Modern Psychological Studies

Volume 26 | Number 2 Article 1

2021

Diagnosis Disclosure: The Impact of Gender and Stigma

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Abstract

Existing literature has indicated that there may be a relationship between diagnosis disclosure and gender as it has been asserted that men and women perceive the diagnosis of a mental health disorder differently. Specifically, men report higher levels of perceived stigma when considering a mental health diagnosis and women report a higher likelihood of disclosing a mental health diagnosis to others. The purpose of this current study was to investigate how individuals perceive an illness diagnosis disclosure via an online survey as it was hypothesized that men would be less likely than women to disclose any illness and that all participants would practice selective disclosure. Participants were randomly assigned to read about receiving a diagnosis, which was experimentally manipulated to describe either a mental or physical illness. Results indicated that although there was no significant effect on the intent to disclose their diagnosis, male and female participants responded differently to the type of diagnosis in their concern about the negative impact of the diagnosis and being stigmatized by others.

Keywords: stigma, diagnosis disclosure, gender, physical/mental illness diagnosis

Diagnosis Disclosure: The Impact of Gender & Stigma

Before discussing the research relevant to the current study, it is crucial to first understand stigma and how it relates to identities such as illness diagnoses. Stigma denotes any identity an individual may have that disqualifies them from full social acceptance. Goffman's original definition of this term suggested that many individuals who have certain identities do not disclose their attributes due to the potential stigmatization. Concealable stigmatized identities, such as physical and mental illnesses, are often not visibly detectable. These identities are described by Goffman as a part of an individual's social identity. There are, however, differences between varying concealable stigmatized identities (Goffman, 1963). For example, some of these identities or illnesses may be more highly stigmatized and researched than others.

Literature Review

Previous research on the relation between diagnosis disclosure and stigma has focused on specific health diagnoses, such as chronic physical and mental illness diagnoses. While research has begun to indicate themes among gender differences in disclosure, there is little data indicating a specific relationship when comparing the disclosure and concern for stigma when receiving a hypothetical mental/physical illness diagnosis. Furthermore, this current study emphasizes the importance of discovering these relationships due to the prevalence of chronic physical and mental illnesses as these results could impact a large population of the United States. For example, about 51.5 million individuals are living with a mental health condition and about 40 million individuals are living with a chronic physical health condition (Adams, Kirzinger & Martinez, 2012; National Institute of Mental Health, 2021). The impact of gender and stigma on illness disclosure may be crucial for these individuals who have been diagnosed.

Among existing research on perceived stigma within physical health conditions, chronic health conditions are the most studied. For those diagnosed with chronic physical illnesses, research by Earnshaw and Quinn (2011) indicates that those with diagnoses including diabetes, inflammatory bowel disease and asthma, reported greater amounts of perceived stigma and were therefore less likely to seek treatment. These findings also concluded that those who were less likely to seek treatment reported a lower quality of life (Earnshaw & Quinn, 2011). Yet, in a 2014 study conducted by Taft, Riehl, Dowjotas and Keefer, data indicate that individuals with irritable bowel syndrome reported a greater amount of perceived stigma from their personal relationships, rather than healthcare professionals. These findings complicate one another. In some instances, stems from health professionals while in others, more perceived stigma stems from personal relationships. This relationship complicates findings focused on other health concerns in that it may not appear consistent.

For those diagnosed with the physical illnesses of HIV and AIDs, an opposing connection may complicate the conclusions regarding physical health conditions, stigma and disclosure. Lee, Kochman, and Sikkema (2002) concluded that selective diagnosis disclosure, communicating health information to a select person or group of people, is most commonly practiced. Additionally, those who reported being more recently diagnosed with HIV/AIDs perceived less support from others. This population of recently diagnosed individuals also reported the highest levels of internalized stigma and the greatest levels of outcomes such as depression, anxiety and hopelessness (Lee, Kochman & Sikkema, 2002). These findings support the idea that lower levels of support correlate with higher levels of internalized stigma and more negative outcomes. But, these findings differ from the previous studies mentioned on other physical health conditions in that individuals with HIV/AIDS are more likely to disclose their

illness to personal relationships (Earnshaw & Quinn, 2011; Taft, Riehl, Dowjotas & Keefer, 2014). In fact, there is little research that supports the notion that those with chronic illnesses other than HIV/AIDs practice selective disclosure.

Regardless, it is key to consider that the illnesses of HIV and AIDS are highly stigmatized identities that differ from other chronic illnesses. Goldin (1994) described the stigma towards HIV/AIDs as more severe than other illnesses due to the belief of sinful actions leading to infection. While other diagnoses may also be highly stigmatized, it would be difficult to conclude that the relation between stigma and disclosure would remain true for individuals with any chronic physical or mental health condition. To this end, the current study eliminates the possibility of stigmatizing one illness over another in that the names of the diagnoses are not provided to participants. For example, the illnesses described in the current study include symptoms from generalized anxiety disorder (GAD) and hyperthyroidism, but, these illnesses are only described with a list of symptoms. This method intends to eliminate the stigma associated with a diagnosis' name and pathology.

Due to the variable of illness type in the current study, it is also vital to understand the correlation between stigma and disclosure among those diagnosed with mental illnesses. Research on stigma and disclosure among the population of individuals with mental illnesses is somewhat similar to the research previously discussed on HIV/AIDs in terms of social support and positive outcomes. For instance, in a research study by Turner and Marino (1994), evidence supports that those who reported more social support also reported less psychological distress when screened for depression. Likewise, other mental health focused research studies by Brekke, Fulginiti, Pahwa and Rice (2017) and Corrgian et al. (2010) have noted a positive correlation between likelihood to disclose and perceived social support. This relationship

between stigma and disclosure in research on mental illnesses is similar to that of HIV/AIDs, signifying that this association may be applicable for more stigmatized illnesses. Furthermore, among those with chronic illnesses, similar patterns were found regarding perceived stigma and treatment outcomes (Earnshaw & Quinn, 2011; Taft, Riehl, Dowjotas & Keefer, 2014). While there is no data to indicate mental health outcomes were also positively correlated for those with chronic illnesses, it may be safe to assert that a similar relationship between social support and positive outcomes may exist for individuals diagnosed with a physical or mental illness. These findings back the significance of social support, stigma and the relationship between physical and mental illness disclosure patterns.

Another correlation that is essential to the disclosure patterns investigated in the current study includes the discovery that individuals with mental health conditions commonly practice selective disclosure. Based on the available data, it appears that disclosure of these mental health conditions relied on the closeness, duration and nature of their relationships (Brekke, Fulginiti, Pahwa & Rice, 2017; Corrigan et al., 2010). Selective disclosure data are similar among populations diagnosed with HIV/AIDs, but differs from that of those diagnosed with other chronic physical illnesses (Earnshaw & Quinn, 2011; Lee, Kochman & Sikkema, 2002). Since there appears to be a discrepancy between these populations and their disclosure patterns, the current study intends to closely compare physical and mental illnesses and reveal if selective disclosure is similar among comparable mental/physical health conditions.

To further argue the importance of these findings, research supports the concept that increased social support results in more positive treatment outcomes for those with mental illnesses (Corrigan et al., 2010; Turner & Marino, 1994). These findings mirror that of increased quality of life for those who perceived less stigma in research focused on individuals with

chronic health conditions (Earnshaw & Quinn, 2011; Taft, Riehl, Dowjotas & Keefer, 2014). While the current study poses hypothetical scenarios and does not report long term impacts of diagnosis disclosure, these concepts reinforce the importance of studying stigma and disclosure related issues among participants who are more likely to disclose may have more potential for successful treatment outcomes. Therefore, discovering the reason and relationship between perceived stigma and disclosure may be crucial to identifying solutions for these treatment ramifications.

Lastly, the variable of gender is significant to the current study and may influence the discussion of stigma and disclosure. Namely, previous data indicate that in surveying a random sample, men reported significantly lower levels of social support when compared to women (Turner & Marino, 1994). Although the aforementioned data were retrieved from the general public, in a population of those diagnosed with mental illness, women were reported to be significantly more likely than men to disclose their illness diagnosis to others (Brekke, Fulginiti, Pahwa & Rice, 2017). Therefore, the current study hypothesizes that men may be less likely than women to disclose their hypothetical illness, overall. In addition, it could be assumed that the lack of social support may also indicate that men will report higher amounts of perceived stigma. Although there is little research that directly compares gender reactions to diagnoses specifically, there are some anticipated results in terms of disclosure and stigma discrepancies.

Ultimately, the purpose of the current study is to compare the effect of a mental or physical illness diagnosis on men and women. Specifically, the goal is to examine whether or not men and women might intend to disclose such a diagnosis and their concern about stigma. Previous research has shown the possibility of gender and illness type correlations, however, not in a manner that compares hypothetical unnamed physical and mental illness diagnoses with

identical symptoms. In addition, research indicates that selective disclosure remains a common practice among individuals with HIV/AIDs and mental illness diagnoses, therefore the researchers expect this current study's data to support that finding. Overall, this current study intends to discover correlations among stigma, disclosure and gender when focusing on directly comparable mental and physical health conditions.

Methods

Participants

Participants (N = 124) were recruited and compensated through Prolific, a UK-based website that recruits participants for academic studies. There were 56 men and 66 women included in the study with a median age of 28.5 years old. The sample was mostly White (82.3%), but participants also included people who identified as Asian/Asian American (7.3%), Hispanic/Latino (4.8%), Black/African American (1.6%), and American Indian/Alaskan Native (.8%). Participants were compensated for their completion of the study through Prolific.

Research Design

This study consisted of an online survey with a 2 (participant gender: man or woman) x 2 (diagnosis: mental or physical illness) between subjects' design. Intent to disclose and concern about stigma were the two dependent variables.

Procedure and Materials

Upon recruitment into the study, participants were asked to indicate their informed consent before participating. After they indicated their consent, they were randomly assigned to read one of two scenarios in which symptoms of a diagnosis were described (see Appendix A).

The scenarios were identical in their description of the symptoms but were experimentally manipulated to describe either a mental or a physical illness. The symptoms were modeled after the similar symptoms between generalized anxiety disorder (GAD) and hyperthyroidism. After reading the assigned prompt, participants were then asked to rate their responses to the diagnosis on several items that were measured on a sliding scale from 0 (strongly disagree) to 100 (strongly agree). Participants then indicated their likelihood of disclosing their illness to an employer, significant other, friend, and family member, which were combined to form a reliable disclosure scale ($\alpha = .74$). Participants also indicated the extent to which they would be concerned that treatment options would negatively impact their lives, that people would treat them differently because of their diagnosis, that their diagnosis would change how they feel about themselves, and that disclosing their diagnosis would violate their privacy on the same scale of 0 to 100 (see Appendix B for all follow up questions). Lastly, participants were asked for their demographic information including age, gender, race/ethnicity, and thanked for their participation.

Results

Data were analyzed using five factorial ANOVAs with a Bonferroni adjusted alpha of .01. There were no significant main or interaction effects of gender or illness on likelihood of disclosure, concern that disclosing the diagnosis would violate participant privacy, or the extent to which participants would feel differently about themselves.

When participant concern about negative impact on their lives was included as the dependent variable, there were no significant main effects. However, there was a marginally significant interaction effect, $F(3, 118) = 4.50$, $p = .03$, partial $\eta 2 = .04$. Women who read about having a mental illness were less concerned about the impact of that diagnosis ($M = 74.28$) than

women who read about having a physical illness (M = 82.00), whereas men who read about a mental illness were more concerned about the impact (M = 84.6) than men who read about a physical illness (M = 77.13).

When participant concern about being treated differently was included as the dependent variable, there was no significant main effect of gender. However, there was a marginally significant main effect of diagnosis, $F(3,118) = 4.57$, $p = .04$, partial $\eta 2 = .04$, such that people were more concerned about being treated differently with a mental illness (M = 70.86) than a physical illness (M = 60.27). There was also a marginally significant interaction effect, $F(3,118) = 3.97$, $p = .05$, partial $\eta 2 = .03$. Women were equally concerned about being treated differently with a mental (M = 69.19) and physical (M = 68.47) illness, whereas men were more concerned about being treated differently with a mental illness (M = 72.52) than a physical illness (M = 52.07).

Discussion

The results from this study suggest the importance of considering the differential impact of potential stigma among genders with mental and physical health diagnoses. The current study's data did not indicate any differences in intent to disclose a diagnosis or concern for privacy. But, the results did suggest that even with identical symptoms, women were more concerned about the impact of a physical health diagnosis, whereas men were more concerned about the impact of a mental health diagnosis. All in all, the current study's findings may be important as previous research data suggest that disclosing illnesses may facilitate the person's treatment and recovery processes (Corrigan et al., 2013).

In addition, the data suggest that in terms of their concern about being treated differently, women in both conditions reported equal concern, whereas men reported an increased fear of being treated differently as a result of a mental health diagnosis than a physical health diagnosis. For mental health providers, this may inform treatment for men with mental illness diagnoses. Additionally, these results combined with past data suggest that men may not have the perceived social support that women do when confronted with a mental health diagnosis. This theme may support the findings that men may feel a greater amount of stigma regarding their mental health (Turner & Marino, 1994).

Similarly, the results of this current study support past research to some extent. For example, previous studies have found that women perceive less stigma than men regarding their mental health diagnosis (Brekke, Fulginiti, Pahwa & Rice, 2017; Corrigan et al., 2010). This indicates that men are likely more opt to perceive a greater amount of stigma. But, it should also be considered that previous studies also found women to report higher rates of disclosure. The current study does not show any significant differences in terms of disclosure rates and gender. Rather, the data show how each gender considered the diagnosis differently in terms of stigma related concerns. So, the current study's results are similar to past research but do not support all previous assertions.

Lastly, some limitations should be noted when considering these findings. While each of the participants were asked to read a prompt about a mental/physical illness, the survey did not include a question about previous mental health diagnoses. This information may have impacted their responses if they had experience with the symptoms provided in the prompts. This study may have been strengthened by using only participants without these diagnoses as the prompts would therefore be completely hypothetical. The study's survey also could have provided a clear

definition for the term “disclosure”, but it was assumed by researchers that this term was understood by the general public. Providing a more clear definition for the term disclosure, adding in questions about previous diagnoses and using a population that had been diagnosed with similar illnesses may have increased the accuracy of this study.

Furthermore, there was a greater quantity of individuals that identify as female versus male included in this current study. Due to the nature of comparison between genders, the majority of participants being female is key to note as a larger, more representative population could have strengthened the findings. Because the current study’s hypothesis was focused on gender differences, getting a more representative participant population could have led to different results in terms of the statistical significance in the likelihood to disclose. All in all, these limitations are minor considering the significant findings that this current study supports.

Conclusively, the current study’s pattern of results indicates that health professionals should consider individual differences in fear of stigma when discussing a diagnosis with patients. In addition, although there have been initiatives against health stigma, the current research study could inform future initiatives focused on disclosing a mental illness to others. This may be particularly crucial for reducing mental health stigma among men. Lastly, the correlation discovered in the current study could inform providers within mental health care to better assist those who have not disclosed an illness but require treatment or for future individuals they may have to diagnose.

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Appendix A

Prompt A

Imagine that you have recently been diagnosed with a mental illness. The disorder you have been diagnosed with is defined as a chronic mental health disorder that creates an excessive amount of worry/anxiety that interferes with everyday life. Symptoms include irritability, lightheadedness, nausea, headaches, emotional distress, heart palpitations, trembling, fatigue, restlessness, difficulty concentrating, difficulty sleeping, increased muscle tension and difficulty controlling feelings of worry.

Prompt B

Imagine that you have recently been diagnosed with a physical illness. The disorder you have been diagnosed with is defined as a chronic physical health disorder that creates an excessive amount of worry/anxiety that interferes with everyday life. Symptoms include irritability, lightheadedness, nausea, headaches, emotional distress, heart palpitations, trembling, fatigue, restlessness, difficulty concentrating, difficulty sleeping, increased muscle tension and difficulty controlling feelings of worry.

Appendix B

This diagnosis will have a negative impact on my life

Treatment options for this diagnosis would probably have a negative impact on my life

I would disclose my illness to my significant other

I would disclose my illness to my friends

I would disclose my illness to my family

I would disclose my illness to my employer

If I disclosed my illness, I would worry that people would treat me differently

It would be inappropriate to disclose my illness to others

It would violate my privacy to disclose my illness to others

My diagnosis would change how I feel about myself