

Stigma, Coping, Self-compassion, and Social Support: Caregivers of Transition-age Youth

Melissa Ivins-Lukse, Beatrice Meda Gaurean, and Eun-Jeong Lee
Illinois Institute of Technology

Introduction

Social support is an important resource for family caregivers of individuals with intellectual and developmental disabilities (IDDs). Previous studies have found social support is associated with positive outcomes for family caregivers of children with IDDs, even after controlling for child behavior (White & Hastings, 2004). Unfortunately, social support is negatively associated with caregivers' perceived stigma; furthermore, perceived stigma contributes to negative interactions within one's social network (Mickelson, 2001). Caregivers of transition-age youth must work to identify new supports as their youth enter adulthood and lose access to supports previously available through the education system. Given the challenges of transition, social support is likely to be especially important for caregivers during this time.

However, little is known about caregivers' experiences during transition, particularly with regards to social support or courtesy stigma (stigma experienced by a family member due to their relationship to an individual with a stigmatized condition or attribute; Goffman, 1963). The present study explores the role of courtesy stigma in predicting caregivers' perceived social support after taking into account caregivers' demographics and protective factors internal to caregivers (e.g., coping strategies, resilience, self-compassion).

Methods

Participants

- 110 family caregivers of transition-age youth with IDDs
- Online anonymous survey conducted using Qualtrics

Self-report Measures

- **Demographic Questionnaire:** age, gender, and income.
- **Brief COPE:** 28-item scale measuring emotion-focused ($\alpha = 0.79$), problem-focused ($\alpha = 0.80$), and dysfunctional ($\alpha = 0.88$) coping.
- **Self-compassion Scale:** 26-item scale measuring overall self-compassion ($\alpha = 0.65$).
- **Connor-Davidson Resilience Scale:** 10-item scale measuring resilience to adversity ($\alpha = 0.91$).
- **Devaluation of Families of Consumers Scale:** modified 9-item measure of courtesy stigma ($\alpha = 0.85$).
- **Multidimensional Scale of Perceived Social Support:** 12-item scale measuring level of perceived social support.

Data Analysis

Data were analyzed using a hierarchical regression predicting caregivers' perceived social support. Predictors were entered in the following blocks: 1) caregiver demographics, 2) caregiver protective factors, and 3) courtesy stigma.

Results

In step 1, demographics (age, gender, family income) were entered:

- Income was the only significant predictor ($R^2 = .244, F = 12.723, p < .001$)

In step 2, protective factors (coping, self-compassion, resilience) were entered:

- Emotion-focused coping ($p = .008$) was a significant predictor ($R^2\Delta = .220, F = 11.855, p < .001$) while income ($p < .001$) remained a significant predictor

In step 3, courtesy stigma was entered:

- Explained significant variance in social support ($R^2\Delta = .069, F = 13.784, p < .001$)
- Courtesy stigma ($p < .001$) was a significant predictor
- Emotion-focused coping ($p = .015$) and income ($p < .001$) remained significant

Table 1. Correlations and Descriptive Statistics Between Variables

	n (%) Mean ± SD	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Gender (female)	57 (51.8%)	--								
2. Age	44.21 ± 7.18	.290**	--							
3. Income	6.24 ± 1.81	-.025	.138	--						
4. Emotion-focused Coping	25.46 ± 5.39	-.107	-.001	.326***	--					
5. Problem-focused Coping	16.28 ± 3.87	.099	-.051	.225**	.759***	--				
6. Dysfunctional Coping	26.61 ± 7.25	-.486***	-.314***	.178*	.245**	.115	--			
7. Self-compassion	79.95 ± 14.21	.023	.170*	.294**	.326***	.193*	-.296**	--		
8. Resilience	24.02 ± 8.31	.275**	.272**	.397***	.507***	-.557***	-.155	.478***	--	
9. Courtesy Stigma	22.51 ± 4.38	-.046	-.151**	-.217*	-.091	.053	.246**	-.465***	-.312***	--
10. Social Support	56.54 ± 14.32	.020	.103	.513***	.554***	.439***	.042	.407***	.535***	-.436***

N = 110. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2. Hierarchical Regression Predicting Caregiver Social Support

	R^2	R^2 Change	F	B	SE	β
Step 1	.244	.265	12.723***			
Gender				0.719	2.489	.025
Age				0.050	0.176	.025
Income				4.033	0.666	.510***
Step 2	.443	.220	11.855***			
Gender				-0.169	2.565	-.006
Age				-0.048	0.161	-.024
Income				2.415	0.660	.306***
Emotion-focused Coping				0.905	0.336	.340**
Problem-focused Coping				-0.062	0.460	-.017
Dysfunctional Coping				-0.083	0.194	-.042
Self-compassion				0.106	0.094	.105
Resilience				0.347	0.187	.202
Step 3	.514	.069	13.784***			
Gender				0.248	2.401	.009
Age				-0.024	0.151	-.012
Income				2.179	0.620	.276**
Emotion-focused Coping				0.783	0.316	.295*
Problem-focused Coping				0.366	0.443	.099
Dysfunctional Coping				0.019	0.183	.009
Self-compassion				0.012	0.091	.012
Resilience				0.205	0.179	.119
Courtesy Stigma				-1.033	0.262	-.316***

N = 110. * $p < .05$, ** $p < .01$, *** $p < .001$

Major Findings

This model, consisting of caregiver demographics, protective factors, and courtesy stigma, explained 51.4% of the variance in caregivers' perceived social support.

The first step of the model (demographics) was significant ($R^2\Delta = 0.265, p < .001$), with income as the only significant predictor ($\beta = .510, p < .001$). Additional variance in social support was accounted for after adding caregiver protective factors (coping styles, self-compassion, resilience) to the model in step 2 ($R^2\Delta = 0.220, p < .001$). Emotion-focused coping ($\beta = .340, p = .008$) was the only protective factor that was a significant predictor, suggesting that individuals who endorse using emotion-focused coping strategies more often also perceived receiving more social support. Income continued to be a significant predictor ($\beta = .306, p < .001$) after accounting for caregiver protective factors.

The final step of the model incorporated courtesy stigma and also explained significant additional variance in social support ($R^2\Delta = 0.069, p < .001$). Courtesy stigma was a significant predictor of social support ($\beta = -.316, p < .001$), indicating that individuals who experienced more courtesy stigma also reported less social support. Emotion-focused coping ($\beta = .295, p = .015$) and income ($\beta = .276, p = .001$) remained significant predictors of social support.

Implications and Limitations

Courtesy stigma, income, and emotion-focused coping were all significant predictors of social support in this model. While courtesy stigma was associated with less social support, both income and emotion-focused coping were associated with more social support. Psychologist should be aware that caregivers who report experiencing courtesy stigma may also have less social support. Working with these caregivers to address issues related to courtesy stigma could potentially reduce its impact on their perceived social support.

Findings from this study suggest that engaging in emotion-focused coping enables individuals to more effectively reach out and connect with friends, family, and other sources of support. Future studies could clarify the relationship between social support and specific emotion-focused coping strategies. Identifying coping strategies that help caregivers engage their social networks could promote better outcomes for caregivers and their families even when encountering courtesy stigma. Connecting families with financial resources is also important, as higher income was also predictive of more social support in this study.

Limitations of this study include the cross-sectional design. Also, results may not be generalizable to caregivers who either did not have access to the survey or opted not to participate.