

**Support Communication in Culturally Diverse Families:**

**The Role of Stigma, Revisited<sup>1</sup>**

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<sup>1</sup>Preprint version of: Gaines, S. O., Jr., & Mickelson, K. D. (2022). Support communication in culturally diverse families: The role of stigma, revisited. In A. L. Vangelisti (Ed.), *Routledge handbook of family communication* (3rd ed., pp. 187-200). New York: Routledge.

### **Abstract**

In the present chapter, we examine support communication among culturally diverse families, especially as affected by the stigmatization related to an individual's minority status. We draw upon Goffman's (1959, 1963) interactionist role theory and concepts of identity and stigma, as well as Barbee and Cunningham's (1995) sensitive interaction system theory and Steele's (1997) concept of stereotype threat, in considering support communication processes hypothesized by Mickelson and S. Williams (2008; S. Williams & Mickelson, 2008). We conclude by emphasizing the potential for positive support communication among culturally diverse families, even while acknowledging the difficulty that individuals may face during interactions with family members and with other members of society.

**KEYWORDS:** Communication, culture, ethnicity, family, stigma.

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If *culture* denotes “the human-made part of the environment, whether physical or social” (Gaines & Hardin, 2018, p. 494), then *cultural diversity* denotes the variety of ways that particular human groups create, maintain, and potentially change their particular environments (see Gaines & Ferenczi, 2018); and *culturally diverse families* are those who include one or more persons from ethnic minority groups (and who, presumably, embrace their biological and/or cultural heritage to varying degrees, within broader societal contexts that may or may not affirm their heritage; Gaines & Hardin, 2020). Cultural diversity is evident in interpersonal behaviors both between nations (as many cross-cultural psychologists attest; Goodwin & Pillay, 2006), as well as *within* a given nation (e.g., cross-racial or cross-religious) (as many ethnic psychologists attest; Gaines, S. Williams, & Mickelson, 2013). Such diversity is similarly evident in interpersonal behaviors, both between and within families.

In the present chapter, we draw upon Goffman’s (1959) interactionist role theory (derived partly from Mead’s [1934/1967] social behaviorism) in examining support communication within culturally diverse families, paying special attention to Goffman’s (1963) concept of stigma as applied to members of ethnic minority groups and to their families. In addition, we consider the utility of Steele’s (1997) concept of stereotype threat in explaining the potential lack of generalizability of support communication processes across ethnic (and especially racial) groups. Finally, we focus on specific forms of support communication (following Mickelson & S. Williams, 2008; S. Williams, LaDuke, et al., 2016; S. Williams & Mickelson, 2008) that ethnic minority individuals may use to obtain social support from family members to counteract the potentially negative effects of stigmatization. Along the

way, we will draw upon additional theories (especially the sensitive interaction system theory of Barbee & Cunningham, 1995) that provide important insights into support communication processes within marital and family relationships (see High & Scharp, 2015).

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

According to Mead's (1934/1967) *social behaviorism*, just as individuals' words and deeds can mediate the impact of societies on the development of individuals' selves, so too can individuals' words and deeds mediate the effects of individuals' selves on the evolution of societies (Schellenberg, 1978). Mead's social behaviorism is not "behaviorist" in the Skinnerian sense of prioritizing rewards and costs over insight or purpose (see Berscheid, 1985). Rather, Mead regards individual speech and action simultaneously as antecedents and consequences of selves and societies over the long term (thus, advocating a non-deterministic view toward behavior; Stryker & Statham, 1985).

Despite Mead's (1934/1967) emphasis on individuals' speech and action as potentially promoting aspects social stability *and* aspects of social change, Mead's followers have tended to emphasize individual behavior as the conduit of social stability *or* change (Schellenberg, 1978). Specifically, *role theorists* generally have focused on individual behavior as promoting social stability; whereas *symbolic interactionists* generally focus on individual behavior as promoting social change (Stryker & Statham, 1985). Perhaps the best-known attempt to incorporate role-theory and symbolic-interactionist perspectives within one overarching framework is Goffman's (1959, 1963) *interactionist role theory*, which gives priority to social

stability, even as it acknowledges individuals' capacity to "ad lib" social scripts in a way that expresses their personalities and other core aspects of themselves (see Crocker, Major, & Steele, 1998).

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

Especially relevant to the present chapter is Goffman's (1963) conclusion that when families consist of one or more members of ethnic minority groups, *all* family members are stigmatized. At first glance, such a conclusion offers little hope for the long-term well-being of individuals within culturally diverse families (see Lee, Perez, et al., 2019). For families from religious and/or national minority groups, individual members (who may or may not possess the option of changing their ethnic group memberships; see Quinn, Camacho, et al., 2019) might experience pressure from several sources (e.g., strangers, acquaintances, friends, other family members) to

convert and/or to become naturalized citizens. Separately, regarding racial minority families, individual members (who generally lack the option of changing their ethnic group memberships; Quinn & Earnshaw, 2013) might experience pressure to exit families via separation or divorce (e.g., A. Jones, 2010); such an option typically would be available only to spouses or to unmarried, cohabiting romantic partners (see also Meisenbach, 2010, for a contemporary critique of Goffman's emphasis on individuals' defensive responses to stigmatization).

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

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

In many psychological theories of identity -- most notably Erikson's (1950, 1968) ego psychology -- identity is conceived as a property of the individual. However, in many sociological theories of identity -- most notably Goffman's (1959, 1963) interactionist role theory -- identity is conceived as a property of *social interaction* (Cote, 2006). Unlike Erikson, Goffman emphasized society (via social roles) and social and personal relationships (via face-to-face interaction) as the primary shapers of individuals' identity (see also Phinney, 1990, concerning psychological and sociological perspectives on identity development).

How do society, social relationships, and personal relationships combine to shape individuals' identity? As Goffman (1963) observed, society is especially adept at informing individuals regarding the social groups (e.g., racial, religious, and

national groups) to which they do or do not belong; social relationships (which typically involve little or no emotional intimacy) are especially adept at informing individuals concerning who they are in the eyes of outgroup members; and personal relationships (which typically involve considerable emotional intimacy; Duck, 1999) are especially adept at informing individuals regarding who they are in the eyes of ingroup members. Through years-long processes of immersion in social roles and in social interaction with ingroup and outgroup members, individuals acquire a sense of who they are as individuals, and in relation to others (Cote, 2006).

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

Goffman's (1963) interactionist role theory suggests that members of ethnic minority groups are most likely to receive social support from ingroup members. In turn, ethnic minority group members are less likely to receive social support from outgroup members. Finally, members of ethnic minority groups are least likely to receive social support from societal institutions, unless those institutions are required by law to provide social support (J. Jones, 1997). One mechanism by which members of ethnic minority groups provide social support to each other is ingroup members' overt and/or covert communication to each other indicating: "You are who you say you are, and I accept who you are" (see Davis & High, 2019).

This tendency on the part of racial minority ingroup members to minimize or eliminate the discrepancy between social actors' *virtual social identity* (i.e., the identity that perceivers believe to be true of actors) and social actors' *actual social identity* (i.e., the identity that actors believe to be true of themselves; Goffman, 1963) has been documented in experimental research by Garcia, Hallahan, and Rosenthal (2007) regarding initial meetings between strangers of the same race. They found that

African American and Latino pairs displayed greater actor-perceiver agreement than did European American pairs.

This is not to say that all ingroup members will automatically provide social support toward members of culturally diverse families, or that all outgroup members will automatically withhold social support from members of culturally diverse families (see Davis & High, 2019). For example, some European American wives in interracial marriages report that their own parents have rejected them (especially if those wives have borne children in those marriages), whereas they report the most reliable sources of social support from African Americans, not only within spouses' families, but also within the wider African American community (Porterfield, 1978; Rosenblatt, Karis, & Powell, 1995). Nevertheless, interracial marriages and families remain the exception for European Americans, African Americans, and Latinx (though not necessarily for Asian Americans or Native Americans; Gaines & Ickes, 2000).

### **A Case in Point: Stigma and Support Communication among Asian-Descent Immigrants in the United States**

A review of the literature on stigma and support communication within culturally diverse families reveals that this area has not received much attention from researchers, especially with regard to large-scale, quantitative studies (see Pryor & Bos, 2015). Much of the relevant literature focuses on social support and social networks among Asian-descent immigrants in the United States (e.g., Thomas & Choi, 2006; Yeh, Okubo, et al., 2008). A consistent theme emerging from these studies is the role that social network members can (but do not always) play in mitigating the stigmatization that many Asian-descent immigrants experience upon arrival in the United States (see Singh, McBride, & Kak, 2015). Not only are Asian-



descent immigrants part of a visible racial minority group; but they also are members of a national minority group possessing a *discreditable* stigma not immediately visible but can be detected once they speak (Goffman, 1963).

Yeh et al. (2008) examined links among cultural interactions, acculturation, family obligations, language use, and social support among adolescent Chinese immigrants in the United States. The researchers assessed *sources* of social support, rather than *content areas* of social support (for a comparable approach, see Singh, McBride, & Kak, 2015). Thus, it is not clear how the immigrants sought or received social support, let alone what social network members actually said or did to provide support (for a contrasting approach, see Wong & Lu, 2017).

Nevertheless, Yeh et al. (2008) found that Chinese immigrants' level of social support received from friends in particular was negatively related to the immigrants' concerns about intercultural competence. In contrast, level of social support received from significant others or family members was unrelated to such concerns. This latter finding is informative in light of qualitative research indicating some Asian American adolescents' reluctance to seek familial support because of cultural norms (e.g., Chang, 2015).

Thomas and Choi (2006) examined links between acculturative stress and social support among 10-to-20-year-old Korean and Indian immigrants in the United States. Like Yeh et al. (2008), Thomas and Choi (2006) distinguished among *sources* (rather than *content areas*) of social support. Also, similar to Yeh et al.'s study, it is not clear how social network members communicated support to the immigrants. Nonetheless, unlike Yeh and colleagues, Thomas and Choi found that social support from parents in particular was related to less acculturative stress.

## **Felt Stigma versus Self-Stigma among Members of Ethnic Minority Groups and Culturally Diverse Families**

*Felt stigma* refers to one's awareness of the stigmatized mark itself, and/or the unfair treatment that one might anticipate receiving as a result of possessing the stigmatized mark (Pinel & Bosson, 2013). In contrast, *self-stigma* is a stigmatized individual's set of internalized cognitive and affective responses that result from holding the stigmatized mark (Corrigan, Kosyluk, & Rusch, 2013). This "stigmatisation turned inward" has been discussed with regard to individuals with mental illness and other stigmatizing conditions (Corrigan, Watson, & Barr, 2006).

In the case of ethnic minority status or being a member of a culturally diverse family, one could report felt stigma as well as self-stigma – that is, the *anticipated* unfair treatment by others in the future (possibly based upon *actual* unfair treatment by others in the past), as well as the resultant self-beliefs (Howarth, 2006). Self-stigma has been the focus of prior studies in a variety of contexts, including homosexuality (Herek, Gillis, & Cogan, 2009) and sexual assault (Deitz, S. Williams, Rife, & Cantrell, 2015). Furthermore, self-stigma has been associated positively with less-than-optimal psychosocial outcomes, such as social constraints (Lewis, Derlega, et al., 2006) and lower support availability (Mickelson, 2001; Mickelson & S. Williams, 2008).

Despite the felt stigma and self-stigma that members of ethnic minority groups might experience in everyday life, individuals may pursue a variety of coping mechanisms with help from significant others (Bos, Pryor, et al., 2013). For example, individuals from ethnic minority groups often seek and receive social support from social network members who can empathize with the plight of those individuals or

from social network members who can sympathize with the plight of those individuals (Goffman, 1963).

The skill with which many members of ethnic minority groups obtain social support from social network members might explain why members of ethnic minority groups generally score far higher on self-esteem scales and other measures of psychological well-being than their objective circumstances would lead one to predict (see Crocker, Major, & Steele, 1998). Indeed, having a positive group identity is related to better outcomes for the stigmatized (Sellers, Caldwell, et al., 2003). Such resilience may be due to the supportive context that similar others provide to stigmatized individuals faced with unfair treatment (or the threat of such treatment; Stringer, S. Williams, et al., 2018).

### **Reconciling the Opposing Outcomes: Considering Self-Stigma and Support Dynamics**

How might mental health practitioners make sense of the diverse outcomes of individuals in stigmatized groups and enhance the positive outcomes of stigmatized relationships? In their *sensitive interaction system theory*, Barbee and Cunningham (1995) proposed that level or quality of social support depends partly upon the actions of the support provider, and partly upon the method of support-seeking that the support recipient (or the seeker) employs (S. L. Williams, LaDuke, et al., 2016). *Direct* support-seeking strategies (e.g., asking for support, disclosure of problem) can lead to supportive network responses (e.g., solace, solving problems), whereas *indirect* support-seeking strategies (e.g., non-disclosure, seeking the network to be close but not stating there is a specific problem, appearing sad or distressed but not stating why) can lead to unsupportive network responses (e.g., escape, dismissal; Don, Mickelson, & Barbee, 2013).

Barbee and Cunningham's (1995) sensitive interaction system theory has been applied by Derlega, Winstead, et al. (2003) to HIV-positive individuals – a group who hold a concealable stigma and who might hold multiple stigma, due to the stereotypical association of HIV with “deviant” sexual behavior (Quinn & Earnshaw, 2011). Results of Derlega et al.'s research indicate that direct forms of support-seeking are linked with more positive or supportive responses from the support network, compared to indirect forms of support-seeking. These findings might help explain why felt stigma is positively correlated with active support-seeking among HIV-positive individuals, perhaps responding to society's devaluation of them by pursuing affirmation from significant others; whereas self-stigma is negatively correlated with active support-seeking among HIV-positive individuals, perhaps responding to their own internalisation of societal stereotypes by not bothering to pursue affirmation (see Herek et al., 2013).

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

Perhaps individuals who possess a stigmatizing characteristic but are low in internalized stigma and high in group identity use relatively few indirect strategies for seeking social support (see Cheng, Kwan, & Sevig, 2013). As we have seen, stigma is not a monolithic construct; different psychosocial processes are associated with subtypes of stigma (Corrigan, Watson, & Barr, 2006; Watson, Corrigan, et al., 2007). For example, in their study of women in poverty, Mickelson and S. Williams (2008) were able to distinguish between the mechanisms that are linked to self-stigma versus experienced stigma, such that (1) self-stigma is linked with impaired self-esteem and fear of support rejection; whereas (2) *experienced* stigma is linked with fear of support rejection, as well as lower perceived support availability.

Based on the results that we have reviewed so far, we surmise that support and communication exchanges for members of racial minorities and culturally diverse families might depend on the extent to which they perceive stigma, report self/internalized stigma, report strong group identity, interact with similarly stigmatized (or non-stigmatized) others, and use direct or indirect support strategies in their communications (Pryor & Bos, 2015). In particular, we propose that (a) individuals and families who identify strongly with their ethnic groups will be protected from the potentially negative experiences of experienced stigma and subsequently will report more support availability, more direct support seeking and more positive support outcomes; (b) those individuals who report strong identification would report relatively low internalized stigma, thereby reducing the likelihood of using indirect support seeking strategies; and (c) psychosocial outcomes of self-esteem and depression would be protected as a separate process (we presented the full model in Gaines, S. Williams, & Mickelson, 2013). However, we are not aware of any published empirical tests regarding our set of predictions.

Results of a Pew Research Center study on race within the United States (Horowitz, Brown, & Cox, 2019) reveal that clear majorities of African Americans, Asian Americans, and Latinx (but not European Americans) regard their ethnicity as central to their sense of identity. Combined with earlier findings that more than one-third of African Americans view themselves as “very connected” to a larger Black community (and more than 80% of African Americans view themselves as somewhat or very connected to the Black community; see also Parker, Horowitz, & Mahl, 2016), the Pew Research Center results lead us to speculate that group identity and support communication processes could be especially useful in helping relationship scientists understand social support dynamics among African American families. In the

absence of empirical tests, it remains to be seen whether such speculation is justified concerning African American families (or among whom group identity may be declining as a function of family members' generational status within the U.S., such as Latinx families; see M. H. Lopez, Gonzalez-Barrerra, & G. Lopez, 2017).

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

So far, we have focused on stigma as the primary construct that was derived from Goffman's (1959, 1963) symbolic interactionism theory. In turn, Steele's (1997) construct of *stereotype threat* (i.e., anxiety and, potentially, impaired performance resulting from stigmatized individuals' belief that they will be evaluated in a domain where their group has historically been expected to perform poorly) was derived from Goffman's construct of stigma (Gaines, 2012).

Stereotype threat has been invoked as a reason for women's poorer performance on mathematics tests, relative to the performance of men (Carr & Steele, 2009; Pronin, Steele, & Ross, 2004; Spencer, Steele, & Quinn, 1999), and as a reason for African Americans' poorer performance on academic tests in general, relative to the performance of European Americans (Blascovich, Spencer, et al., 2001; Deaux, Bikman, Giles, et al., 2007; Steele & Aronson, 1995). In addition, stereotype threat might help explain why African Americans rely on their kin networks and are less likely to seek professional help for mental health difficulties than are European Americans (Brown, Conner, et al., 2010) – decisions that could place even greater demands on African Americans' families as social support networks over the long term.

As the literature on stereotype threat indicates, African Americans are keenly aware of the negative societal stereotypes that depict them as intellectually deficient

(Crocker, Major, & Steele, 1998). Moreover, negative societal stereotypes characterize African Americans as *personally* deficient, not just intellectually deficient (White & Parham, 1990). Among those African Americans who are contemplating whether to seek psychological help, the stigma that accompanies their status as members of one devalued group (i.e., African Americans) may be compounded by a stigma that accompanies their potential status as members of another devalued group (i.e., clients in therapy; Brown et al., 2010).

Just as individual African Americans may be wary of entering academic settings in which their intellectual performance can be interpreted as reflecting negatively upon African Americans as a group, so too may African Americans be wary of entering clinical or counselling settings in which their social performance can be interpreted as reflecting negatively upon African Americans as a group (Cheng et al., 2013). It should not be surprising, therefore, that many African Americans tend to seek family members, rather than mental health professionals, for psychological assistance (see Sun, Hoyt, et al., 2016).

S. Williams and Mickelson (2008) suggested that the negative impact of stereotype threat on stigmatized persons' behavior in academic settings parallels the negative impact of anticipated social rejection on stigmatized persons' tendency to engage in behaviors that are likely to bring about actual social rejection. We are not aware of any published empirical studies that directly examine links between these two processes (although results research on rejection sensitivity are consistent with such links; e.g., Downey & Feldman, 1996; Mendoza-Denton, Pietrzak, & Downey, 2008). Nevertheless, even if the two processes operate independently, knowledge of social-psychological processes that involve stereotype threat may help social

scientists understand communication processes that involve other aspects of stigmatization among African Americans (Woodcock, Hernandez, et al., 2012).

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

The literature on stereotype threat implies that the same social-psychological processes that characterize the stigmatization of African Americans (comprising 13% of the U.S. population; Bialik, 2018) also characterize members of other so-called racial minority groups (Crocker, Major, & Steele, 1998). However, the stigmatization of African Americans is unique and includes such historical events as enslavement, segregation, and enduring discrimination (Gaines & Reed, 1994, 1995; Reed & Gaines, 1997). Thus, it is not clear whether the role of stereotype threat in support communication processes can be generalized from African Americans to members of other groups (Gaines, 2012).

Consider the plight of Asian Americans; unlike African Americans, Asian Americans (comprising 6% of the U.S. population; Kennedy & Ruiz, 2020) are often stereotyped *positively* as the “model minority” regarding academic performance (see Crocker, Major, & Steele, 1998). In and of itself, stereotype threat would not be expected to place the same burden upon individual Asian Americans or their families as it would upon African Americans or their families (Woodcock et al., 2012). Nevertheless, unlike African Americans, Asian Americans are *more* likely to suffer from low self-esteem than are European Americans (Chan & Mendoza-Denton, 2008). This apparent paradox might be explained by the fact that Asian Americans are negatively stereotyped in the social and athletic domains, but not in the academic domain (Mendoza-Denton, Kahn, & Chan, 2008). Ironically, some Asian Americans may find it more difficult to seek (and obtain) social support from their own families



than do African Americans – out of concern that they will not live up to their families’ academic expectations (see Chang, Chen, & Alegria, 2014).

Next, consider the plight of the Latinx community. Technically, Latinx individuals (comprising 18% of the U.S. population; Krogstad, 2020) do not constitute a race. Nevertheless, Latinx often are treated individually and collectively as distinct racially from non-Hispanic Blacks and from non-Hispanic Whites (Roth, 2010). Moreover, although anti-Hispanic stereotypes might not be as negative or as pervasive as anti-Black stereotypes, the stereotype of Latinx individuals as intellectually deficient is comparable to the stereotype of African-descent Americans as intellectually deficient (Dixon & Rosenbaum, 2004). Many Latinx individuals may experience stigmatization and stereotype threat (Woodcock et al., 2012); and many may find it difficult to seek or to maintain help from mental health professionals, thus placing further strain upon their families as social support networks (Sun et al., 2016).

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

The terms “race” and “ethnicity” often are treated as if they are interchangeable (Phinney, 1996). However, as Goffman (1963) pointed out, race represents only one component of individuals’ ethnicity. A second important component of ethnicity is individuals’ nationality (Markus, 2008). As it turns out, individuals’ native-born versus foreign-born status and individuals’ race covary: More than 90% of African Americans were born within the United States (Anderson, 2015), whereas 65% of Latinx individuals (Stepler & Lopez, 2016) and 40% of Asian Americans were born in the United States (Budiman, Cilluffo, & Ruiz, 2019).

Among African Americans, the native-born/foreign-born distinction carries important implications for individuals’ susceptibility to stereotype threat and, hence,

for the burdens that African Americans' families must bear as social support networks (see Gaines, 2012). For example, African Americans who were born in West Indian nations generally seem to be less susceptible to stereotype threat than are African Americans who were born in the United States (Deaux, 2006). Moreover, first-generation African Americans who have roots in the West Indies tend to be less susceptible to stereotype threat than second-generation African Americans who have roots in the West Indies (Deaux et al., 2007).

Since the passage of immigration reform legislation in 1965, most immigrants to the United States (currently 14%; Radford, 2019) have come from Asian or Latin American nations (Deaux, 2008). However, immigrants from Asian nations typically are assumed to have arrived in the U.S. legally; whereas immigrants from Latin American nations (especially from Mexico) typically are assumed to have arrived in the U.S. illegally (regardless of the veracity of such assumptions; Cornejo & Kam, 2020). Stereotype threat may be especially problematic for those Latinx individuals who are perceived as having relocated to the United States illegally (see Guyll, Madon, Prieto, & Scherr, 2010). To the extent that language barriers prevent many Latinx individuals from seeking help from mental health professionals, stereotype threat may loom ever larger as a burden for Latinx's families as social support networks (see Chang, Chen, & Alegria, 2014).

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

A third major component of ethnicity that Goffman (1963) identified alongside race and nationality is individuals' religion. We cannot state percentages of individuals from specific religious groups with any certainty as the U.S. Census Bureau has never included a question on individuals' religion (Schultz, 2006),

although the Pew Research Center has conducted major surveys on religious group affiliation (Cooperman, Smith, & Ritchey, 2015). Nevertheless, we can speculate as to the degree that individuals from particular religious minority groups are more versus less likely to be susceptible to stereotype threats and consequent burdens to individuals' families as support networks (see Shapiro, 2011).

In the post-9/11 era, Muslim persons (comprising 0.9% of the U.S. population; Cooperman et al., 2015) have emerged as arguably the most negatively stereotyped religious minority group within the United States (although Muslims were stereotyped negatively *before* 9/11; Kalkan, Layman, & Uslander, 2009). Indeed, within the United States, Muslims are stereotyped as lower in both warmth and competence than are Christians (Fiske, Cuddy, et al., 2002). Furthermore, anti-Muslim stereotypes are similar to anti-Hispanic and anti-Black stereotypes (e.g., they are proneness toward violence, generally threatening; see Dunwoody & McFarland, 2018). As such, it is likely that Muslims will find it difficult to seek (or to obtain) help from mental health professionals and will lean upon their families as social support providers instead (given realistic concerns about the prevalence of Islamophobia throughout American and other Western institutions; see Ciftci, 2012). Leaning on the family is no small task, given that some Muslim families are subjected to intense scrutiny by non-Muslim majorities in their communities (Post & Scheffer, 2007).

In contrast to Muslims, Jewish persons (comprising 1.9% of the U.S. population; Cooperman et al., 2015) are stereotyped in largely positive terms within the United States (Reyna, 2000). In fact, within the United States, Jews are stereotyped as higher in competence (albeit lower in warmth) than are Christians (Fiske, Cuddy, et al., 2002). Moreover, pro-Jewish stereotypes are similar to pro-Asian American stereotypes (e.g., smart, hard-working; Freedman, 2005). As such,

individual Jewish persons may not be susceptible to stereotype threat (at least within academia) but nonetheless may find that their own families place such high emphasis on achievement that any admission of difficulty might be viewed as tantamount to failure (Flasch & Fulton, 2019).

### **Closing Remarks**

In *Interaction Ritual: Essays on Face-to-Face Behavior*, Goffman (1967) included the now-classic essay, “Where the Action Is”. As we reflect on research that has (or has not) been conducted since the original version of the present chapter was published (Gaines, S. Williams, & Mickelson, 2013), we are struck by the discrepancy between (a) progress concerning members of *sexual* minorities and (b) lack of comparable progress concerning members of *ethnic* minorities.

For example, in one study of members of sexual minorities, S. Williams and colleagues (S. Williams, LaDuke, et al., 2016) obtained empirical support for a conceptual model that postulated the positive effects of self-stigma and fear or support rejection on unsupportive network response as partially mediated by indirect support seeking (and a positive effect of public stigma on unsupportive network response, unmediated by indirect support seeking). In addition, their results supported a model that predicted a positive effect of direct support seeking on supportive network response, complemented by the negative effect of direct support seeking on unsupportive network response.

Moreover, in another study of members of sexual minorities, S. Williams, Mann, and Fredrick (2017) found empirical evidence for social support as a full mediator of the negative effects of anticipated discrimination, internalized stigma, and concealment on individuals’ self-reported health. Notwithstanding the need for more research regarding members of support communication among sexually diverse

families (see Diamond, this volume), we hope that research on support communication among culturally diverse families increasingly will constitute “where the action is.”

Due to space constraints, we are unable to do justice to Stringer et al.’s (2018) model of change from self-stigmatization toward resilience among adults who either are stigmatized or have close network members who are stigmatized, within various cultural contexts. Nevertheless, given the influence of stigma upon Stringer et al.’s model, we wish to call attention to one aspect of the model that is especially relevant to the present chapter. Specifically, Stringer et al. predicted that “development of compassion for others by the self-stigmatized occurs through sharing stories of transformation and meaningful social interactions with others in supportive environments” (2018, p. 321) – a prediction that, if operationalized properly, could provide the conceptual impetus for intriguing studies of support communication processes among members of culturally diverse families. In any event, we hope that relationship scientists will take Goffman’s (1959) interactionist role theory into account (perhaps alongside the social behaviorism of Mead, 1934/1967) as they delve into the implications of culture for communication-based familial support.

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