



# Understanding the influence of stigma and discrimination for the functional limitation severity – psychological distress relationship: A stress and coping perspective<sup>☆</sup>



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## 1. Introduction

Functional limitations – defined as restrictions in carrying out activities of daily living (ADLs), instrumental activities (IADLs), or more complex work and social activities (Stuck et al., 1999) – affect a considerable portion of the U.S. population. Although prevalence rates vary depending upon the definition of functional limitation applied, the U.S. Census estimates that 56.7 million people – or nearly one-fifth of the population – experience some degree of functional limitation, and 38.3 million people (12.6 percent of the population) experience severe limitations (Brault, 2012).

Estimates of functional limitation in the population raise concern because it is associated with a host of secondary physical and mental health complaints, the most prevalent of which is depressive symptoms (Hughes et al., 2001; Nosek and Hughes, 2003). Indeed, a greater degree of functional limitation is associated with higher levels of depressive symptoms both cross-sectionally and over time (Breslin et al., 2006; Turner and Noh, 1988; Yang, 2006). This pattern of findings is found across both self-report and clinical measures of functional limitation and depressive symptoms (Bruce, 2001), and has spurred interest in the question of what social or psychological risk factors link variation in functional limitation severity with psychological distress.

Most social science-oriented studies of the functional limitation severity–depressive symptoms association have drawn from a stress and coping framework (Lazarus and Folkman, 1984; Pearlin, 1989; Pearlin et al., 1981) to investigate stressors such as major life events and chronic strains and psychosocial coping resources such as mastery, self-esteem and perceived social support as explanations (Bruce, 2001; Turner and Noh, 1988; Yang, 2006). In this work – and perhaps because a substantial portion of the effect of functional limitation severity on depressive symptoms is not explained by these factors (Yang, 2006) – it is often acknowledged that adaptation to stressful circumstances can be more difficult for people with functional limitations because of the unique social and personal challenges they experience (e.g., Turner and Noh, 1988). However, the form and meaning of these challenges are not clearly articulated in this literature. Additionally, the tendency in this research of categorically comparing people with functional limitations to the general population raises concern that

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important sources of variation among people with functional limitations may be obscured (Brown, 2015; Miller and Major, 2000). An alternative approach limited to people with functional limitations could further detail, for example, the extent to which the psychological effects of limitation severity are accounted for by various dimensions of stress exposure and the availability of coping resources.

Addressing these considerations, the current study draws on a minority stress perspective (Meyer, 2003) and the largely qualitative body of research on physical health-related stigma and discrimination (Crocker and Quinn, 2000; Miller and Major, 2000; Susman, 1994; Thorne and Paterson, 1998) to explore the salience of social devaluation for the relationship between functional limitation severity and psychological distress within a stress and coping framework. Its goal is to highlight that people who occupy disadvantaged social statuses are potentially host to a variety of negative interactions and events not experienced by those who do not occupy such statuses. In the absence of a conceptual scheme that includes such indicators of social disadvantage along with more typically-assessed forms of stressor exposure such as major life events and chronic strains, the ability to examine the relative effects of various sources of strain and coping responses may be compromised.

Toward this end, this study draws on two waves of data from a community survey of adults with chronic health conditions in Miami-Dade County, Florida, to assess the relative significance of perceived stigma and the experience of discrimination, along with four additional forms of stressor exposure (bodily pain, major life events, recent life events and chronic strains), and the coping resources of social support, mastery and self-esteem for the functional limitation severity—depressive symptoms association.

### 1.1. A stress and coping perspective

Stress and coping models recognize that multiple processes link stressor exposure and the availability of psychosocial coping resources with health outcomes (Lazarus and Folkman, 1984; Pearlin, 1989). Two processes linking functional limitation severity and depressive symptoms are further elaborated upon in this study. First, functional limitation is described as a source of enduring or chronic strain in the stress and coping literature, in part, because greater limitation can make the resolution of other stressful experiences more difficult (Brown and Turner, 2010; 2012; Turner and Noh, 1988; Yang, 2006). This observation is consistent with the concept of stress proliferation, or the phenomenon by which one stressful experience gives rise to a host of secondary stressors (Pearlin, 1989; Pearlin et al., 2005), and supports the possibility that functional limitation severity may indirectly influence depressive symptoms, in part, through its association with other stressors. Greater functional limitation is additionally thought to influence coping resources – and, as a consequence, psychological well-being – in the extent to which it challenges one's ability to direct and regulate one's life circumstances and social relationships (Bruce, 2001). This possibility alludes to the salience of psychosocial coping resources such as perceived social support, mastery and self-esteem for the functional limitation severity—depressive symptoms association.

### 1.2. Stigma, discrimination and other stressors

The damaging effects of stressor exposure for mental health among people with physical health issues have become increasingly apparent from studies that have included multiple dimensions of stressor exposure, including major and recent life events, discriminatory events, and chronic strains (Bruce, 2001; Nosek et al., 2008; Turner and Noh, 1988). Although less attention has been paid to the question of whether such stressors help explain the mental health effects of functional limitation severity, evidence that greater limitation is linked with a greater occurrence of major and potentially traumatic life events and chronic strains (Bruce, 2001; Nosek et al., 2008; Turner and Noh, 1988) provides some support for this possibility.

With respect to the dimensions of stressor exposure assessed in this investigation, the effects of social stressors associated with impaired physical functioning are of particular interest. Such stressors are referred to as minority stressors because they are more common or unique to people who occupy disadvantaged statuses and may require greater adaptation than what is required of people who do not occupy such statuses (Meyer, 2003; Meyer et al., 2008; Pearlin, 1999). Minority stressors include discrete experiences of discrimination, ranging from major events such as being denied a job or housing as well as everyday slights such as receiving worse service at restaurants or stores than others, and one's ongoing awareness of social devaluation or the potential for negative treatment (henceforth referred to as perceived stigma) (Corrigan and Watson, 2002; Meyer, 2003; Stuber et al., 2008).

Goffman (1963) long ago noted that, among people with physical impairments, the experience of social devaluation can challenge one's fundamental sense of value and worth. Subsequent research has shown that, although not all people with physical limitations experience discrimination or feel stigmatized (Joachim and Acorn, 2000; Miller and Major, 2000), these considerations remain relevant. For example, a recent field experiment on employee hiring behavior found clear evidence of disability discrimination in expressions of employer interest (Ameri et al., 2015), and public opinion research finds that 65 percent of those surveyed in a national poll believe there is some or a lot of prejudice and discrimination against people with physical disabilities (Kaiser Public Opinion Spotlight, 2004). Both perceived stigma and experiences of major and day-to-day discrimination are also linked with depressive symptoms among people with functional limitations (Brown, 2014; Crocker and Quinn, 2000; Susman, 1994; Thorne and Paterson, 1998). Although depressive symptoms also appear to exacerbate feelings of social devaluation, it is notable that perceived stigma and discrimination are found to exert effects on depressive symptoms when the reciprocal effects of depressive symptoms are accounted for (Livingston and Boyd, 2010; Markowitz, 1998).

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