Breaking the Silence: Parents' Experiences of Courtesy Stigmatization in the Workplace

Felicity, a single mother of three, no longer talked to her co-workers about her oldest son. She shared stories about her other two children, their successes in school, participation in after-school activities. She discussed typical parenting concerns, but had learned that stories about her oldest son made others uncomfortable. These were not happy stories. At work, she had learned to compartmentalize—the pain, the struggles, the lack of sleep, and the fears. She carefully separated, like egg yolks from their whites, stories about her other two children, which more closely resembled her co-workers' stories about their "typical" children, from stories about her "different" child. Perhaps this was a strategy for self-protection as well as protection of her son.

The more out-of-sync with developmental norms her son became, the more out-of-sync Felicity felt with her co-workers. At first, Felicity had felt comfortable telling co-workers that her first born was especially emotionally sensitive. She was even okay about letting a couple of them know that he was seeing a therapist. But while her co-workers would regale her with stories of their children's achievements, there was never the right moment to share that her son had just been placed in a classroom for children with severe emotional disturbance, or had threatened suicide. She silenced herself, knowing that others would not understand. She felt ashamed. She wondered what kind of parent they thought her to be. They must see her as incompetent, a bad mother. It was

stressful enough that she frequently left work to pick up her son who often could not tolerate the classroom environment, or took daily phone calls from her sons who fought endlessly with each other at home after school. She knew her supervisor doubted her work ethic and that co-workers complained about her state of distractedness. Felicity worried that they saw her as an unreliable employee, a flaky coworker.

Courtesy Stigmatization

Many family members of individuals with mental health disorders have experiences like Felicity's, which are referred to as *courtesy stigmatization*. Courtesy stigmatization reflects the prejudices, negative judgments, and discrimination extended to others—particularly partners, family members, and close friends—who are caring for, or significantly connected to, an individual with a mental health disorder.[1] Courtesy stigmatization can occur both directly, through overt acts of discrimination or rejection,

and indirectly, through feelings of shame, being blamed, self-blame, embarrassment, and fear of direct acts of discrimination or others' negative judgments.[2]

Parents and other caregivers of children with mental health disorders experience courtesy stigmatization throughout their lives. For example, family members may experience blame for their child's disorder through comments from extended family members, mental health professionals, school personnel, or employment supervisors. These interactions lead to feelings of guilt and loss, heightened fears of discrimination, and concern about negative judgments. Family members may become increasingly socially isolated both because they lack supportive resources, and in order to protect themselves from exposure to more stigmatization.

Parents, especially mothers, are particularly vulnerable to courtesy stigmatization, as they often are held accountable for the well-being and socialization of their children. Faced with public perceptions of mental illness, including attributions of causation, parents respond by attempting to minimize family exposure to stigmatization. Strategies used by parents to manage stigmatization focus largely on controlling the dissemination of information regarding their child's mental health. Parents may also selectively participate in public outings and only socialize with others who would understand.[2] Over time, parents learn when to conceal and when to reveal information, not only about

their child's mental health status, but also regarding the fuller story of the family's experience.

In the Workplace

A parent is not free from the experiences of courtesy stigmatization in the workplace. With or without directly disclosing or discussing a child's mental health status, the effects of courtesy stigmatization are felt. Employed parents of children with disabilities, especially mental health disorders, are often hesitant to let anyone within the workplace know about their children's disorders. Shellenbarger[5] refers to this reluctance as a "code of silence" in the workplace that keeps these parents quiet. In the workplace parents are cautious about disclosing the particulars of their family situation, fearing stigmatization and possibly career penalties.[3] However, even without openly disclosing, family concerns spill into the workplace through interruptions by telephone calls from the child's school, unexpected departures in response to a child crisis, and stress that affects performance and health. These "spillover" effects can shape supervisors' and coworkers' perceptions. They come to believe that the parent is not adequately meeting job responsibilities.

Parents of children with mental health disorders are subject to double jeopardy regarding courtesy stigmatization in the workplace. Because of the public's misperceptions about the etiology of children's mental illness, parents are held responsible for their children's mental health problems and can be labeled as *bad parents*. At the same time, disruptions and absences from work resulting from exceptional care responsibilities may lead co-workers and supervisors to form the perception of the parents as *bad employees* as well. Stigmatizing comments and responses can become internalized by the parent, shaping self-narratives and decisions, and creating shame and self-blame. Parents of children with mental health disorders experiencing courtesy stigmatization

may feel isolated and misunderstood by their supervisors and coworkers.

Research Findings on Workplace Stigmatization

We explored courtesy stigmatization specific to the workplace through focus groups with employed mothers caring for children with mental health disorders.[4] Four different types of stigmatization were identified through a review of focus group transcripts: (a) direct, (b) indirect, (c) perceived, and (d) internalized. Parents' reports of *direct stigmatization* included be-

ing blamed for their child's disorder, coworker resentment of work interruptions, lack of understanding about the child's illness or caregiving needs, and discrediting of professional competence. The *indirect stigmatization* described by the participants included experiences such as witnessing other parents of children with mental health difficulties receive disapproval and judgment by supervisors and co-workers:

"My supervisor has not indicated to me—but I've observed her interactions with other employees who have had situations—immediate family, children, or parent, or spouse, those kinds of situations—and her expectation is that that does not impact on your work. You don't bring that—work and family are two different things."

Perceived stigmatization is the act of construing or anticipating stigmatization without observable evidence. Parents may exhibit perceived stigmatization when feeling blamed for their children's mental health problems and resented by coworkers:

"I think that I am judged… 'Why do you have a son that acts this way? Can't you handle your child? Why are you getting these phone calls at work?'…

I just can hear people thinking it and saying it. 'What is wrong with you as the parent?' And then, 'If you can't handle your child, can you do your job?'"

Lastly, *internalized stigmatization*, the direction of stigmatizing attitudes towards oneself, was expressed in parents' reports of feeling professionally inadequate and blaming themselves for their children's problems.

Focus group participants spoke of a core strategy to manage courtesy stigmatization by controlling the dissemination of information about their child's condition.[2] Employed parents may choose to disclose their

> *Because of the public's misperceptions about the etiology of children's mental illness, parents are held responsible for their children's mental health problems and can be labeled as "bad parents."*

children's mental health status within the workplace as a strategy to enhance work-life integration, particularly the fit between their work and care responsibilities.[4] Disclosure may enhance organizational and interpersonal support; conversely, it may heighten stigmatization and job insecurity. The decision whether or not to disclose is complex, and is influenced by a number of personal and workplace variables. Workplace variables include the type of job held by the parent, workplace culture, availability and accessibility of formal support, and perceptions of informal support. Some parents may feel that disclosure is not a choice they want to make, but that it is necessary in order to request flexibility or avoid job termination. The level of family-friendliness of the workplace culture may significantly influence the disclosure decision. Issues of privacy, confidentiality, and work-family boundary management are important personal considerations.

Participants in the focus groups discussed what they consider when making a disclosure decision, including the type and amount of information to share. Different telling strategies included: (a) full disclosure, (b)

limited disclosure, (c) "bending the truth," and (d) self-censoring. These disclosure patterns iterate sensitive information to the workplace in different amounts, based in large part on the stigmatization patterns found among co-workers. For example, full disclosure reveals the child's mental health condition and the challenges the worker faces due to the child's interaction with a variety of systems:

"I just let them know right up front that I was on a one-to-one basis with the police, one-to-one basis with the emergency room, one-to-one basis with almost anybody who would be emergency personnel… I was just really up front with this job that I have now. I said my child does get in to trouble."

In contrast, other participants talked about self-censoring, not disclosing, and the challenges faced by the family due to the child's mental health difficulties:

"I just got to the point that I wouldn't even tell them. 'I'm going home for the day.'—That is how I would leave it, because if I tried to be honest and tell my situation, they weren't very understanding."

Conclusion

Our conversations with parents have revealed that their experiences in the workplace are greatly affected by patterns of stigmatization found in American society. When human resource professionals or supervisors are approached by parents who are requesting flexible work arrangements, the reasons given by employees affect the employer's willingness to grant them. If the organization has a culture that supports stigmatization, making genuine and full disclosure difficult, workers may struggle to speak up for the work arrangements they need.

In May 2008, a U. S./Canada Forum on Mental Health and Productivity, entitled "The Mental Health of Working Parents and Their Children" was held at Harvard University Medical School. This forum brought together 70 business, government, and mental health leaders who listened to working parents and their children describe their struggles to find the help that they needed. The clear message from this forum was that the workplace has much to gain from combating stigmatization and permitting parents to talk about their

family's real challenges and needs.

With more organizations supporting diversity training for human resource professionals, supervisors, and staff, it is important for the 5-10% of U.S. workers having children with mental health disorders to be recognized as bringing diversity into the workplace. With greater knowledge about the reality of children's mental health disorders and the struggles of parents who seek supports for their children and family in the community, employers can combat stigmatization in the workplace. Increasing attention to the challenging experiences families of children with mental health disorders bring to the workplace will reduce courtesy stigmatization, allow parents to ask for the workplace supports they need, and enable employers to retain valued workers.

References

1. Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. *Journal of Family Psychology, 20,* 239-246.

2. Gray, D. E. (2002). Everybody just freezes. Everybody is just embarrassed: Felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness, 24,* 734-749.

3. Rosenzweig, J. M., & Huffstutter, K. J. (2004). Disclosure and reciprocity: On the job strategies for taking care of business and family. *Focal Point: A National Bulletin on Family Support and Children's Mental Health, 18*(1), 4–7.

4. Rosenzweig, J. M., Roundtree, L. T., & Huffstutter, K. J. (2008). The workplace: Work-life integration barriers and supports. In J. M. Rosenzweig & E. M. Brennan (Eds.), *Work, life, and the mental health system of care: A guide for professionals supporting families of children with emotional or behavioral disorders* (pp. 143-174). Baltimore: Paul H. Brookes Publishers.

5. Shellenbarger, S. (2005, October 13). Employer begins to provide assistance for parents of children with disabilities. *The Wall Street Journal.* Retrieved January 7, 2008, from http://online.wsj.com/public/us.

Authors

Julie M. Rosenzweig is Co-Principal Investigator of the Work-Life Integration Project at the Research and Training Center on Family Support and Children's Mental Health at Portland State University.

Eileen M. Brennan is Professor and Associate Dean of Social Work, and Co-Principal Investigator with the Research and Training Center on Family Support and Children's Mental Health at Portland State University.

Anna M. Malsch is Research Associate and Project Manager at the Research and Training Center on Family Support and Children's Mental Health at Portland State University.