# The Effects of Stigma as Experienced by Vulnerable Populations in Light of the Reclassification of CPTSD and PTSD

Annette Malakoff
Senior Honors Thesis
Department of Sociology; Department of Disability Studies
Advisor: Dr. Heather Evans; Second Advisor: Maria Vignau-Loria

## INTRODUCTION

•**Background**: for last 40 years, individuals with disorders resulting from trauma – were diagnosed and treated for PTSD; but in reality, there are two separate conditions: PTSD and CPTSD

•**Mental Health Stigma**: individuals with psychiatric conditions are stigmatized in American society; people who do NOT respond to psychiatric treatment are further stigmatized as "incurable" or "treatment resistant or "noncompliant"

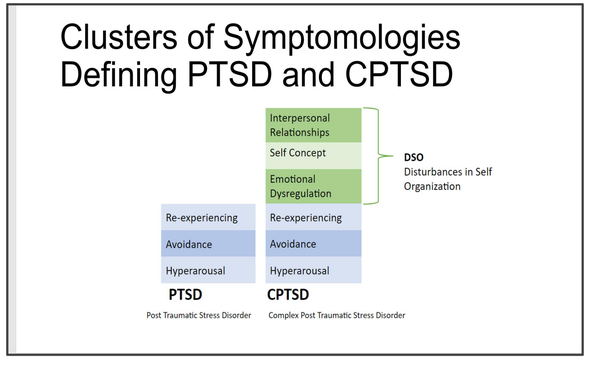
•**Social Problem**: What happens to people who live with psychiatric disorder if they are misdiagnosed or never diagnosed for that disorder?

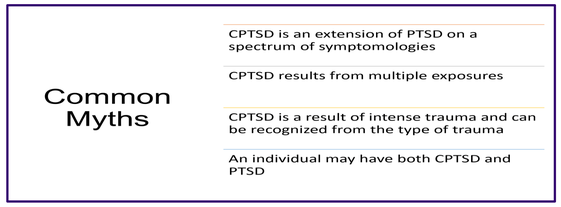
•**Contribution**: deepens understanding of those stigmatized as a result of a trauma-related psychiatric disorder and having a misdiagnosis/lack of diagnosis for that disorder; encourages a re-evaluation of behavioral expectations in educational and healthcare settings

## BACKGROUND - TRAUMA

**A DISTRESSING EVENT WITH LITTLE OR NO MEANS OF ESCAPE OR CONTROL** (Cicchetti and Rogosh 2001; Garo, Allen-Handy, and Lewis 2018)

- **Consequence of trauma:** for some (but not all) - life altering changes to physical, mental and emotional health (Cicchetti and Rogosh 2001; Nickerson et al. 2016)
- **PTSD (1980):** official diagnosis associated with Vietnam Vets; adding an unofficial "c" to explain differing symptomologies (Cicchetti and Rogosh 2001; Sanchez et al. 2010; Rincón-Cortés et al. 2015)
- **CPTSD (2018):** second, distinct diagnosis of psychiatric disorder describing *additional* set of life altering changes as result of trauma (Butcher et al., 2015; Nickerson et al., 2016; Ford et al., 2017)




## BACKGROUND - STIGMA

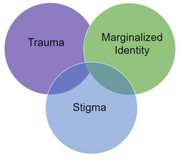
**THE EXPERIENCE OF SHAME, BLAME, SECRECY AND ISOLATION** (Rosenfield 1997; Bryne 2000; Hatzenbuehler et al. 2013)

- Exists as a function of labeling
- Enables creation of a continual and reoccurring oppressive mechanism in marginalized populations
- Meets all criteria of fundamental cause of health inequalities
- Disrupts/inhibits access to multiple resources

## WOMXN TRAUMA SURVIVORS

- Social construction of gender group embedded in historical hierarchy of roles and expectations
- History of normalized violence against womxn to maintain hierarchy & expectations
- Combo of gender marginalization & exposure to violence influential in probability of psychiatric condition
- Likely to have psychiatric diagnosis

## STIGMA, TRAUMA , INTERSECTIONALITY




•**Mental Health /Stigma:** when experienced concurrently, the effects are compounded with further stigmatization and a devaluation of the individual (Bryne 2000; Carter 2015; Hatzenbuehler et al. 2013)

•**Consequences of Stigma:** educational potential and life opportunities are negatively impacted as a result of stigma (Phalen, Link, and Tehranifar 2010; Garo, Allen-Handy, and Lewis 2018; Goffman 1963)

## RESEARCH QUESTIONS

**GIVEN THE JUNE 2018 RECLASSIFICATION OF CPTSD AND PTSD AS TWO SEPARATE AND DISTINCT DIAGNOSES:**

1. How are the symptomologies of each diagnosis expressed differently in the lived experiences of womxn trauma survivors?
2. How does the trauma of marginalized populations and the resulting recurring stigma differently impact education, health services, and life opportunities dependent on diagnosis or misdiagnosis?

## METHODS

**Data Collection: semi-structured interviews conducted on Zoom**

- 5 -10 womxn identifying as trauma survivors
- Self-assessments of lived experiences, barriers to educational attainment, health services and life opportunities

**Data Analysis: qualitative data analysis software Nvivo**

- Closed coding to establish PTSD or CPTSD symptomology; educational experiences; health services treatment; and career goal outcomes
- Open coding to identify other relevant themes

## STRENGTHS AND LIMITATIONS

•**Methodological Justification**: qualitative methods most appropriate for understanding lived experiences of a social phenomenon that is understudied; most appropriate for studying intersectional lived experiences

•**Strengths of study design:** sample group consists of marginalized population prone to stigmatization and mental; data is a primary source directly from participants; Pandemic required Zoom interviews which allowed for closed video, encouraging detailed self-reporting during participation

•**Limitations of study design**: small sample size minimizes generalizability; potential re-triggering of participants

## REFERENCES

Cicchetti, Dante, and Fred A. Rogosch. 2001. "Diverse Patterns of Neuroendocrine Activity in Maltreated Children." *Development and Psychopathology 13*(3):677-693.

Garo, Laurie, Ayana Allen-Handy, and Chance W. Lewis. 2018. "Race, Poverty, and Violence Exposure: A Critical Spatial Analysis of African American Trauma Vulnerability and Educational Outcomes in Charlotte, North Carolina." *The Journal of Negro Education 87*(3):246-269.

Hatzenbuehler, Mark L., Jo C. Phelan, and Bruce G. Link. 2013. "Stigma as a Fundamental Cause of Population Health Inequalities." *American Journal of Public Health 103*(5):813-821.

(Additional sources available upon request)

## RESULTS

### INDIVIDUALS WHO DESCRIBED MEETING THE CPTSD SYMPTOMOLOGY

Reported higher rates of avoidance of medical intervention
(due to their "lack of their understanding")
Reported lower educational attainment or delayed educational attainment (due to stigmatization of peers and/or abuser)
Reported unfulfilled personal career goals
(due to lack of educational attainment and low self-esteem)

### INDIVIDUALS WHO DESCRIBED MEETING THE PTSD SYMPTOMOLOGY

Reported lower rates of avoidance of medical intervention
(than CPTSD)
Reported higher educational attainment
(than CPTSD)
Reported higher fulfillment of personal career goals
(than CPTSD)

## IMPLICATIONS

A deeper understanding of those stigmatized with undiagnosed or misdiagnosed trauma-related disorders encourages a re-evaluation of behavioral expectations in educational and health care settings.

## SUMMARY & CONCLUSION

Preliminary findings indicate that a better understanding of the lived experiences that differentiate PTSD and CPTSD may lead to expectations that would enhance educational experiences and increase likelihood of access to public health services as a result of decreased stigmatization for non-compliance or an inability to recover. This in turn may lead to enhanced career goals and greater life opportunities.

## PHASE II: REFUGEE WOMXN

Phase II: Sample of 5-10 womxn refugees
RQ: How are the symptomologies of each diagnosis expressed differently in the lived experiences of womxn refugees?
RQ: How does the trauma of theses marginalized populations and the resulting recurring stigma differently impact education, health services, and life opportunities dependent on diagnosis or misdiagnosis

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