas direct seeking will be related to more supportive responses and fewer unsupportive responses.

As previously stated, stigmas vary along different dimensions (e.g., visibility, responsibility). The extent to which someone can hide or conceal stigma from others may impact
social relations. Concealment requires effort or mental control and can result in interpersonal costs (Smart & Wegner, 1999). The stigmas we have chosen to study, although concealable, may be visible to some network members and invisible to others. It is our position that visibility should not change the paradox of indirect seeking. All individuals with stigmas are mindful of what others might think during social interactions (Frable, Blackstone, & Scherbaum, 1990). And, even if the stigma is conspicuous, individuals may want to keep related problems hidden to avoid drawing further attention to the stigma.

By contrast, the paradox may differ by the dimension of responsibility. Stigmas attributable to personal responsibility are inherently more stigmatizing (e.g., Fife & Wright, 2000; Jones et al., 1984) and, therefore, may result in more indirect seeking and more rejection than stigmas seen as outside the control of the individual. Importantly, others view individuals in poverty (Stuber & Schlesinger, 2006) or experiencing abuse (Liang, Goodman, Tummala-Nara, & Weintraub, 2005) as being personally responsible for their situations. Thus, we believe that these types of stigmatizing conditions should act similarly as they play out in relation to support seeking and rejection.

Study 1

We investigated the links among perceived stigma, fear of rejection, and direct and indirect support seeking from family and friends using data obtained from structured interviews with a sample of low-income community women. In this study, we assessed stigma perceptions related to women’s financial situations (i.e., poverty).

Method

Sample
We conducted face-to-face structured interviews with 116 poor women aged 17–54 (55.2% White, 37.9% African American, and 6.9% other) for the Mothers Outcomes Matter Study (MOM study). We recruited a convenience sample (no sampling frame was available to draw a probability sample) of poor women (defined as having an annual income 220% or less of the federal poverty threshold for their household size) from government and social service agencies in northeast Ohio, United States. Women included in the sample had at least one child between 1 and 16 years of age living with her at the time of the interview. The average woman was in her mid-30s (M = 32.4, SD = 8.5), had a high school education (M = 12.8 years, SD = 1.7), had two children (M = 2.1, SD = 1.1), and had an annual income under US$15,000 (M = US$12,458.56, SD = US$8,962.92). Only 41.4% were employed, and the majority were not married or cohabiting (76.7%).

Procedure
We recruited respondents from various government and social service agencies geared toward providing services toward low-income individuals in northeast Ohio, United States. We posted flyers that advertised the MOM study within the agencies, and stamped postcards were available for any woman interested in participating. Potential respondents filled in their names and telephone numbers and returned the postcards to the project office. Upon receipt of postcards, the project director contacted the women to coordinate a time for the women to be interviewed. Each respondent had a face-to-face, in-home interview with a trained interviewer that lasted, on average, 1 hr and 45 min. During this time, they answered questions about demographics, perceived stigma, and support seeking. Interviewers used scale cards containing all item response scales to facilitate women’s comfort in answering sensitive questions. These cards displayed the response scale for each question, which permitted women to respond to questions using a number without requiring a qualitative response. Having this option may reduce discomfort potentially experienced when answering personal questions. Prior to asking the questions, trained interviewers described the response scales to the participant to ensure she understood the number system. Following participation, women interviewers provided women with a list of community...
services available to them and compensated (US$20) them for their time.

**Instruments**

**Potential covariates.** We included a number of sociodemographic variables in the interview. Each woman provided her age, marital status, race, number of children, income, highest level of education, and employment status (i.e., employed vs. unemployed). We assessed these items to attain a general description of the sample, in addition to being able to test for possible statistical control variables. When conducting the regression analysis to test for possible controls, we entered the categorical variables of marital status and race as separate discrete variables. That is, we entered whether women were married or cohabiting, and whether individuals were of a minority race into the regression, with married or cohabiting individuals and Whites chosen as reference groups.

**Perceived stigma.** We measured this construct using items reflecting women’s perceptions of stigma associated with their economic situations. Specifically, eight items tapped women’s emotions and feelings of deviance (adapted from Mickelson, 2001). We asked women to think about their feelings during the past 6 months about their financial situations and to respond by indicating the extent they agreed or disagreed with each of the statements using a 5-point scale, ranging from 1 (definitely disagree) to 5 (definitely agree). Sample items include “I feel odd or abnormal because of my financial situation”; “There have been times when I have felt ashamed because of my financial situation”; “I never have felt embarrassed because of my financial situation (reversed)”; and “I never have felt self-conscious when I am in public (reversed).” We computed a mean score of stigma for use in analysis ($\alpha = .76$; e.g., $\alpha$ is a measure of reliability). For descriptive information on all main study variables, see Table 1.

**Fear of rejection.** Five items assessed the extent to which women feared rejection. Specifically, we asked women separately for parents, siblings, other relatives, friends, and neighbors or coworkers how worried they were that their requests for help or support regarding their financial situation might be rejected or ignored. Women rated their fear using a 5-point scale, ranging from 1 (not at all) to 5 (very). We calculated a mean score of fear of rejection, collapsed across support network member, for use in analysis ($\alpha = .79$).

**Direct support seeking.** Ten items assessed women’s direct seeking of support from network members (adapted from Dunkel-Schetter, Feinstein, & Call, 1986). Two items represented women’s seeking of emotional (i.e., sought love, caring, understanding, reassurance) and informational (e.g., sought information or advice) support, directly with regard to their financial situations. The interviewers asked about direct support separately for parents, siblings, other relatives, friends, and neighbors or coworkers. We assessed these types of seeking in order to be consistent with indirect strategies, which focus on emotional support and advice. We calculated a mean score of direct seeking, collapsed across network member ($\alpha = .78$), for use in analysis, with higher scores indicative of greater direct seeking.

<table>
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<th>Main study variables</th>
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<th>M</th>
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<td>1. Perceived stigma</td>
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<td>2. Fear of rejection</td>
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<td>2.53</td>
<td>1.13</td>
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<td>3. Direct support seeking</td>
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<td>4. Indirect support seeking</td>
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***$p < .001$. **
Indirect support seeking. Seven items assessed indirect methods of seeking support ("whined about your problems"; "talked about other things or hung out just to get your mind off of your problems"; "complained about your problems in a general way, without telling details or asking for any help") from friends and family. We developed these items based on the prior work of Barbee and Cunningham (1995) on support activation. We introduced women to the items with the following explanation: “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.” Women responded with the extent to which they had acted in the ways described toward their friends and family, specifically in relation to their financial situation, using a 4-point scale ranging from 0 (none) to 3 (often). We calculated a mean score; higher scores indicate more indirect support seeking (α = .77).

Overview of analysis

Following descriptive analysis of the major study variables, we conducted multiple linear regression analyses to determine which sociodemographic covariates were significantly related to main study variables and were to be used in the main analysis. Next, we examined the proposed hypotheses using structural equation modeling (SEM) by way of an EQS program (Bentler, 1995). We used a three-step approach to the analysis of mediation, which Holmbeck (1997) suggests and which is in line with the classic approach Baron and Kenny (1986) have outlined. Specifically, we first tested a main effects model whereby perceived stigma predicts both indirect and direct methods of support seeking. Second, we tested a full mediation model whereby we included the relationships between perceived stigma and fear of rejection, and between fear of rejection and both direct and indirect seeking, but not the main effect between perceived stigma and seeking methods. Third, we examined a partial mediation model by adding the direct effect relationships into the model. We determined the relative fit of the two types of mediation models by examining the significance of the change in chi-square statistics and degrees of freedom. A significant change in chi-square from Steps 2 to 3 would indicate that partial mediation better represents the relationships between stigma, rejection fear, and support seeking.

For all models, we examine fit indices of chi-square, comparative fit index (CFI), and the standardized root mean residual (SRMR). Chi-square is a traditional measure of model fit, but sample size often influences it (Kline, 1998). Also, the statistic tests if a model is an exact fit to the data, which is a rarer situation (Weston & Gore, 2006). As such, we also examine the ratio of chi-square to degrees of freedom, which Kline (1998) considers to be an acceptable fit when the ratio is less than 3. The CFI ranges from 0 to 1, with a 1 indicating the best fit and values .90 or above indicative of acceptable fit. SRMR indicates best fit when closest to 0, with acceptable fit at a value of .10 or below (Kline, 1998).

Results

Prior to examining main study hypotheses, we conducted preliminary multiple linear regression analyses to determine which sociodemographic variables predicted main study variables and therefore were to be used as statistical controls in the main analysis. Results revealed that race was the only significant sociodemographic predictor of any main study variable, and therefore, we included it as a potential covariate in subsequent analyses.

In order to examine fear of rejection as a mediator between perceived stigma and support seeking method (H1 and H2), we used an SEM program to conduct a path analysis. We used a three-step approach, in line with suggestions by Holmbeck (1997). In the first, direct effects model, we examined the relationships between perceived stigma and both direct and indirect support seeking. In this model, we included a correlated error term between the two methods of support seeking. The potential covariate of race was initially free to affect study variables. The initial model indicated that race was significantly related to perceived stigma and indirect seeking, and therefore, we retained race as a covariate with
appropriate pathways. Results for the proposed main effects model, including race as a covariate, showed that the model fit the data well, $\chi^2(1) = 0.81, p = .368$, CFI = 1.0, SRMR = 0.027. Examination of the standardized estimates found perceived stigma was strongly related to indirect support seeking ($p < .001$); however, the path between perceived stigma and direct support seeking was not statistically significant. Due to the nonsignificant relationship between perceived stigma and direct seeking, testing mediation is not relevant. Yet, it remains possible that stigma is linked with fear of rejection and that such fear is linked with direct seeking of support. Thus, we instead examine direct seeking by testing the indirect effect of stigma on direct seeking through fear of rejection. Although others posit that the main effect need not be present to state mediation exists (e.g., Kenny, Kashy, & Bolger, 1998), we follow Holmbeck’s delineation between mediated and indirect effects, where the former has a significant main effect and the latter does not.

Next, we examined a full mediation model (or indirect effects model for direct seeking), whereby we included no main effect of stigma on support seeking. Prior to running the model, we allowed the covariate of race to affect other study variables. No linkages in addition to those used in the initial model were significant, so we retained the initial covariate relations and proceeded with the main analysis. The overall model did not fit the data well, $\chi^2(4) = 21.29, p < .001$, CFI = 0.69, SRMR = 0.09. Furthermore, the ratio of chi-square to degrees of freedom was greater than 3. Additionally, the relationship between fear of rejection and direct support seeking was not statistically significant; the SEM program indicated that the pathway between fear of rejection and direct seeking should be dropped to improve fit. Due to the theoretical significance of that proposed relationship, however, we have retained the nonsignificant relation in analyses of the model.

In the third step, we tested a partial mediation model by adding a main effect of stigma and indirect seeking to the model in the second step. Because we cannot test mediation with direct support seeking, we did not add a main effect of stigma and direct seeking. As shown in Figure 1, results of this analysis showed that the model fit the data well, $\chi^2(3) = 2.55, p = .47$, CFI = 1.0, SRMR = 0.036, and significantly better than the full mediation model, $\Delta \chi^2(1) = 18.74, p < .001$. Although the linkage between fear of rejection and direct

![Figure 1](image-url)
seeking remained nonsignificant, findings show that fear of rejection serves as a partial mediator between perceived stigma and indirect support seeking. In further support of partial mediation, we conducted a Sobel test, which showed a statistically significant reduction in the main effect relationship after we included fear of rejection in the model (Sobel = 2.17, \( p < .05 \)). Thus, findings partially support Hypothesis 1 and the notion that fear of rejection explains the usage of less conventional (i.e., indirect) techniques for seeking support although not the usage of conventional (i.e., direct) strategies.

**Discussion**

Past research has shown the stigmatized individuals do not always disclose potentially stigmatizing information (e.g., Derlega et al., 2002; Macdonald & Morley, 2001). In this way, costs perceived to be associated with direct seeking and disclosure may outweigh the benefits (Eckenrode & Wethington, 1990). One possible cost perceived to be associated with direct seeking is rejection, which the stigmatized anticipate. As such, we predicted that fear of rejection by one’s network would explain their unwillingness to directly seek support and greater willingness to indirectly seek support.

Findings from Study 1 lend partial support to our hypotheses. Specifically, and in line with our predictions, we found that with increased levels of perceived stigma, individuals fear rejection from friends and family. In turn, this fear of rejection links with greater use of indirect strategies for seeking support from these network members. That is, fear of rejection served as a partial mediator of indirect support seeking in the face of stigma perceptions. Contrary to prediction, our results indicated fear of rejection did not mediate the link between perceived stigma and direct support seeking. In fact, neither perceived stigma nor fear of rejection significantly predicted direct support-seeking strategies. These contrary findings suggest that other “costs” associated with perceived stigma might determine whether individuals seek direct support. For instance, asking for help from friends and family could cause one to feel indebted to others, as well as a need to reciprocate help (Antonucci & Jackson, 1990). Characteristics of the support network also might better predict direct seeking. An additional possibility is that our measure of direct support seeking was a limited assessment of the ways in which individuals can seek emotional and informational support in direct ways. The scale’s directions did not specify that the items should be strictly about “asking” for help, but merely whether they sought out their network. Therefore, in Study 2, we use a measure more in line with the theory of sensitive interaction systems. Results suggest that presumed costs associated with seeking support indirectly are fewer, thereby seemingly reducing risk of rejection. Yet prior research has shown that use of indirect strategies results in unsupportive responses from network members. The question remains how network members will respond to these indirect methods of support seeking by stigmatized individuals. We examine this question in Study 2, where we assess both direct and indirect support seeking behaviors by the stigmatized, as well as network response.

**Study 2**

Using data obtained from structured interviews with low-income community women who have experienced partner abuse, we next examine the links between perceived stigma, indirect and direct forms of support seeking, and both unsupportive (i.e., rejecting) and supportive network responses. In this study, we assess women’s stigma perceptions associated with abuse.

**Method**

**Sample**

We conducted face-to-face structured interviews with 177 low-income women who experienced partner abuse in the prior 6 months (80.2% White, 15.3% African American, 4.6% Hispanic or other). We recruited a convenience sample (no sampling frame was available to draw a probability sample) from a social service agency in northeast Ohio, United States. In order to minimize potential risks to safety due to participating, to be eligible to participate, women had to be unaccompanied to
the social service agency where recruitment occurred. Of the 217 women initially recruited, 3 women were unable to complete the interview, and an additional 37 women had not experienced any form of relationship abuse in the past 6 months. Thus, the final sample consisted of 177 women.

The average woman who participated was 30 years old (\( M = 30.25, SD = 9.10, \) range: 18–56), had a high school education (education in years \( M = 12.47, SD = 2.02 \)), had two children (\( M = 2.0, SD = 1.64 \)), and had an annual income of less than US$10,000 (\( M = US$9,817.91, SD = US$7,841.75 \)). Most women had never been married (46.3%), with only 24.3% either married or cohabiting. The remaining women were divorced (21.5%), separated (6.8%), or widowed (1.1%). In addition, the majority of women were unemployed at the time of the interview (65.5%).

Procedure

Trained research staff members recruited unaccompanied women in the waiting room of a social service agency in northeast Ohio, United States, and asked them to participate in a study on women’s life experiences and social relationships. Research staff had nametags clearly denoting the university name to show at first glance that the research was not associated with the agency, in addition to telling potential participants so directly. Once recruited, research staff brought each woman into a private room and read a consent form to them. Upon consent, women participated in a structured interview that lasted an average of approximately 45 min. During this time, they answered sets of questions about demographics, perceived stigma, and social support. As in Study 1, trained interviewers used scale cards containing all item response scales to facilitate women’s comfort in answering sensitive questions. Following participation, they provided women with a list of services available to them to the community and a business-size card containing contact information for the project office and compensated (US$20) them for their time. We would like to note up front that we did not assess fear of rejection in Study 2. We regret this decision and expand on this limitation in the Discussion section.

Instruments

Potential covariates. We included a number of sociodemographic variables in the interview. Each woman provided her age, marital status, race, number of children, income, highest level of education, and employment status. We assessed the items to attain a general description of the sample, in addition to being able to test for possible statistical control variables. When used in regression analysis to test for possible controls, we entered the categorical variables of marital status and race as separate discrete variables, as in Study 1, with married or cohabiting individuals and Whites chosen as reference groups.

Perceived stigma. We measured this construct using the same instrument as in Study 1, with items adapted to reflect women’s perceptions of abuse-related stigma. Specifically, eight items tapped women’s emotions and feelings of deviance related to being in an abusive relationship (Mickelson, 2001). We asked women to think about their feelings during the past 6 months about their experience with partner violence or conflict and to respond by indicating the extent they agreed or disagreed with the statements using a 5-point scale, ranging from 0 (definitely disagree) to 4 (definitely agree). We computed a mean score of stigma for use in analysis (\( \alpha = .86 \)). For descriptive information for this and all main study variables, see Table 2.

Support seeking. As in Study 1, we assessed indirect support seeking with six items, which measured indirect methods of seeking support (e.g., “came across as sad but didn’t state exactly why or didn’t give details”; “felt/act like you wanted comfort from them but didn’t tell them why”; “were noticeably irritated about something or distracted when with them but didn’t tell them why”). In addition, we included five items to measure direct support seeking from friends and family (e.g., “asked them for help or advice about what to do”; “asked them for love or reassurance about what you were feeling or doing”). We developed these five items based on the prior work of Barbee and Cunningham (1995) on support activation.
We introduced women to the items with the following explanation: “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.” Women responded with the extent to which they had acted in the ways described toward their friends and family in the past 6 months specifically in relation to partner conflict, using a 4-point scale ranging from 0 (none) to 3 (often). We calculated mean scores; higher scores indicate more indirect ($\alpha = .79$) and direct ($\alpha = .79$) support seeking.

**Network response.** We asked women to what extent their family and friends acted in various ways in response to their support-seeking attempts. Four items described unsupportive responses (e.g., “seemed uncomfortable talking,” “tried to change the topic”) and five items described supportive responses (e.g., “were sympathetic,” “reassured you or gave you affection”; adapted from Mitchell & Hodson, 1983). Women responded with the frequency with which their family and friends responded in each of the ways using a 4-point scale ranging from 0 (not at all) to 3 (quite a bit). We computed mean scores and used in analysis, with higher scores indicative of increased unsupportive ($\alpha = .79$) and supportive ($\alpha = .79$) network response.

**Results**

We used analysis strategies in Study 2 identical to Study 1. We conducted preliminary multiple linear regression analyses to determine which sociodemographic variables to use as statistical controls in the main analysis. We found that income, age, marital status, race, and number of children were significantly related to main study variables, and therefore, we included them as potential covariates in the following analysis.

In order to examine support-seeking method as a mediator between perceived stigma and network response (H3 and H4), we used an SEM program to conduct a path analysis. We employed the same three-step procedure as outlined in Study 1. First, we conducted a main effects model examining the relationships between perceived stigma and both supportive and unsupportive network response. We added a correlated error term between supportive and unsupportive response. Prior to running the model, we allowed the covariates of income, age, marital status, race, and number of children to affect study variables. The initial model indicated we add relations linking both race and marital status with stigma and unsupportive responses. We dropped income, age, and children, as they were not significantly related to study variables.

Results for the main effects model showed the model fit the data well, $\chi^2(3) = 1.07, p = .78$, CFI = 1.00, SRMR = 0.02. Perceived stigma was strongly related to increased unsupportive responses. Other findings showed, however, that the main effect of perceived stigma on supportive responses was not statistically significant. Although this finding means that there is no relationship to explain by mediation, as with Study 1, we decided to examine whether there was still an indirect effect of stigma on supportive responses

<table>
<thead>
<tr>
<th>Main study variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perceived stigma (abuse)</td>
<td>—</td>
<td>.02***</td>
<td>.44***</td>
<td>.06***</td>
<td>.45***</td>
<td>1.41</td>
<td>0.99</td>
<td>0–3.75</td>
</tr>
<tr>
<td>2. Direct support seeking</td>
<td>—</td>
<td>—</td>
<td>.29***</td>
<td>.59***</td>
<td>.12***</td>
<td>1.56</td>
<td>0.76</td>
<td>0–3</td>
</tr>
<tr>
<td>3. Indirect support seeking</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.18***</td>
<td>.35***</td>
<td>1.75</td>
<td>0.66</td>
<td>0–3</td>
</tr>
<tr>
<td>4. Supportive network response</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.22**</td>
<td>1.88</td>
<td>0.76</td>
<td>0–3</td>
</tr>
<tr>
<td>5. Unsupportive network response</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>0.74</td>
<td>0.77</td>
<td>0–3</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.

Table 2. Descriptives and correlations of main variables—Study 2 (N = 177)
through support seeking. We proceeded to examine the full mediation model (although for supportive responses it is an indirect effect model).

Next, we examined the overall model with no direct effects included. We added a correlated error term between direct and indirect seeking as in Study 1. An initial model with covariates free to affect study variables suggested no additional relations needed to be added. Therefore, we dropped income, age, and children, as they were not significantly related to any of the study variables. Results of this model showed the model fit the data well, $\chi^2(9) = 25.42, p < .01, \text{CFI} = 0.92, \text{SRMR} = 0.06$. Although a significant chi-square, the ratio of chi-square to degrees of freedom was below 3. The relationships between indirect seeking and supportive responses and between stigma and direct seeking were not significant; however, because of their theoretical significance for the proposed model, we retained these linkages in subsequent model testing.

In our third step, we added a direct effect between perceived stigma and unsupportive network responses in order to test partial mediation. As depicted in Figure 2, this model fit the data well, $\chi^2(8) = 9.11, p = .33, \text{CFI} = 0.99, \text{SRMR} = 0.04$, and significantly better than the full mediation model, $\Delta\chi^2(1) = 16.31, p < .001$. Although the relationships between perceived stigma and direct seeking and between indirect seeking and supportive responses were still not statistically significant, findings provide evidence that indirect support seeking serves as a partial mediator between perceived stigma and unsupportive network responses. We also conducted a Sobel test, which indicated a significant reduction in the relationship between stigma and unsupportive responses after we included indirect

**Figure 2.** A path model of support-seeking method partially mediating perceived stigma and network response (Study 2, $N = 177$).

*Note. $\chi^2(8, N = 177) = 9.11, p = .33$, comparative fit index = 0.99, standardized root mean residual = 0.04.

***$p < .001.$
seeking in the model (Sobel = 2.17, $p < .05$). Thus, findings support Hypothesis 2 and the notion that unsupportive network responses among the stigmatized are partially related to their use of indirect support seeking strategies, although not direct ones.

Finally, we tested an alternative model using Study 2 data to determine fit of one competing explanation. Specifically, it is possible that other models could explain the data patterns found in Study 2. Because we did not examine precursors to stigma perceptions, it is possible that the responses individuals receive from their network contribute to their feelings of stigmatization. We tested a model whereby indirect and direct seeking lead to unsupportive and supportive network responses, which in turn predict perceived stigma. Like our prior models, we included correlated error terms between the two types of support seeking and the two types of network response. In addition, we included linkages between the covariates of both race and marital status with unsupportive response and perceived stigma. Results showed that the model did not fit the data well, $\chi^2(9) = 34.04, p < .001$, CFI = 0.88, SRMR = 0.08. In addition, the ratio of chi-square to degrees of freedom is above 3. Although adding a direct link between indirect seeking and perceived stigma improved the fit, $\Delta \chi^2(1) = 19.65, p < .001$, and the overall fit was good (CFI = 0.97, SRMR = 0.06), it was still not as good a fit as the partial mediation step of our proposed model. Thus, we argue that the partial mediation model of our proposed paradox of indirect seeking is the better fitting model for these data.

Discussion

Overall results of Study 2 provide partial support for our hypotheses. As predicted (H3), perceived stigma is related to increased levels of indirect support seeking. In addition, these indirect behaviors related to unsupportive network responses and partially explained how perceived stigma relates to unsupportive network responses (H4). It appears that perceived stigma is associated with the use of indirect support seeking methods, and these methods play a role in how the support network responds, that is, with rejecting behaviors.

One potential caveat to this finding is the possibility that the stigmatized receive rejection regardless of the type of method used to seek support. Yet, in further support of our proposed paradox of indirect support seeking, we found that direct seeking is related to increased supportive network responses and decreased unsupportive responses. Thus, findings from Study 2 provide evidence that the support network’s response to the stigmatized at least partially hinges on the types of support-seeking behaviors of the stigmatized. Indirect forms of support seeking are met with unsupportive responses or rejection, whereas direct forms are met with more supportive and less unsupportive network responses. These findings are in line with prior work on direct and indirect support-seeking strategies (Barbee & Cunningham, 1995).

Admittedly, two aspects of our hypotheses did not play out in the data. First, we predicted (H3) that perceived stigma would be negatively related to the use of direct support-seeking strategies; however, results revealed a nonsignificant pathway between perceived stigma and direct seeking. Second, we predicted (H4) that indirect seeking strategies would be negatively related to supportive responses from the network; however, path analysis indicated that indirect seeking is not related to supportive responses. Clearly, additional factors might explain seeking behaviors and network response. We discuss possible avenues for future research below.

General Discussion

Research on stigma has emphasized the awkward social interactions between the stigmatized and others. Social psychological work on stigma and behavioral confirmation and self-fulfilling prophecies has shown that beliefs and expectations within dyadic interactions can lead to the social outcomes initially expected. Researchers, though, have not examined social support seeking and rejection among the stigmatized. We focused on support-seeking exchanges with close network members, thereby integrating social psychological
work with personal relationship theory on dynamics of support seeking and responses. This literature has shown that individuals are often unwilling to disclose stigmatizing information. Also, individuals use alternative behaviors that reflect indirect ways of seeking support to avoid costs associated with direct seeking. Such behaviors, however, link with unsupportive network responses. We proposed a paradox of indirect support seeking among the stigmatized, such that due to fear of rejection, those who perceive stigma seek support less directly and more indirectly, which ironically leads to rejection responses. Overall, our findings provide initial support for the paradox. In Study 1, we found that the stigmatized fear rejection and in turn seek social support from family and friends using indirect methods. In Study 2, we showed that the use of indirect methods to seek support is related to increased unsupportive network responses. On the other hand, direct seeking is related to fewer unsupportive and more supportive network responses. Thus, the manner in which the stigmatized seek support subsequently is related to the very rejection the stigmatized initially fear.

These results support prior theory and research from the stigma and social psychological literature in at least three ways. First, findings relate to the prior literature stating that the stigmatized use social withdrawal behaviors to cope with stigma (Link et al., 1989, 1991) and avoid disclosure of stigmatizing information (e.g., Derlega et al., 2002). We have extended prior notions that the stigmatized completely withdraw (see Pachankis, 2007) by showing that the stigmatized individuals do seek their networks, although in less traditional ways. Indirect seeking appears to be a favorable choice among the stigmatized—presumably permitting individuals to be close to the network without perceived risk of rejection. Clearly, our findings and others’ (Barbee & Cunningham, 1995) are in stark contrast to such notions, with the network instead responding with dismissive or rejecting behaviors. This reality of the rejection-type response is the second way our findings support prior literature. In particular, classic theoretical work on stigma has shown the stigmatized to experience awkward and negative social interactions (Goffman, 1963). With our two studies, we have demonstrated that one-way negative relationship outcomes, specifically with close others, can evolve. Third, the paradox of indirect seeking supports prior social psychological work on self-fulfilling prophecies (e.g., Jussim et al., 2000) and stigma perceptions and self-defeating behaviors (Pinel, 2002). As evidenced, those who perceive stigma may experience a type of self-fulfilling prophecy in regard to their feared support-related rejection beliefs.

In addition, our findings support prior personal relationship literature. In line with the propositions of Barbee and Cunningham (1995) and the SIST, our results suggest that the interactive nature of support exchanges may be important in the prediction of relationship outcomes among the stigmatized. In particular, we found that perceptions or behaviors on the part of both the support seeker and the provider contribute to the support outcome. Thus, SIST is a useful framework for understanding support exchanges in stigmatized individuals. Our study, however, was limited by the inclusion of only one member’s perspective of the support exchange. Given that the SIST represents a dynamic process involving the behaviors of both the support seeker and the provider, a more thorough study involving the support provider and the stigmatized would further elucidate the paradox of indirect seeking. Also, we do not know the characteristics of the specific family and friends from whom individuals are seeking support. Future research should study characteristics of the dyadic relationship, such as closeness of the relationship prior to support seeking, which may be related to choice of seeking strategy and network responses. Moreover, future research should study other potential reasons that the support network responds to indirect strategies in unsupportive ways. It may be that the network does not know the needs of the seeker and is uncertain how to help.

Our combined findings from the two studies have applied implications as well. First, it may be helpful for stigmatized individuals to know that choices about help seeking relate to
how their friends and family respond. Because of the presumed costs of disclosure or directly seeking (or the protection associated with holding back information), it is seemingly counterintuitive that seeking out the network indirectly leads to more negative responses from others. By disseminating information about the potential harm of indirect seeking, the stigmatized may be able to avoid potentially negative support outcomes. Given the interactive nature of support exchanges, however, the support network also has a responsibility. Given our findings, it seems imperative that network members become more attuned to the subtle cues that a friend or a family member might use to indicate a request for support. Moreover, it may facilitate future support encounters if support networks make known to close others their openness and accepting qualities. Then, when a stigma-related problem arises at a later point in time, individuals may perceive the network as trustworthy and avoid indirect support seeking.

Admittedly, there are components of the proposed paradox that the data did not support. We had hypothesized negative relationships to exist with direct seeking and both perceived stigma and fear of rejection. Neither perceived stigma (Studies 1 and 2) nor fear of rejection (Study 1) related to direct seeking in significant ways. One possible reason is that how willing individuals are to use direct seeking strategies may vary by stigmatizing condition or by characteristics of the network member. We still believe that, regardless of the inherent visibility of the stigma, individuals may still want to hide a stigma-related problem or avoid calling attention to the stigma. But we also admit that other nuances are possible. It may be that some network members already know about the stigma, while others do not. Thus, rather than an overall difference in social and psychological outcomes between a conspicuous and concealable stigma (Frable, Platt, & Hoey, 1998), there may be differences in seeking support for concealable stigmas by visibility to specific others. Perhaps the stigmatized seek support directly from those to whom the stigma is visible. Or, the reverse may be true. Considering the latter possibility, one aspect of visibility is the extent that others share stigma—the extent that family or friends have the same stigma. Theoretically, whether others hold the stigma may differentiate the support process. For instance, multiple generations of the same family may experience poverty. As such, factors such as not wanting to burden the network may predict low levels of direct seeking. Future research on the paradox of indirect seeking within a variety of stigmatizing conditions should address dimensions of stigma including visibility to certain network members and the shared nature of stigma.

One other possible explanation for the nonsignificant links with direct seeking may be our assessment of direct seeking. We included emotional and informational types of support proposing they can easily apply to direct and indirect seeking and, therefore, to the paradox. It, however, remains possible that direct support seeking for poverty- or violence-related stigma could also include tangible support. Future research should test this expansion to tangible support in relation to fear of rejection and network response, which would also require an assessment of tangible forms of help received from others.

Other caveats related to the current investigation should be considered when interpreting results as well. First, in both studies, we relied on cross-sectional and survey-based data from convenience samples of individuals who retrospectively reported their behaviors and network responses. Given that the paradox of indirect seeking is a dynamic process, the cross-sectional design limits the conclusions we can draw about causality. Although we worded questions in a way to indicate ordering of events (e.g., participants were asked to report network’s response to their support-seeking attempts), we cannot confirm temporal ordering without longitudinal or prospective designs. The nature of the samples also limits the general applicability of our findings. Future research should also examine this paradox using experimental designs.

Fear of rejection is one key component in the paradox of support seeking and rejection. Yet, Study 1 showed fear of rejection was only a partial mediator of support-seeking behaviors. Our measurement of fear of rejection in Study 1 may not have fully captured the extent
of the rejection fear stigmatized individuals feel during a support exchange. And, we regret our omission of fear of rejection in Study 2. Future work should include a multidimensional assessment of fear of rejection and test it in relation to the entire paradox.

Additionally, the paradox may differ by cultural context. In both studies, we recruited samples of low-income women. And, in Study 1, we assessed stigma perceptions related to being poor. We, however, examined the paradox in only one context—the Northeastern United States. Stigma perceptions associated with poverty may be less common in other places, such as those traditionally poor. Furthermore, support-seeking strategies and responses may differ by culture, thereby limiting the applicability of the current paradox. Only future cross-cultural studies can confirm or refute the paradox.

Despite potential limitations, the two studies provide initial evidence for a paradox among individuals who perceive stigma and use indirect support-seeking strategies. This research demonstrates that the use of alternate, indirect support-seeking strategies among the stigmatized may indeed be counterproductive. Among further strengths, the present research has integrated the social psychological literature on stigma with the personal relationship literature on dynamic interactions within support exchanges. Such integration can be useful in understanding the lived experience of stigmatized individuals. Indeed, findings of these two studies—outcomes of the integration of two disparate lines of research—have both implications and application for the stigmatized as well as future research on the stigmatized.

References


