Stigma and Health

Culture and Concealable Stigmatized Identities: Examining Anticipated Stigma in the United States and Turkey

Elif G. Ikizer, Nairán Ramírez-Esparza, and Diane M. Quinn

Online First Publication, February 9, 2017. http://dx.doi.org/10.1037/sah0000082

CITATION

Ikizer, E. G., Ramírez-Esparza, N., & Quinn, D. M. (2017, February 9). Culture and Concealable Stigmatized Identities: Examining Anticipated Stigma in the United States and Turkey. *Stigma and Health*. Advance online publication. http://dx.doi.org/10.1037/sah0000082

Stigma and Health
© 2017 American Psychological Association
2376-6972/17/$12.00 http://dx.doi.org/10.1037/sah0000082

Culture and Concealable Stigmatized Identities: Examining Anticipated Stigma in the United States and Turkey

Elif G. Ikizer, Nairán Ramírez-Esparza, and Diane M. Quinn
University of Connecticut

Previous work shows that people with concealable stigmatized identities are at risk for heightened psychological distress (depression and anxiety), and one predictor for increased distress is greater anticipated stigma. Anticipated stigma is the concern that 1 will receive disparagement and poor treatment from others if the stigmatized identity becomes known. Stigma is socially constructed and thus the anticipation and experience of stigma is likely to differ across cultures in which relational ties differ. In the current work, we examined anticipated stigma and psychological distress with Turkish ($N = 147$) and American ($N = 197$) individuals with concealable stigmatized identities. The Turkish culture is rated higher in collectivism than the American culture and thus people with concealable stigmatized identities may be more concerned about others' evaluations of them than people living in the more individualistic American culture. Results show that both Turkish and American participants with higher anticipated stigma experienced more anxiety and depression, replicating earlier work. In addition, Turkish individuals experienced higher mean levels of anticipated stigma and depression than their American counterparts. The effects of culture on depression were partially mediated by anticipated stigma. Thus, the relationship between anticipated stigma and psychological distress is replicable but may also be exacerbated or attenuated by cultural factors.

Keywords: concealable stigmatized identities, culture, Turkish, identity, anticipated stigma

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Identities that can be hidden from others and that are socially devalued and negatively stereotyped are termed concealable stigmatized identities (Panchakis, 2007; Quinn & Earnshaw, 2013). These are identities that render a person "discreditable" and cause people to worry how others will react if the identity is revealed (Goffman, 1963). Concealable stigmatized identities include but are not limited to mental or chronic illness, sexual orientation, abuse history, previous drug use, and previous criminal activity. Stigmatized identities in general, and concealable stigmatized identities in specific, can have negative effects on health and well-being. For example, factors related to living with concealable stigmatized identities lead to increased depression, anxiety, and illness symptoms (Quinn & Chaudoir, 2009).

Most research to date has analyzed stigmatized identities within the American culture. Culture, however, determines what is stigmatized and teaches people what the culturally correct attitudes and feelings are around different stigmatized identities (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012). Thus, a person's cultural milieu likely determines the extent to which stigmatizing beliefs and concerns get internalized. The goal of the current study is to understand how culture can affect the way concealable identities are experienced. We compare individuals from two distinct cultures to examine the interaction of culture with stigma and how it influences well-being. Do people with concealable stigmatized identities experience stigma differently in American and

Elif G. Ikizer, Nairán Ramírez-Esparza, and Diane M. Quinn, Department of Psychological Sciences, University of Connecticut.

We are grateful to Özgün Baştürk, Victoria Herr, and Zeynep Cemalcılar for their help.

Correspondence concerning this article should be addressed to Elif G. Ikizer, Department of Psychological Sciences, University of Connecticut, Unit 1020, 406 Babbidge Road, Storrs, CT 06269-1020. E-mail: elif.ikizer@uconn.edu

Turkish contexts? Do concealable stigmatized identities affect individuals' well-being outcomes differently in these two cultures?

Concealable Stigmatized Identities and Well-Being

Previous literature has shown that possessing a concealable stigmatized identity affects individuals' well-being and health. Quinn and Chaudoir (2009) examined a sample of American undergraduate students with different concealable stigmatized identities including, but not limited to, sexual orientation, mental illness, and weight/appearance concerns (such as eating disorders), and demonstrated that specific variables related to the experience of concealable stigmatized identities predict health and well-being outcomes. The variable that was strongest in predicting outcomes was *anticipated stigma*. Anticipated stigma refers to the extent to which individuals expect that others will devalue and socially distance from them if the identity becomes known. Levels of anticipated stigma can come from previous experiences of discrimination with others (Quinn, Williams, & Weisz, 2015), internalized negative beliefs about the self (Corrigan & Rao, 2012), or from simply living in a culture where negative stereotypes about the identity are well-known (Link & Phelan, 2001). Greater anticipated stigma predicts increased psychological distress (e.g., anxiety and depression) across studies with American college students (Quinn & Chaudoir, 2009) and adults (Quinn et al., 2014).

How much stigma people anticipate is likely to be influenced by the surrounding cultural norms. Research by Hatzenbuehler, McLaughlin, Keyes, and Hasin (2010), for example, shows that people with minority sexual orientation exhibited greater psychological distress over time when living in U.S. states that imposed same-sex marriage bans compared to those not living in such states in the same time period. Although they did not measure anticipated stigma, it is likely that people living in cultures or subcultures with greater prejudice toward their group will anticipate more stigma should their identity become known. In the current study, we extend these ideas to examine culture at the national level by comparing people living with concealable stigmatized identities in two very different countries.

Concealable Stigmatized Identities in the Turkish Culture

Very little research has been conducted on stigma and concealable stigmatized identities in Turkey. We were able to find only one small study that examined stigma among a group of Turkish descent women who had been diagnosed with depression (Montesinos et al., 2012). Montesinos and colleagues found that those women who had higher scores on a self-report measure of anticipated and experienced discrimination also experienced higher levels of depression and overall psychological distress. Although the study by Montesinos et al. (2012) is critical in demonstrating converging evidence to the stigma literature that has been employing Western samples, it has several limitations. First, the study involved a sample of 63 women who only had one type of concealable stigmatized identity. Second, the sample was interviewed and surveyed in the presence of the interviewer. Considering the sensitivity of the topic, it can be a possibility that participants in this study were reluctant to give open answers to some of the questions. Third, the sample consisted of Turkish migrants in Germany. Although it can be argued that these individuals share elements of the Turkish culture, it is also possible that they are well adapted to the German culture or that migrants have different personality traits and backgrounds than nonmigrants. In the current study, we avoided these limitations and asked Turkish and American participants with a variety of concealable identities to complete an online anonymous survey.

The Turkish culture has been described as collectivistic (Hofstede, 1980), but it can also be regarded as having characteristics such as autonomy that are traditionally considered as belonging to individualistic cultures (Kagitcibasi, 2005, 2009). One of the characteristics of collectivist cultures is that they tend to be tight cultures in comparison to individualistic cultures, which tend to be loose cultures (Carpenter, 2000). In collectivistic and tight cultures, norms are more explicit and enforced compared to individualistic and loose cultures. Whereas loose cultures are characterized by tolerating deviations from norms, tight cultures are characterized by high surveillance levels. Gelfand et al. (2011) measured self-reported tightness in 33 different cultures and found that Turkish

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

individuals scored higher than the Americans. Therefore, in the current study, Turkish individuals, coming from a more collectivistic/tight culture, might expect that if they deviate from the norm, others will stigmatize them to a greater degree compared to American individuals.

Although not conducted with Turkish participants, a study by Papadopoulos, Foster, and Caldwell (2013) demonstrated that differences in individualism–collectivism explained individuals' attitudes toward mental illness. The authors surveyed people from individualistic cultures (i.e., White-English, and American) and collectivistic cultures (Greek/Greek Cypriot, and Chinese individuals living in the U.K.). Individualism–collectivism and stigmatizing attitudes toward mental illness of each participant were measured via self-reports. The results showed that higher scores of individualism in these groups correlated with less stigmatizing attitudes. In contrast, higher scores of collectivism correlated with more stigmatizing attitudes. Papadopoulos and colleagues explained that collectivistic cultures are more stigmatizing due to the lower levels of diversity and that people who deviate from the norm are more visible due to the high surveillance levels in such cultures. Although Papadopoulos et al. (2013) did not focus on the individuals experiencing stigma, these cultural attitudes can reflect the actual reactions an individual with a concealable stigmatized identity will receive once their identity is known by others.

In sum, based on higher levels of collectivism and tightness in the Turkish culture, we predict that Turkish individuals with concealable stigmatized identities will report both increased levels of psychological distress and higher levels of anticipated stigma compared to individuals living in the relatively individualistic and loose American culture. If this is the case, we hypothesize that the differences in mean levels of distress between the two cultures will be mediated by anticipated stigma. That is, higher levels of distress in the Turkish sample compared to the American sample may be due to increased anticipation of stigma from others if the identity becomes known. In both samples we expect to replicate the finding that greater anticipated stigma predicts increased distress.

Method

Participants

American participants. We collected data from 227 American participants. Participants were all undergraduate students who were part of a psychology participant pool at a large public university in the northeast. Participants received one course credit for their participation in the survey. Codable stigmatized identities were reportedby197 American participants, who were included in the analyses. Participants were 49 males, 147 females and 1 missing. Mean age of the participants was 18.99 ($SD = 1.01$).

Turkish participants. We collected data from 233 Turkish participants. Forty-three participants were undergraduate students recruited from a large private Turkish university's participant pool. Participants received one course credit for their participation in the survey. One hundred ninety participants were recruited from various listservs, Facebook groups, alumni pages of various institutions, and discussion forums open to the general community (such as Eksi Sozluk) or Facebook alumni websites. These participants completed the survey without getting any direct benefits. There were 147 Turkish participants with codable stigmatized identities included in the analyses. Participants were 81 males, 48 females, 2 other and 16 missing. Mean age of the participants was 23.65 ($SD = 5.28$).

Number of participants required for our study was determined based on power analysis. Previous findings demonstrated that the correlation coefficient between anticipated stigma and depression was .33 (Quinn & Chaudoir, 2009). Power analysis demonstrated that with an effect size of .33, α of .05, and .95 power, the necessary sample to replicate the relationship between anticipated stigma and depression consists of 109 participants. Therefore, in this study, we aimed to recruit at minimum 109 participants from each culture, with additional participants recruited to account for missing data.

Procedure

We recruited the American participants by posting an announcement on the psychology participant pool web page with brief informa-

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

tion about the study. Participants who signed up for the study received an online link to the survey.

Similarly, 43 of the Turkish participants were recruited from the university participant pool system. All students enrolled in the introductory psychology classes received a survey announcement with a link to the survey. Recruitment for most Turkish participants was done via various media. An announcement with brief information about the study was sent to various listservs, Facebook groups, alumni pages, and discussion forums (such as Eksi Sozluk).

The survey link was anonymous, and no identifying information was collected. In accordance with the protocol approved by the Internal Review Board, participants received an information sheet about the study when they opened the survey link. Participants indicated consent via clicking on "continue." The first page of the survey included an explanation about concealable stigmatized identities. Participants then answered the open-ended questions necessary to identify concealable stigmatized identities. Subsequently, participants answered measures on their concealed identity and well-being. At the end of the survey, participants from the participant pools were redirected to a new survey link where their identifying information was collected separately with the purpose of assigning credit.

Measures

Nature of the concealed identity. Participants answered the following question on their concealable stigmatized identities: "Can you describe your concealed identity (a part of your history or identity that you regularly keep hidden from other people) in your own words?" Following the approach from Quinn and Chaudoir (2009), we coded for stigmatized and nonstigmatized identities (See Table 1 for the types of identities[1]). If participants did not answer the question or did not provide enough information for the coders to categorize it, or the person does not have an identity they are concealing, they were considered uncodable/nonstigmatized and were dropped from the analyses. The final sample we used in the analyses consisted of individuals with stigmatized identities. The sample was 197 American (49 males, 147 females, and 1 missing) and 147 Turkish participants (81 males, 48 females, 2 other, and 16 missing). The mean age for the American participants was 18.99 (SD = 1.01), and the mean age for the Turkish participants was 23.65 (SD = 5.28). Because of the group differences, we include age and sex as covariates in all analyses.

Anticipated stigma. The anticipated stigma measure by Quinn and Chaudoir (2009) was used. The scale measures the extent of stigma people thought they would experience if they were to reveal their identity. The scale was a 15-item 7-point Likert scale with 1 = *not at all likely* to 7 = *very likely*. Instructions were "If others knew about your identity, how likely do you think the following would be to occur?" Sample items included "People threatening or harassing you," "People not wanting to date you," and "Friends avoiding you" (α = .94 for the American and α = .91 for the Turkish data). The scale was translated to Turkish and back-translated to English by separate people. Any items that showed discrepancy between the original scale and the back-translated version were fixed in the Turkish translation.

Anxiety. We measured anxiety using the trait subscale of the State–Trait Anxiety Inventory (STAI-T). Participants answered questions about their general level of anxiety on a 1–4 Likert scale (1 = *almost never*, 4 = *all the time*). Sample items are "I feel nervous and restless" and "I feel satisfied." STAI-T was adapted to Turkish by Öner and Le Compte (1998; α = .90 for the American and α = .87 for the Turkish data).

Depression. Depression was measured with the Center for Epidemiological Studies—Depression Scale (CES-D). Participants answered how frequent they felt each depressive symptom during the past week. Participants indicated how often they felt like each item stated in the previous week on a scale of 1 = *Rarely or none of the time* to 4= *Most or all of the time*. Sample items were "I did not feel like eating; my appetite was poor." and "I felt fearful."

[1] Because it was not clear from the self-descriptions that the negative personality traits and experiences met the standard of a stigmatized identity, we also ran all of the analyses without this group. All results are the same and the mediation of the culture to depression relationship moves from being partially mediated by anticipated stigma to fully mediated.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Table 1
Frequencies of Types of Concealable Identities Among the American and Turkish Participants

Concealable identities	American participants N = 227	Turkish participants N = 233
1. Mental illness (e.g. depression, obsessive compulsive disorder)	30	8
2. Weight/appearance concern (e.g. eating disorder)	8	0
3. Sexually related activity or romantic relationships (e.g. fetishes, affairs, relationships)	9	25
4. Medical conditions (e.g. diabetes, polycystic ovarian syndrome)	4	3
5. History of rape or assault, history of childhood sexual abuse	4	4
6. Minority sexual orientation	12	21
7. Family member with medical or psychological issues or addiction (e.g. cancer, mental illness, alcoholism)	16	4
8. Drug or alcohol use	3	8
9. Stigmatized worldview or lifestyle choices (e.g. religious activity, political stance, other behaviors that are hidden)	19	18
10. Ethnic and religious identity (e.g. Kurdish or Jewish identity)	26	11
11. Negative personality traits/experiences[1] (e.g. being shy or overly emotional, coming from a low-income background, being homeschooled)	66	45
11. Uncodable/non-stigmatized (question was not answered or did not include enough information for the coders to categorize it; or the person states they do not have an identity they are concealing)	30	86

CES-D was adapted to Turkish by Tatar and Saltukoglu (2010; $\alpha = .95$ for the American and $\alpha = .94$ for the Turkish data).

Results

Relationships Between Anticipated Stigma and Well-Being Outcomes

Our first goal in this study was to replicate the negative effects of anticipated stigma on the well-being in both the American and the Turkish participants. Table 2 shows the bivariate correlations between variables in the American and the Turkish participants, controlling for age and sex. Results demonstrate that anticipated stigma is significantly related to increased anxiety and increased depression in both cultures.

Cross-Cultural Mean Differences in Anticipated Stigma and Well-Being

Our second goal was to investigate mean differences in the experience of stigma and well-being between the two cultures. We speculated that Turkish individuals would score higher than Americans on anticipated stigma and if so we speculated that their well-being levels will also be different (e.g., higher levels of depression). Our findings supported this hypothesis. Specifically, an ANCOVA showed that the Turkish individuals scored significantly higher ($M = 3.42$, $SD = 1.35$) than the American individuals ($M = 2.99$, $SD = 1.29$) on anticipated stigma ($F = 6.35$, $p = .012$, $pn^2 = .020$), controlling for age and gender. Furthermore, the Turkish individuals scored significantly higher ($M = 36.92$, $SD = 12.53$) than the American individuals ($M = 32.86$, $SD = 11.17$) on depression ($F = 9.41$, $p = .002$, $pn^2 = .029$), controlling for age and gender. No significant differences, however, were found between the Turkish individuals ($M = 2.37$, $SD = .58$) and the American individuals ($M = 2.35$, $SD = .47$)

Table 2
Correlations Between Anticipated Stigma and Well-Being Outcomes Controlling for Age and Gender.

Well-being	United States N = 168 anticipated stigma	Turkey N = 119 anticipated stigma
Anxiety	.59**	.30**
Depression	.54**	.35**

** denotes correlation is significant at the .01 level (2-tailed).

for anxiety ($F = .92$, $p = .34$, $pn^2 = .003$), controlling for age and gender.

Does Anticipated Stigma Mediate the Effects of Culture on Depression?

Our results demonstrated that anticipated stigma and depression were significantly higher in the Turkish data compared to the American data. Next we examined the mediating role of anticipated stigma in the relationship between culture and depression, as we already know that anticipated stigma relates to depression ($r = .54$, $p < .001$ for American and $r = .35$, $p < .001$ for Turkish, controlling for age and gender). Therefore, we investigated whether the higher levels of depression in the Turkish culture were due to the higher levels of anticipated stigma. We used regression analysis to understand the effect of culture on depression. Culture was coded as American = 1 and Turkish = 2 in our data. A linear regression controlling for age and gender demonstrated the strength of the effect of culture on depression ($b = 5.19$, $p = .002$; and see Figure 1).

To investigate the mediation, we used the simple mediation model by Hayes' Process (Hayes, 2013). We controlled for age and gender in this analysis. Figure 1 shows that there was a positive and significant relationship between culture and anticipated stigma ($b = .49$, $p = .01$, 95% CI [.12, .87]), and, there was a positive and significant relationship between anticipated stigma and depression ($b = 3.98$, $p < .001$, 95% CI [3.11, 4.86]). When anticipated stigma was used as a mediator in the model, with bootstrapping for 1,000 samples, confidence interval of the indirect effect was from .65 to 3.46 with 95% level of confidence. Since the confidence interval does not include zero, it demonstrates that the mediation of the relationship between culture and depression by anticipated stigma was significant. When anticipated stigma was included in the model, the direct effect of culture on depression drops from $b = 5.19$ ($p = .002$) to $b = 3.10$ ($p = .04$, 95% CI [.08, 6.11]). The relationship between culture and depression is partially mediated by anticipated stigma (See Figure 1).

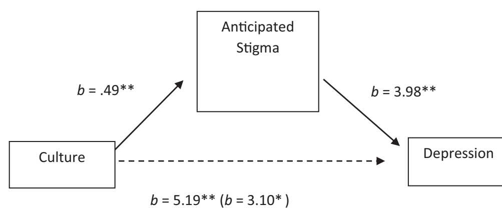

Figure 1. Mediation of the relationship between culture and depression by anticipated stigma. Americans were coded as 1 and Turkish as 2. $^{*}p < .05$. $^{**}p < .01$.

Discussion

In the current study, we included a wide range of concealable stigmatized identities including illness symptoms, sexual orientation, and mental illness. Furthermore, our study is unique in that it investigated anticipated stigma from people of two distinct cultures. These cultures differ in well-established cultural frameworks where one culture is more collectivistic (i.e., Turkey) than the other (i.e., United States). Here we argued that individuals with concealable stigmatized identities who are in collectivist cultural contexts would expect to be more stigmatized if they reveal their identity to others. Indeed, Turkish individuals who conceal their stigmatized identities reported more anticipated stigma than the Americans. Importantly, the Turkish sample also reported experiencing more depression than Americans. The mediation analyses further demonstrated that anticipated stigma partially mediated the effects of culture on depression, indicating that Turkish participants' depression was explained by the anticipation of the negative consequences of revealing their identities.[2]

Our findings replicate the previous literature that shows the harm of concealable stigmatized identities on well-being. Previous literature focused on this link in American college students (Quinn & Chaudoir, 2009) and adults (Quinn et al., 2014), and in the current study we replicated the effects in a collectivistic setting. This finding shows the potential hardship that individuals with concealable stigmatized identities universally face. For example, Murthy (2002)

[2] In this study, we also measured identity salience (the frequency with which people think about their stigmatized identities) and identity centrality (how central the identity is to the self) of the participants. In line with the findings of Quinn and Chaudoir (2009), both predicted anxiety and depression. We neither expected nor found any cross-cultural differences regarding these two variables.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

showed in their review that people with mental health illnesses are universally stigmatized across a variety of cultures. Murthy (2002) argued that although the type of experiences individuals with mental illness have differ across cultures, the existence of stigma against mental illness is universal. This indicates that in other cultural contexts those people who experience different types of identities that are stigmatized and that are concealed from others also experience the consequences of anticipation of revealing their identity. We further showed that Turkish individuals living with concealable stigmatized identities experience greater anticipated stigma and depression compared to their American counterparts. This finding is parallel with the previous literature that shows that the Turkish culture is a tight culture and tight cultures tolerate less deviation from the norms (Gelfand et al., 2011).

Limitations: Cross-Cultural Differences in Anticipated Stigma and Depression

Although our hypotheses about the level of anticipated stigma was based on the cultural framework of collectivism, there are many other differences between Turkish and American culture that may account for differences. For example, the Turkish public has became increasingly more religious and more conservative since 1995 (Yesilada & Noordijk, 2010). Therefore, religiosity and conservatism could be factors influincing how Turkish individuals feel about revealing their identity to others. In a relevant study by Muturi and An (2010), researchers demonstrated that African American women who scored high in religiosity displayed higher stigma toward individuals with HIV, since they perceived HIV as a curse or punishment from God. Therefore, if an individual is higher on religiosity or political conservatism, their attitudes toward stigmatized groups can become more negative. In future studies it could be beneficial to include a measure of religiosity and political attitudes when comparing two distinct cultures in terms of stigma experiences.

In the current study we found that the Turkish sample reported higher levels of depression than the American sample and this difference was partially mediated by anticipated stigma. However, there are certainly other cultural factors that may impact depression levels. For example, the latest Human Development Report demonstrates that while the United States was the 5th most developed country, Turkey is the 69th most developed country in 2014 (“Human Development Index Data,” 2014). Furthermore, while the United States was the 14th country on least gender inequality, Turkey was ranked the 69th (“Human Development Index Data,” 2014). Thus, our Turkish participants may have faced a host of other circumstances that could affect depression rates. Indeed, a recent study by Ferrari et al. (2013) investigated depression rates by regions of the world. Ferrari et al. demonstrated that the Middle East had among the world’s highest depression rates. Although Ferrari et al. focused on clinical depression only and our study focused on individuals with concealable stigmatized identities only, the high rates of depression in the region and the high rates we found in our study are in parallel. Nonetheless, the fact that anticipated stigma mediated the effect of culture on depression requires more attention. Health disparities between countries are well-documented (e.g., “World Health Organization Fact file on health inequities,” 2015). In this study we showed that it is possible to explain the some of the disparity in depression between individuals living with concealable stigmatized identities in the United States and Turkey through anticipated stigma.

Finally, in this study, the American and Turkish participants were recruited differently. The American participants were recruited through a single university’s psychology participant pool system. However, the Turkish participants were recruited both from a university participant pool system and various listservs and online groups. Furthermore, the types of identities in the American and Turkish samples slightly differ (see Table 1). For example, a larger portion of Turkish participants than American participants reported sexually related activity or romantic relationships as a stigmatized identity. This difference might stem from conservatism in the Turkish culture that stigmatizes a wider range of sexually related activities than the American culture. Furthermore, a larger portion of American participants than Turkish participants reported mental illness as their concealable stigmatized identity. In contrast, the Turkish sample had higher depression scores than the American sample. This can imply that individuals in different cultures have different awareness of mental illness and different conceptualization of identities

that need to be hidden. Such differences could lead to differences in anticipated stigma. Moreover, the Turkish participants were older than the American participants. Older participants, who are more likely to be employed, could have been in situations where they were stigmatized, thus anticipating stigma in future encounters.

Future Directions

This study is the first study to examine concealable stigmatized identities from a cultural perspective. Future studies can benefit from including individual level cultural variables, such as individualism-collectivism. In future research, it is important to investigate a variety of cultures and other stigma related variables and see if there are cultural universals in the experience of concealable stigmatized identities. It is possible that in other collectivist cultures the effects of concealing stigmatized identities are not found, especially in those cultures that are high in agreeableness such as the Mexican and the Japanese cultures. For example, *Simpatía* is a cultural script that characterizes Mexicans as friendly, sympathetic, and polite (Ramírez-Esparza, Gosling, & Pennebaker, 2008). Simpatía is also associated with striving to promote harmony in relationships, by showing respect toward others, avoiding conflict, emphasizing positive behaviors, and deemphasizing negative behaviors (Díaz-Loving & Draguns, 1999; Triandis, Marín, Lisansky, & Betancourt, 1984). Thus, a cultural paradox might result where people with stigmatized identities would not experience overt discrimination because what matters is to keep the group harmony. Future research needs to investigate these critical cultural nuances and their interactions with stigma. Future work can also benefit from using alternative methods of measuring culture, anticipated stigma, and depression instead of relying on self-reports only. For example, language use of individuals in situations where they are stigmatized can be informative (Ikizer, Ramírez-Esparza, & Boyd, 2016). Our samples mostly consisted of college students. Future studies can also benefit from samples that go beyond college students and have a greater age range. Moreover, although findings from our data are helpful in understanding stigma from a cultural and a broader point of view, to have a more exhaustive understanding, studying how stigma unfolds in a number of cultural contexts will be crucial. In particular, being able to capture the variables within cultures—such as collectivism, autonomy, Simpatía—that impact anticipated stigma is crucial. Furthermore, other cultural frameworks such as Schwartz's cultural values can be investigated in conjunction with anticipated stigma. For example, in previous work, Turkish university students reported that conformity, security, and tradition were important cultural values for them (Bilican, Yapici, & Kutlu, 2016). This could also imply that conservation of traditional values will be endorsed as opposed to change in the Turkish context, increasing anticipation of stigma upon deviations from norms.

When the depression gap between the Middle East and the Western world is considered (Ferrari et al., 2013), this study has critical implications, especially for mental health practitioners. Clinicians whose patients are living with concealable stigmatized identities should be aware of anticipated stigmas' effects on well-being, especially in the Middle Eastern context. If a patient living with a concealable stigmatized identity in Turkey is seeking therapy with symptoms of depression, targeting anticipated stigma may be an effective way of reducing the patient's distress.

References

Bilican, F. I., Yapici, A., & Kutlu, M. O. (2016). A value model for depressive symptoms and hopelessness among university students in Turkey. *Educational Sciences: Theory and Practice, 16,* 1397–1418. http://dx.doi.org/10.12738/estp.2016.4.0112

Carpenter, S. (2000). Effects of cultural tightness and collectivism on self-concept and causal attributions. *Cross-Cultural Research: The Journal of Comparative Social Science, 34,* 38–56. http://dx.doi.org/10.1177/106939710003400103

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry, 57,* 464–469.

Díaz-Loving, R., & Draguns, J. G. (1999). Culture, meaning, and personality in Mexico and in the United States. In Y.-T. Lee, C. R. McCauley, & J. G. Draguns (Eds.), *Personality and person perception across cultures* (pp. 103–126). Mahwah, NJ: Erlbaum.

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine, 42,* 1741–1752. http://dx.doi.org/10.1017/S0033291711002558

Ferrari, A. J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., Murray, C. J. L., . . . Whiteford, H. A. (2013). Burden of depressive disorders by country, sex, age, and year: Findings from the global burden of disease study 2010. *PLoS Medicine, 10,* e1001547. http://dx.doi.org/10.1371/journal.pmed.1001547

Gelfand, M. J., Raver, J. L., Nishii, L., Leslie, L. M., Lun, J., Lim, B. C., . . . Yamaguchi, S. (2011). Differences between tight and loose cultures: A 33-nation study. *Science, 332,* 1100–1104. http://dx.doi.org/10.1126/science.1197754

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health, 100,* 452–459. http://dx.doi.org/10.2105/AJPH.2009.168815

Hayes, A. F. (2013). *An introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.

Montesinos, A., Rapp, M. A., Temur-Erman, S., Heinz, A., Hegerl, U., & Schouler-Ocak, M. (2012). The influence of stigma on depression, overall psychological distress, and somatization among female Turkish migrants. *European Psychiatry, 27,* S22–S26. http://dx.doi.org/10.1016/S0924-9338(12)75704-8

Hofstede, G. (1980). *Culture's consequences: International differences in work-related values*. Newbury Park, CA: Sage.

Human Development Index Data. (2014). *In United Nations Development Programme Human Development Reports*. Retrieved from http://hdr.undp.org/en/content/human-development-index-hdi

Ikizer, E. G., Ramírez-Esparza, N., & Boyd, R. (2016). *#sendeanlat (You Tell It Too): Text analysis of tweets about sexual harassment experiences of women in Turkey*. Poster accepted for presentation at the New England Psychological Association 2016 Annual Meeting, Worchester, MA.

Kagitcibasi, C. (2005). Autonomy and relatedness in cultural context: Implications for self and family. *Journal of Cross-Cultural Psychology, 36,* 403–422. http://dx.doi.org/10.1177/0022022105275959

Kagitcibasi, C. (2009). *Family, self, and human development across cultures: Theory and applications*. Mahwah, NJ: Erlbaum.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing Stigma. *Annual Review of Sociology, 27,* 363–385.

Murthy, R. S. (2002). Stigma is universal but experiences are local. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 1,* 28.

Muturi, N., & An, S. (2010). HIV/AIDS stigma and religiosity among African American women. *Journal of Health Communication, 15,* 388–401. http://dx.doi.org/10.1080/10810731003753125

Öner, N., & Le Compte, A. (1998), *Süreksiz Durumluk/Sürekli Kaygı Envanteri El Kitabı* [State/Trait Anxiety Inventory Handbook]. İstanbul, Turkey: Basım, Boğaziçi Üniversitesi Yayınevi.

Panchakis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133,* 328–345. http://dx.doi.org/10.1037/0033-2909.133.2.328

Papadopoulos, C., Foster, J., & Caldwell, K. (2013). "Individualism–collectivism" as an explanatory device for mental illness stigma. *Community Mental Health Journal, 49,* 270–280. http://dx.doi.org/10.1007/s10597-012-9534-x

Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology, 97,* 634–651. http://dx.doi.org/10.1037/a0015815

Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass, 7,* 40–51. http://dx.doi.org/10.1111/spc3.12005

Quinn, D. M., Williams, M. K., Quintana, F., Gaskins, J. L., Overstreet, N. M., Pishori, A., . . . Chaudoir, S. R. (2014). Examining effects of anticipated stigma, centrality, salience, internalization, and outness on psychological distress for people with concealable stigmatized identities. *PLoS ONE, 9,* e96977. http://dx.doi.org/10.1371/journal.pone.0096977

Quinn, D. M., Williams, M. K., & Weisz, B. M. (2015). From discrimination to internalized mental illness stigma: The mediating roles of anticipated discrimination and anticipated stigma. *Psychiatric Rehabilitation Journal, 38,* 103–108. http://dx.doi.org/10.1037/prj0000136

Ramírez-Esparza, N., Gosling, S., & Pennebaker, J. W. (2008). Paradox lost: Unraveling the puzzle of simpatía. *Journal of Cross-Cultural Psychology, 39,* 703–715. http://dx.doi.org/10.1177/0022022108323786

Tatar, A., & Saltukoglu, G. (2010). The adaptation of the CES-Depression Scale into Turkish through the use of confirmatory factor analysis and item response theory and the examination of psycho-

metric characteristics. *Klinik Psikofarmakoloji Bülteni/Bulletin of Clinical Psychopharmacology, 20,* 213–227.

Triandis, H. C., Marín, G., Lisansky, J., & Betancourt, H. (1984). Simpatía as a cultural script of Hispanics. *Journal of Personality and Social Psychology, 47,* 1363–1375. http://dx.doi.org/10.1037/0022-3514.47.6.1363

Yeşilada, B. A., & Noordijk, P. (2010). Changing values in Turkey: Religiosity and tolerance in comparative perspective. *Turkish Studies, 11,* 9–27. http://dx.doi.org/10.1080/14683841003746999

Received June 9, 2016
Revision received October 19, 2016
Accepted November 22, 2016 ■

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.