Stigma, Silence, and Misunderstanding around Suicidality

Framing suicidality with Goffman's *Stigma*

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New Directions for Suicide Research

- Background:
  - Pressing health problem (Curtin et al. 2016)
  - Perplexing public health problem (Joiner 2005)
- Research needs:
  - Understand suicidality from the perspective of people who have lived through it
  - Innovative lines of inquiry such as qualitative data
- My focus:
  - More fully understand suicidality
  - The most significant barriers for seeking help or getting support for suicidality

Contributions of this Study

- Suicide is highly stigmatized.
- I examine the interpersonal process and experience of suicide stigma and the consequences to self that it has for formerly suicidal individuals.
- Three themes emerged from the interview data: ***stigma, silence,*** **and** ***misunderstanding.***
- Social roots of suicide (Stack and Bowman 2011)
- Symbolic meanings of suicide (Kral 1994)
- Social and cultural implications of suicide (Hjelmeland 2010)
- Social experiences matter for interpreting the suicidal experience.
  - How much support or stigma a person encounters
  - Worsening or disregarding their experience (Komiti, Judd, and Jackson 2006; Pescosolido 2013)

Understanding *Stigma*

- Individuals with mental health problems are often shunned or made to feel as though they do not belong (Link et al. 2001).
- Stigma are relational status markers that signal to both the possessor and those deemed "normal" the former's negative esteem (Goffman 1963).
- Stigmatized attributes are "deeply discrediting" and reduce a stigma holder "from a whole and usual person to a tainted and discounted one" (Goffman 1963: 3).
- Stigma are *cultural*, and therefore stigma has *moral* implications (Yang et al. 2007).
- Discredited stigma versus discreditable stigma each require different impression management strategies.

Qualitative Methodology and Data Sample

- 20 in-depth semi-structured interviews, 60-90 minutes each
- Respondents:
  - Identified as formerly suicidal (respondents had contemplated or attempted suicide at some point in their past)
  - Ages 22-65 years (required minimum: 18 years old, median: 35.5 years old)
  - Predominantly female identified
    (3 males: 15%; 16 females: 80%; 1 identified as gender-fluid: 5%)
  - Majority white respondents (90%)
- All respondents are referred by a **pseudonym** to protect their privacy.

Finding 1: Stigma around Suicidality

- *One time, I was looking for a room to rent in a house, and this older lady had a spare room . . . While she was interviewing me, I said I had a disability pension [for mental illness]. And she said, "Oh, no, I can't. There used to be a girl here who had depression and she made a suicide attempt and there was too much drama with the ambulance here," and she was so upset, and she said she didn't want that kind of goings on in her home, so, she refused to rent to me. –Elise*

- *You know, quite often, the first responders, or the people in the emergency rooms, actually do more damage by their actions. They're not treating people with respect, and they're showing their own prejudice and discrimination. I've always steered clear of emergency rooms, but there are a lot of people who I have met that had the experience of the emergency room, being chained or handcuffed, having their feet handcuffed to a gurney, or whatever. It's really quite dehumanizing. – Nathan*

Finding 2: Silence around Suicidality

- *Well, people who are contemplating or going through suicide, they don't wear their emotions on their faces. They're very scared. They're very, well, they make themselves isolated for a reason, to make sure no one knows about why they're doing this. Because they will be judged. They will be critiqued. –Tessa*

- *I think that has to be one of the major features of people who attempt suicide, or think about suicide, or become suicidal, is it is essentially a lonely business…. If you're serious about it, and it does scare you, then you don't go tell people about it. And then, that isolates you further. And that contributes to the fear, and you wanting to isolate yourself. You don't want other people to feel the fear, so you kind of just take it on yourself, and you're like, "well, I don't want to freak everybody else out, because I'm freaked out." –Veronica*

Finding 3: Misunderstanding around Suicidality

- *You know, through my attempts, I kept thinking, you know, "I love my family, and I hate the fact that I have to do this to my family. But, it's something I need to do." It was something I needed to do. I felt like I needed to do it. You know, what if people say, "Yea, well, you needed to do it to your family, so it was a selfish move." And I'm like, "No, it was a very difficult move!" I mean part of it is [that they're] trying to help me, but that's the least of my concerns in that moment. –Tim*

- *Some people see it as, "Oh, well, you're weak," you know? "You failed." Or, "You're weak, not only for believing that you should commit suicide, but you're weak for trying to commit suicide, and you failed at it, so you can't even kill yourself." –Paige*

Accounting for Suicide and Stigma

- All of the study participants claimed to deal with negative social labels that changed their social identities and self-concepts.
- They reported being viewed as selfish, attention seeking, and weak; thus reduced "from a whole and usual person to a tainted and discounted one" (Goffman 1963: 3).
- In some instances they described not only being discounted, but outright dismissed.
- Like those with mental illness (Lucas and Phelan 2012; Major and O'Brien 2005), they reported interpersonal difficulties which arose from a discredited identity such as relationship disruptions, and acquiring employment, housing, mental healthcare, and education.
- To manage their identities as suicide ideators or attempters, the study participants reported strategies such as lying about their status, not wearing their emotions on their face, or otherwise hiding the identity. They also reported not talking, "sweeping it under the rug," and avoiding intimacy with others.

The Big Picture

- Dialectics of stigma, silence, and misunderstanding
- Surviving suicidal ideation or a suicide attempt is a challenge.
- Impression management strategies, whether the status is discreditable or discredited, served to "dis"-integrate the individual from the group.
- Because of stigma, the dialog between those with suicidality and mainstream society is stagnant.
- Through silence, stigma persists and communication fails to take place between those who are suicidal and their significant others.
- At the macro-level, avoiding stigma through silence also perpetuates misunderstanding, which creates a closed system, a negative, non-correcting, feedback loop that serves to isolate suicide ideators and attempters from influencing the mainstream discourses regarding them, and alternative definitions of their situation.

Conclusion

- Limitations:
  - The sample was *formerly suicidal*, and not currently suicidal, or at highest risk for suicide.
  - Not demographically representative

- Directions for future research:
  - Include more racial and gender diversity in the sample; target recruitment efforts towards diverse populations.
  - Identify how suicide stigma is generated and perpetuated; strategize around the cessation of those mechanisms.
  - Improve knowledge about mental illness to educate clinicians and families about reducing suicide stigma and appropriately handling suicidality.
  - Use the subjective experiences of formerly suicidal people to inform the care and help provided to currently suicidal individuals.

References list available upon request.

Thank you for your time and interest.

I welcome your comments, questions, and feedback:

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