

EDITED BY

**ALEXANDER-STAMATIOS ANTONIOU**  
**CARY COOPER**



# **New Directions in Organizational Psychology and Behavioral Medicine**

**PSYCHOLOGICAL AND BEHAVIOURAL ASPECTS OF RISK**



# New Directions in Organizational Psychology and Behavioral Medicine

*Edited by*

ALEXANDER-STAMATIOS ANTONIOU  
*University of Athens*

CARY COOPER  
*Lancaster University*

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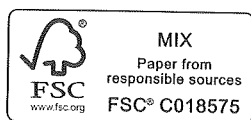
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# Health Professionals and Community Stigma toward People who Engage in Substance Abuse

*Alexander-Stamatios Antoniou and Marina Dalla*

## What is Stigma?

The person who is stigmatized is a person whose social identity is devalued, spoiled, or flawed in the eyes of others (Goffman, 1963). The concept dates to ancient Greece and was used to signify the marks that were pricked onto slaves to demonstrate ownership and to reflect their inferior social status. The ancient word for prick was stig, and the resulting mark, a stigma (Falk, 2001). Some authors have described stigma as a social construction associated with categorization and the recognition of a difference, based on a specific characteristic, which is used to devalue and dehumanize the person who possesses it (Dovidio, Major, and Crocker, 2000). Goffman (1963) identified three types of stigma: abominations of the body, deviation in personal traits, and tribal stigmas. Abominations of the body were described as stigmas associated with physical deformations or deviations from a social norm, such as people with physical challenges, missing limbs, or physical deformities, among others. Deviations in personal traits were stigmas associated with a person's character, identity, unnatural passions, or simply their particular way of being. Some of these blemishes can be attributed to drug users, alcoholics, and people with poor mental health, among others. Finally, tribal stigmas referred to the negative evaluation of particular persons due to their association with a group. All of these dimensions could be argued to be part of the stigma that is related to substance use.

Public stigma, what a naive public does to the stigmatized group (Corrigan, and Watson, 2002), occurs when an individual is identified as deviant, linked with negative stereotypes that engender prejudiced attitudes, which are acted upon in discriminatory behavior (Ottati, Bodenhausen, and Newman, 2005). Deviance is related to behavior which is socially abnormal and usually regarded as unacceptable. The mark of deviance initiates an attributional process through which people interpret other aspects of a person in terms of the mark and respond to stigmatized individuals on the basis of their stigma at the expense of their individuality (Kurzban and Leary, 2001). Lemert (1951) distinguished between "primary" and "secondary" deviance. Primary deviance is the initial act or behavior which is the context of behavior which goes against the dominant norms of society. Substance abuse is therefore one example of primary deviance because it brings with it an array of potentially serious consequences. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect, a withdrawal syndrome for the substance, the great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects, the reduction of social, occupational, or recreational activities because of the substance abuse (DSM-IV, 1999), and other kinds of problems related to it (e.g., delinquency) (NIDA, 1976) result in a variety of social and health consequences, both immediate and chronic.

These problems lead to secondary deviation or to stigmatizing responses from others. This involves the assumption of certain "roles" which then become the central way through which the marked or the labeled person is viewed and judged both by him- or herself and by society. The labeling perspective further argues that the stigmatized person becomes, by virtue of the label, isolated from non-stigmatized groups in society (Clinard and Meier, 1992). Public stigma elicits stereotypes that overgeneralize, misattribute, proscribe, and often condemn the behavior and personal characteristics of people that belong to different marked categories (Operario and Fiske, 2001), including drug abusers among other groups. In contrast to stereotypes, prejudicial attitudes, which are a form of antipathy directed at members of devaluated groups (Glick and Fiske, 2001), result in discrimination as an inappropriate treatment meted out to individuals due to their membership in one or more of the groups (Mummendey and Otten, 2001). Discrimination toward people with drug dependence occurs at an interpersonal and at a structural level (Link and Phelan, 2001). At the personal level this reflects a desire for social distance and less contact with people with drug abuse; at the structural level drug users are excluded from public life through a variety of legal, economic, social, and institutional means.

The stigmatization of drug users involves cognitive and behavioral components as culturally induced expectations of rejection are compounded with actual experiences of rejection. Hence, expectations of rejection, that in turn erode confidence, disrupt social interaction, and impair social and occupational functioning, are often reinforced through the experience of rejection (Link, Struening, Rahav, Phelan, and Nuttbrock, 1997). Furthermore, because substance abuse is associated with behaviors that generate negative responses in society, substance users are believed to be criminals whose addiction represents a moral failing that should be punished rather than treated. They are also considered to be unwilling or unable to change their risk behaviors and to be unreliable participants in society. Room (2005) identified two related elements of addiction that influence the degree of social disapproval and moralization associated with behavioral addictions: unpredictability and losing control. The first of these, unpredictability (e.g., abandoning the norm, or sobriety; and losing inhibitions), is associated with intoxication and might cause anxiety for those who come into contact with an intoxicated person. The second, losing personal control to a substance, which Room describes as being characterized by society as a "disease of the will," results in society viewing those who lose control as blameworthy. In addition, stigma due to substance use has become increasingly complex due to its association with HIV infection (Minior, Galea, Stuber, Ahern, Ompad, 2003).

Substance users remain one of the most stigmatized populations in many countries. In a WHO study covering 14 different countries, in which key local informants ranked a list of 18 conditions (chronic mental disorder, intellectual slowness, and others) in terms of degree of social disapproval or stigma, drug dependence ranked near the top. In all 14 countries being a drug addict was reported to be more highly disapproved of or stigmatized than having a criminal record for burglary (Room, Rehm, Trotter, Paglia, and Ynsün, 2001). Indeed, stigma towards drug users is so deeply rooted that it continues even in the face of scientific evidence that demonstrates addiction is a treatable disease and even when we know people in our families and communities who live wonderful lives after recovery (Rosenbloom, 2007). Recovery from a drug problem is a process of change through which an individual achieves abstinence, health, wellness, and quality of life after treatment that occurs in a variety of settings, in different forms, and for different periods of time (Scott, Dennis, and Foss, 2005). The ultimate goal of recovery is the substance user's re-entry into society along with them achieving readjustment and gaining independent functioning. This process of rehabilitation relies on the combined and coordinated use of

educational, social, and vocational measures for training or retraining the individual to the highest level of functional ability.

But, the recovery and rehabilitation of substance users is often associated with an astonishing variety of terms that attempt to characterize the addict, and the addiction-prone personality, usually with the assumption that they are: "alienated," "passive psychopaths," "aggressive psychopaths," "emotionally unstable," "nomadic," "inebriate," "narcissistic," "dependent," "sociopathic," "hedonistic," "childlike," "paranoid," "rebellious," "hostile," "infantile," "neurotic," "delinquent," etc. (NIDA, 1976).

### **Belief in a Just World**

Most theories view the act of stigmatizing as a means of maintaining and enhancing positive self-esteem or positive social identity through categorization and social comparison (Crocker and Quinn, 2001). But according to Allport (1954), stereotypes, prejudice, and discrimination act as justificatory devices for categorical acceptance or rejection of the target group and as screening or selective devices to maintain simplicity in perception and in thinking. In this way the categorization and justification functions are compatible and mutually reinforcing (Jost and Hamilton, 2005). How people stigmatize a particular group is determined by the intuitive causal attribution theory that those people hold. In many situations, causal attributions implicitly follow a "just world" belief that assumes people get what they deserve and deserve what they get (Lerner, 1998). Belief in a just world is an indicator of justice motives (Schmitt, Maes, and Schmal, 1995) generated to develop long-term reality orientations in order to be able to survive in a complex social world (Lerner, 1980).

According to Lerner's (1980) just world hypothesis, people have the illusory belief that good things happen to good people whereas bad things happen to bad people. To protect their sense of justice and to reaffirm their beliefs, people can use one or more of several possible strategies. For instance, sometimes assistance can be provided to victims that will reduce their suffering. This strategy can resolve injustice directly. Alternatively, the viewpoint can be adopted that the victims deserved to suffer. For instance, their misfortune can be attributed to reckless behavior. Or they can be judged to be bad, unworthy persons whose suffering is not unjust, even if they did not cause the outcome directly. Making such rationalizations allows people to maintain their belief that a similar misfortune will not befall them, as long as they are careful and

are of "good" character (Lerner and Miller, 1978). For example, people who hold just world beliefs are more likely than others to adopt the following types of attitudes in regard to substance users: "They chose to use the drug and now they have to live with the consequences"; or "It's their own fault that they are experiencing problems." In such cases, a just-world ideology downplays the role of situational factors and says, in essence, that the problem of social injustice lies not in society but in the victims of prejudice.

More recently, Lipkus, Dalbert, and Siegler (1996) operationalized the distinction between self (or personal) and others (interpersonal), in terms of their belief in a just world (BJW). The authors reported findings that confirmed the value of the differentiation between self and others: BJW-S was found to be more strongly associated to indexes of psychosocial adjustment (Lipkus et al., 1996). On the other hand, BJW-O was significantly correlated to discrimination against the elderly, stigmatization of poverty, and higher penal punishment, while BJW-S was weakly or not related to these variables (Bègue and Bastounis, 2003). Furthermore, Dalbert and Radant (2004) referred to personal experiences of justice within the family, in which everyone gets what they deserve and deserves what they get. If someone has the specific perception that their family is a just one, this may have a positive effect on the belief in a personal just world.

In addition to rational and nonrational coping mechanisms, Lerner (1980) hypothesized two protective strategies, which are characterized by general ways of thinking about the world. First, people preserve a belief in a just world by thinking of the world in terms of ultimate justice, according to which one can be sure that present misfortune will be compensated in the long run. Second, belief in ultimate justice is differentiated from belief in immanent justice according to which present misfortune is seen as a consequence of prior behavior (Maes and Schmitt, 1999). What seems to be unjust in a narrow time perspective (immanent justice) may turn out to be just eventually (ultimate justice). As a consequence, different individuals may judge the same situation as just or unjust, even if they apply the same distribution principle. The studies showed that subjects who believed in immanent justice tended to derogate victims while subjects who believed in ultimate justice did not (Maes, 1994). Another strategy that was discussed in the early literature was termed psychological distancing from the victim. According to this coping mechanism, people tend to reduce the threat to their need to believe in a just world by convincing themselves that similar injustices will not befall them. Injustice appears to occur in the larger world, not in the immediate environment (Hafer and Bègue, 2005).



## Just World Beliefs and Stigma towards Substance Users

How might this issue of just world beliefs be relevant to the acceptance or rejection of substance users? Of importance in this regard is the argument that just world beliefs represent a simplistic belief system (e.g., "Bad things happen to bad people") that can be used to formulate rapid judgments about complex social situations (Lerner, 1980) and the manner in which such a system can be understood in terms of attribution. Research and theory has described stigma as a specific application of stereotyping, prejudice, and discrimination (Ottati, Bodenhausen and Newman, 2005) that is closely connected to the way in which social "others" explain the behavior of the stigmatized. These explanations, known in psychology as "causal attributions," are both a symptom and source of prejudice. In addition to just world beliefs, people often have a general tendency to attribute negative behavior to dispositional causes. Even when behaviors are undeniably caused by situational factors, people will sometimes favor dispositional explanations, a misjudgment known as the "fundamental attribution error" (Ross, 1977). Taking the fundamental attribution error one step further, Pettigrew (1979) suggested that an "ultimate attribution error" occurs when people attribute negative behavior to dispositional causes. The belief in a just world has much in common with the fundamental attribution error, and consequently the belief can be interpreted as a bias, which is termed the "just world bias" (Dharmapala and McAdams, 2005).

Leshner (1997) has identified several negative beliefs held about individuals who suffer from addiction. One belief viewed individuals addicted to drugs as victims of their own situation. Another view perceived drug addicts as bad or weak individuals who were unwilling to try to control their gratifications and behaviors in order to lead normal lives. These views support the belief that drug abusers should be handled by the criminal justice system.

To summarize, we expected that belief in a just world (BJW) would affect the way in which people perceive, explain, evaluate, and react to the stigmatization of substance users after recovery. Accordingly, we expected that there would be a positive correlation between belief in a just world and social stigma toward former substance users (H1). A great number of studies have demonstrated empirically that the stronger the BJW, the more people are inclined to engage in several strategies of stigmatization, presumably because of the greater threat to their BJW (Hafer and Bègue, 2005). Following this conceptualization of differences between immanent and ultimate justice beliefs, we expected that ultimate justice would act as a protective belief against the stigmatization of substance users, while immanent justice beliefs would have a negative effect (H2).

## Method

### PARTICIPANTS

A total of 147 Greek people living in Athens filled in the questionnaire. Among these, 90 (61.2%) were females and 57 (38.8%) males. The participants' mean age was 34.21 and standard deviation 11.76 ranging from 18 to 60 years of age. In terms of their educational background, 87 (59.2%) participants had graduated from higher education ("University"), and 60 (40.8%) from secondary ("Lyceum"), and low-level primary and secondary school ("Elementary and Gymnasium").

### MEASURES

#### *Perceived discrimination*

Perceptions of group discrimination (Bourguignon, Seron, Yzerbyt, and Herman, 2006) toward substance users were measured with four items: "I think that substance users are undervalued in Greek society," "In Greek society, people often despise substance users," "Substance users meet with more obstacles in their daily life than other people," "Substance users are often confronted with discrimination." These four items were collapsed into an index of perceived group discrimination ( $\alpha = 0.80$ ).

#### *Belief in a just world*

Just and unjust world beliefs were measured using six items from Dalbert's (1999) Just World Beliefs Scale that distinguishes the belief in a personal just world from the belief in a general just world. The personal BJW reflects the belief that events in one's life are just ("I believe that, I usually get what I deserve," "I am usually treated fairly," "I believe that most of the things in my life are just") ( $\alpha = .70$ ). And the general BJW reflects the belief that, basically, the world is a just place ("I am convinced that in the long run people will be compensated for injustices," "I firmly believe that injustices in all areas of life are the exceptions rather than the rule," "I believe that, by and large, people get what that deserve") ( $\alpha = .66$ ). The Just Family Climate Scale (Dalbert and Stoeber, 2006) was used to measure the perception of family climate as just ("At home, things are just," "At home, important decisions that are made are usually just," "At home, injustice is the exception rather the rule," "At home, justice finally prevails") ( $\alpha = 0.77$ ). Items were rated on six-point Likert-type scales

ranging from 0 ("totally disagree") to 6 ("totally agree"). All items on the scale were worded so as to reflect a positive belief in a just world. The items were collapsed into three indexes: personal BJW, general BJW, and family BJW.

Beliefs in immanent and ultimate justice were measured with Maes' (1998) and Maes and Kals' (2002) scales. Immanent justice presents misfortune as a consequence of prior faults and sins (e.g., "Misfortune is a fair visitation for one's bad character," "Everybody has to attribute his circumstances to himself") ( $\alpha = 0.72$ ) and is differentiated from belief in ultimate justice according to which one can be sure that present misfortune will be compensated in the long run (e.g. "He who must suffer with difficulty, one day will be compensated," "Injustice does exist, but at the end it will be compensated for") ( $\alpha = .80$ ). Participants were asked to report their agreement with the statements on scales ranging from 1 ("do not agree at all") to 5 ("strongly agree"). An index of immanent justice (seven items) and another of ultimate justice (seven items) were created on the basis of these 14 items.

## Results

Two separate MANOVAs were performed on measures of responses to a) stigmatization toward substance users, and b) beliefs in a just world (general, personal, and family beliefs) and immanent and ultimate justice beliefs. In all our analyses we controlled for the influence of gender (male vs female) and education (Higher vs Primary and Secondary).

### DISCRIMINATION TOWARD DRUG ABUSERS

Table 19.1 presents the means of discrimination against substance users controlling for gender. As can be seen, total perceived group discrimination was the same for men and women. But men believed more than women that substance users are undervalued in Greek society  $F(1, 147) = 3.93, p < 0.05, \eta^2 = 2.7\%$  and meet with more obstacles in their daily life than other people  $F(1, 147) = 4.25, p < 0.05, \eta^2 = 2.9\%$ .

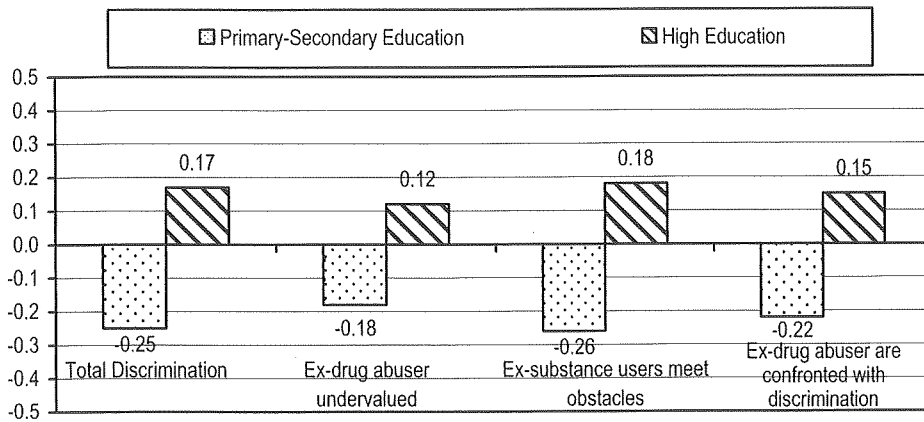
There was a significant main effect of education on the total discrimination  $F(1, 147) = 7.66, p = 0.01, \eta^2 = 5.1\%$  and on the items: "I think that ex-substance users are undervalued in Greek society"  $F(1, 147) = 4.17, p < 0.05, \eta^2 = 2.8\%$ , "Ex-drug dependent people meet with more obstacles in their daily life than other people"  $F(1, 147) = 7.44, p < 0.01, \eta^2 = 4.9\%$ , and "Substance users are often

**Table 19.1** Means of discrimination as a function of gender

Items	Gender		F	$\eta^2$
	Male	Female		
	M.	M.		
I think that ex-drug abuser are undervalued in Greek society	0.21	-0.13	3.93*	0.027
In Greek society, people often despise ex-drug abuser	0.18	-0.12	3.14	0.022
Ex-drug dependent people meet with more obstacles in their daily life than other people	0.19	-0.12	4.25*	0.029
Ex-drug dependent people are often confronted with discrimination	-0.03	0.02	0.00	000
Ex-drug dependent people are not accepted in Greek society	0.04	-0.03	0.02	000
Total discrimination	0.17	-0.11	2.25	0.020

Note: \*  $p < 0.05$ .

confronted with discrimination"  $F(1, 147) = 4.53$ ,  $p < 0.05$ ,  $\eta^2 = 3.1\%$ . According to the results, people with higher education believed more than people with primary and second education that substance users are undervalued and confronted with discrimination in Greek society (Figure 19.1).



**Figure 19.1** Means of discrimination towards substance users as a function of education

## BELIEFS IN A JUST WORLD

A 2 (male vs female)  $\times$  2 (high vs low education) multivariate analysis of variance (MANOVA) on z-scores of the dependent variables of just world beliefs revealed significant multivariate main effects of gender  $F(1, 146) = 6.16$ ,  $p < 0.01$ ,  $\eta^2 = 4.1\%$  and education  $F(1, 146) = 7.71$ ,  $p < 0.01$ ,  $\eta^2 = 5.1\%$  on immanent just world beliefs. Men ( $M = 0, 29$ ) and participants with primary and secondary education ( $M = 0, 35$ ) scored higher than women ( $M = -0, 12$ ) and participants with higher education on immanent justice ( $M = -0, 15$ ).

Regarding the two-way interaction effect (gender and education), there was significant main effect on general  $F(1, 146) = 4.13$ ,  $p < 0.05$ ,  $\eta^2 = 2.8\%$  and on ultimate justice  $F(1, 99) = 4.2$ ,  $p < 0.05$ ,  $\eta^2 = 2.8\%$ . Males with primary and secondary education and females with higher education believe more than others (males with higher education and females with primary and secondary education) that the world is a just place. Females with higher education expected more than males of the same category that every injustice could be resolved and compensated at some point in the future (Table 19.2).

**Table 19.2** Means of just world beliefs as a function of interaction of gender and education

Just world beliefs	Education				F	$\eta^2$
	Higher education		Primary and secondary			
	Male	Female	Male	Female		
	M	M	M	M		
Personal JWB	0.16	-0.04	0.20	-0.23	0.44	0.003
Family JWB	0.09	0.12	-0.04	-0.24	0.43	0.003
General JWB	-0.11	0.09	0.27	-0.23	4.13*	0.028
Immanent JWB	-0.27	0.22	0.06	-0.14	0.18	0.001 0.22 0.06 -0.14 0.18
Ultimate JWB	0.03	-0.31	0.56	0.07	4.20*	0.028

Note: \*  $p < 0.05$ .

## THE PREDICTION OF STIGMATIZATION FROM JUST WORLD BELIEFS

Regression analysis was used in order to test the prediction of stigmatization of substance users from just world beliefs after controlling for affect of gender and education. Step one of the model included gender; step two, personal, family and general-interpersonal just world beliefs; step three, dimensions of justice beliefs, immanent and ultimate justice; and step four, interaction of education with ultimate justice (because there is interaction of ultimate justice with education).

According to the results, men  $\beta = -.21$ ,  $t = -2.43$ ,  $p < 0.05$ ,  $R^2 = 1.9\%$  believe more than women that substance users are rejected and undervalued in Greek society (Table 19.3).

Beliefs in immanent justice predicted the stigmatization of substance users in Greek society  $\beta = -.21$ ,  $t = -2.21$ ,  $p < 0.05$ ,  $R^2 = 4.0\%$ . High stigma of substance users is predicted from low immanent justice beliefs. In other words, the lower the belief in immanent justice according to which present misfortune is seen

**Table 19.3** Hierarchical regression for the prediction of stigmatization from just world beliefs

Prediction variables	Stigmatization		
	$\beta$	t	R <sup>2</sup>
1. Gender	-0.210*	-2.43	0.020
2. Just world beliefs			0.010
2a. Personal JWB	-0.050	-0.47	
2b. Family JWB	0.030	0.32	
2c. General JWB	-0.230	-1.01	
3. Justice beliefs			0.040
3a. Immanent JB	-0.210*	-2.21	
3b. Ultimate JB	0.120	0.49	
4. Interaction general JWBXEduc	0.180	0.76	0.005
5. Interaction ultimate JWBXEduc	-0.006	-0.02	0.000
Total R2			0.270

Note: \*  $p < 0.05$ .

as a consequence of prior behavior, the higher the belief that substance users are undervalued in Greek society. It can also be noted that no prediction of stigmatization from general, family, and personal beliefs in a just world was found. (See Table 19.3.)

## Discussion

The present study aimed, firstly, at examining the relation between social stigma toward substance users and just world beliefs. In line with the just world belief model, we expected a positive relation between perceived stigma and general world belief. For example, people with a high orientation toward multiple justice (personal, familiar, general) would have a greater tendency to accept the stigmatization of substance users. According to this model, individuals tend to believe the world is more just than is actually the case, because of either indoctrination during childhood or self-deception that productively offsets imperfect willpower. As a result, people have excessively strong prior beliefs that outcomes are deserved (Lerner, 1980).

The data obtained in our study provide no support for the first hypothesis. They indicate that just world beliefs are not related to the stigmatization and devaluation of substance users. This lack of a significant correlation may be the consequence of having two measures that are rooted in different psychological processes (Gawronski, Deutsch, and Seidel, 2005). Furthermore, the BJW theory states that justice concerns only apply to our world. People will be concerned primarily with their own world, that is, the environment in which they must live and function. To witness and admit to injustices in other environments does not threaten people very much because these events have little relevance for their own fates. As the events take place far from their world, their concern with injustices decreases greatly (Lerner and Miller, 1978).

It seems that people see substance users as belonging to a world other than their own; thus they separate their own just world from the stigmatization of the outgroup. This could be considered a form of psychological distancing, in which substance users are seen as so unlike oneself as to inhabit a different world governed by different rules (Hafer and Bègue, 2005). This psychological distancing from the "fate" of substance users ("They are not like us; therefore, we do not have to be concerned with their fate") does not require the psychological effort involved in, for example, providing help/compensation, denial/withdrawal, or cognitive reinterpretations of the event. Different

findings provide evidence that when people are threatened by undesirable features in others, they respond to the threat by psychologically distancing themselves from such individuals and disassociating from them (Schimel, Pyszczynski, Greenberg, O'Mahen, and Arndt, 2000). This coping mechanism allows observers to reduce the threat to their need to believe in a just world by convincing themselves that they will not fall victim to a similar threat. Distancing from people or groups when they display undesirable attributes can serve to deny vulnerability to a feared fate ("I would never do that," "I am not that kind of a person"). Similarly, people have a tendency to project their negative sides (Markus and Nurius, 1987), about which they have fears, or their "shadow" (Jung, 1959) onto others, reducing any perceived similarity with the others, and enhancing the difference, which contributes to stereotyping and prejudice.

Although the present findings do not provide evidence for all our hypotheses, we believe that these results provide broad support for a number of potentially important ideas. First, people seem to separate their just world from the world of stigmatized substance users. They see targets of stigma as belonging to a world other than their own. This could be considered an extreme form of psychological distancing, in which the targets of stigmatization are seen as belonging to another world that is governed by different rules. Different studies suggest that psychological distancing may be a common defensive response, to the fear of specific negative characteristics, that allows people both to dissociate themselves from unsuccessful groups or groups that display undesirable attributes, and to increase their connection to successful groups (Schimel, Pyszczynski, Greenberg, O'Mahen, and Arndt, 2000). Indeed, theory and research suggest that we distance ourselves from and disparage those who have qualities we fear (Schimel et al., 2000). In respect of this, surveys which examine public attitudes and beliefs about substance abuse show that people commonly hold negative and exaggerated views regarding unpredictability and the dangerousness of drug addiction (Gelder, 2001) and indeed, the main problems ascribed to substance use are illness, violence, casualty, and failure in major social roles, particularly at work and in the family (Room, 2005).

Another finding indicated a negative relation between immanent justice and stigma toward ex-substance users. People who have little belief in the idea that justice is inherent in a given outcome are more likely to indicate that substance users are rejected and undervalued in Greek society. These are people who do not define events as being inherently just. They consequently exhibit a lower level of hope over the future of former substance users. Moreover, since they



believe people are not personally responsible for what occurs in their world, they are therefore less threatened by substance users who they see as maybe just less similar to themselves (Maes, 1998).

In many societies there is a high degree of marginalization and stigmatization of those who end up in treatment for alcohol or drug problems (Room, 2005). Our study confirmed that former substance users; 1) are undervalued and despised in Greek society, 2) meet more obstacles in their daily life than other people, and 3) are rejected and confronted with discrimination. Stigmatization has adverse consequences at the individual level, such as lowered self-esteem and learned helplessness, negative psychological and social functioning, and increased depression (Shepard and Reif, 2004). Such consequences may create a treatment barrier for individuals seeking help. In addition, stigmatization involves negative consequences at the societal level, particularly discriminatory behavior toward labeled individuals, both from the public and from members of the medical community. Moreover, discrimination as the behavioral consequence of prejudice may be covert or systemic, intentional or unintentional, a consequence of which is employers and society avoid and reject substance users—a situation that persists despite treatment and recovery (Minior, Galea, Stuber, Ahern, Ompad, 2003). Nonetheless, people recovering from substance use can experience better outcomes if their basic needs are met, a consequence of which is the achievement of progressive independence and rehabilitation.

Stable recovery is a reality for many people with substance abuse (Scott, Dennis, and Foss, 2005). Improving the social reintegration of such treated populations will require a better understanding of how and under what conditions marginalization and stigmatization occurs. Quantitative and qualitative studies are needed to understand both the extent and the mechanics of the marginalization and social stigmatization of substance users and those with substance use problems (Room, 2005). In the context of these general studies, priority should be given to the fear that people have of addicts that leads to distancing from them, and to the stigmatization and discrimination of recovering persons.

In this regard, substance professionals should counterbalance the stigma attached to active addiction through interventions responding to false statements made about individuals with substance abuse (NMHA, 2000). Counselors, clinicians, and researchers should educate the public, and attempt to change negative attitudes and perceptions to try to de-stigmatize addiction and ensure

its place in the public health realm (Corrigan, Larson, and Kuwabara, 2007). Education programs can help people to identify the inaccurate stereotypes surrounding substance abuse and replace these stereotypes with factual information. This can be accomplished by furnishing an audience with the basic facts about substance abuse and treatment, or by contrasting the myths with the facts. The goal is not to make the audience experts on substance abuse, but rather to provide simple facts so that many of the myths about addiction crumble. Education programs should therefore also focus on the consequences of addiction and the effectiveness and positive outcomes of treatment, and the many cases of recovery.

## References

- Allport, G.W. (1954). *The Nature of Prejudice*. Reading, MA: Addison-Wesley.
- Bègue, L. and Bastounis, M. (2003). Two spheres of belief in justice: extensive support for the bidimensional model of belief in just world. *Journal of Personality*, 71(3), 435–63.
- Bourguignon, D., Seron, E., Yzerbyt, V., and Herman, G. (2006). Perceived group and personal discrimination: differential effects on personal self-esteem. *European Journal of Social Psychology*, 36, 773–89.
- Clinard, M.B. and Meier, R.F. (1992). *Sociology of Deviant Behaviour*, 8th edn. Fort Worth, TX: Harcourt Brace Jovanovich.
- Corrigan, P.W., Larson, J.E., and Kuwabara, S. (2007). Mental illness stigma and the fundamental components of supported employment. *Rehabilitation Psychology*, 52, 451–7.
- Corrigan, P.W. and Watson, A.C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology—Science and Practice*, 9, 35–53.
- Crocker, J. and Quinn, D.M. (2001). Psychological consequences of devalued identities. In R. Brown and S. Gaertner (eds), *Blackwell Handbook in Social Psychology, Vol. 4: Intergroup Processes* (pp. 238–57). Malden, MA: Blackwell.
- Dalbert, C. (1999). The world is more just for me than generally: about the personal belief in a just world scale's validity. *Social Justice Research*, 12, 79–98.
- Dalbert, C. and Radant, M. (2004). Parenting and young adolescents' belief in a just world. In C. Dalbert and H. Sallay (eds), *The Justice Motive in Adolescence and Young Adulthood: Origins and Consequences* (pp. 11–25). London: Routledge.
- Dalbert, C. and Stoeber, J. (2006). The belief in a just world and domain-specific beliefs about justice at school and in the family: a longitudinal study with adolescents. *International Journal of Behavioral Development*, 30, 200–207.

- Dharmapala, D. and McAdams, R. (2005). Words that kill? An economic model of the influence of speech on behavior (with particular reference to hate speech). *Journal of Legal Studies*, 34, 93–136.
- Dovidio, J., Major, B., and Crocker, J. (2000). Stigma: introduction and overview. In T. Heatherton, R. Kleck, M. Hebl, and J. Hull, *The Social Psychology of Stigma* (pp. 1–28). New York: Guilford Press.
- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (1999). Washington, DC: American Psychiatric Association.
- Falk, G. (2001). *Stigma: How We Treat Outsiders*. New York: Prometheus.
- Gawronski, B., Deutsch, R., and Seidel, O. (2005). Contextual influences on implicit evaluation: a test of additive versus contrastive effects of evaluative context stimuli in affective priming. *Personality and Social Psychology Bulletin*, 31, 1226–36.
- Gelder, M. (2001). The nature of such stigmatization: The Royal College of Psychiatrists' survey of public opinions about mentally ill people. In A.H. Crisp (ed.), *Every Family in the Land: Understanding Prejudice and Discrimination against People with Mental Illness*. London: The Editor and the Sir Robert Mond Memorial Trust.
- Glick, P. and Fiske, S.T. (2001). An ambivalent alliance: hostile and benevolent sexism as complementary justifications of gender inequality. *American Psychologist*, 56(2), 109–18.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Prentice-Hall.
- Hafer, C.L. and Bègue, L. (2005). Experimental research on just-world theory: problems, developments, and future challenges. *Psychological Bulletin*, 131(1), 128–67.
- Jost, J.T. and Hamilton, D.L. (2005). Stereotypes in our culture. In J. Dovidio, P. Glick, and L. Rudman (eds), *On the Nature of Prejudice* (pp. 208–224). Oxford: Blackwell.
- Jung, C.G. (1959). Aion: researches into the phenomenology of the self (translated by R.F.C. Hull). In H. Reed, M. Fordham, and G. Adler (eds), *The Collected Works of C.G. Jung* (vol. 9, part 2). Princeton, NJ: Princeton University Press. (Original work published 1951.)
- Kurzban, R. and Leary, M.R. (2001). Evolutionary origins of stigmatization: the functions of social exclusion. *Psychological Bulletin*, 127(2), 187–208.
- Lemert, E.M. (1951). *Social Pathology: A Systematic Approach to the Theory of Sociopathic Behaviour*. New York: McGraw-Hill.
- Lerner, M.J. (1980). *The Belief in a Just World: A Fundamental Delusion*. New York: Plenum.

- Lerner, M.J. (1998). The two forms of belief in a just world. In L. Montada and M.J. Lerner (eds), *Responses to Victimizations and Belief in a Just World* (pp. 247–69). New York: Plenum.
- Lerner, M.J. and Miller, D.T. (1978). Just world research and the attribution process: looking back and ahead. *Psychological Bulletin*, 85, 1030–51.
- Leshner, A.I. (1997). Addiction is a brain disease—and it matters. *Science*, 278, 45–7.
- Link, B.G. and Phelan, J.C. (2001). On the nature and consequences of stigma. *Annual Review of Sociology*, 27(1), 363–85.
- Link, B.G., Struening, E.L., Rahav, M., Phelan, J.C., and Nuttbrock, L. (1997). On stigma and its consequences: evidence from a longitudinal study of men with dual diagnosis of mental illness and substance abuse. *Journal of Health and Social Behavior*, 38, 177–90.
- Lipkus, I.M., Dalbert, C., and Siegler, I.C. (1996). The importance of distinguishing the belief in a just world for self versus for others: implications for psychological well-being. *Personality and Social Psychology Bulletin*, 22, 666–77.
- Maes, J. (1994). Blaming the victim: belief in control or belief in justice? *Social Justice Research*, 7(1), 69–90.
- Maes, J. (1998). Immanent justice and ultimate justice: two ways of believing in justice. In L. Montada and M. Lerner (eds), *Responses to Victimizations and Belief in the Just World* (pp. 247–69). New York: Plenum.
- Maes, J. and Kals, E. (2002). Justice beliefs in school: distinguishing ultimate and immanent justice. *Social Justice Research*, 15, 227–44.
- Maes, J. and Schmitt, M. (1999). More on ultimate and immanent justice: results from the research project “Justice as a problem within reunified Germany”. *Social Justice Research*, 12, 65–78.
- Markus, H. and Nurius, P. (1987). Possible selves: the interface between motivation and the self-concept. In K. Yardley and T. Honess (eds), *Self and Identity: Psychosocial Perspectives* (pp. 157–72). Chichester: Wiley.
- Minior, Th., Galea, S., Stuber, J., Ahern, J., and Ompad, D. (2003). Racial differences in discrimination experiences and responses among minority substance users. *Ethnicity and Disease*, 13, 521–7.
- Mummendey, A. and Otten, S. (2001). Aversive discrimination. In R. Brown and S. Gaertner (eds), *Blackwell Handbook in Social Psychology* (vol. 4: *Intergroup Processes*, pp. 112–32). Cambridge, MA: Blackwell.
- National Mental Health Association (NMHA) (2000). *Stigma: Building Awareness of Understanding about Mental Illness*. Alexandria, VA: NMHA. Available at: <http://nhma.org/infoctr/factsheets/14.cfm> [Accessed: November 23, 2008].

- NIDA (1976). *Effects of Labeling the Drug Abuser: An Inquiry*. Rockville, MD: NIDA. Available at: <http://www.nida.nih.gov/pdf/monographs/06.pdf> [Accessed: November 23, 2008].
- Operario, D. and Fiske, S.T. (2001). Stereotypes: processes, structures, content, and context. In R. Brown and S. Gaertner (eds), *Blackwell Handbook in Social Psychology* (vol. 4: *Intergroup Processes*, pp. 22–44). Cambridge, MA: Blackwell.
- Ottati, V., Bodenhausen, G.V., and Newman, L.S. (2005). Social psychological models of mental illness stigma. In P.W. Corrigan (ed.), *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change* (pp. 99–128). Washington, DC: APA.
- Pettigrew, T.F. (1979). The ultimate attribution error: extending Allport's cognitive analysis of prejudice. *Personality and Social Psychology Bulletin*, 5, 461–76.
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24, 143–55.
- Room, R., Rehm, J., Trotter, R.T., Paglia, A., and Ýnsün, T.B. (2001). Cross-cultural views on stigma, valuation, parity and societal values towards disability. In T.B. Ýnsün, S. Chatterji, and J.E. Bickenbach et al. (eds), *Disability and Culture: Universalism and Diversity* (pp. 247–91). Seattle, WA: Hogrefe and Huber.
- Rosenbloom, D.L. (2007). Coping with the stigma of addiction. *Addiction*. HBO. [Online]. Available at: [http://www.hbo.com/addiction/stigma/52\\_coping\\_with\\_stigma.html](http://www.hbo.com/addiction/stigma/52_coping_with_stigma.html) [Accessed: 17 February 2010].
- Ross, L. (1977). The intuitive psychologist and his shortcomings: distortions in the attribution process. In L. Berkowitz (ed.), *Advances in Experimental Social Psychology* (vol. 10, pp. 173–220). New York: Academic Press.
- Schmitt, M., Maes, J., and Schmal, A. (1995). *Gerechtigkeit als innerdeutsches Problem: Einstellungen zu Verteilungsprinzipien, Ungerechtigkeitssensibilität und Glaube an eine gerechte Welt als Kovariate* (Berichte aus der Arbeitsgruppe "Verantwortung, Gerechtigkeit, Moral" Nr. 82). Trier: Universität Trier, Fachbereich I - Psychologie.
- Schimmel, J., Pyszczynski, T., Greenberg, J., O'Mahen, H., and Arndt, J. (2000). Running from the shadow: psychological distancing from others to deny characteristics people fear in themselves. *Journal of Personality and Social Psychology*, 78(3), 446–62.
- Scott, C.K., Dennis, M.L., and Foss, M.A. (2005). Recovery management checkups to shorten the cycle of relapse, treatment re-entry, and recovery. *Drug and Alcohol Dependence*, 78, 325–38.
- Shepard, D.S. and Reif, S. (2004). The value of vocational rehabilitation in substance user treatment: a cost effectiveness framework. *Substance Use and Misuse*, 39(13–14), 2581–609.

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**Dr Alexander-Stamatios Antoniou** is a Lecturer of Psychology at the University of Athens, Greece and has undergraduate and postgraduate degrees (masters and two PhDs) from universities in the UK and in Greece. He also teaches in undergraduate and postgraduate programs at the School of Medicine, the National School of Public Health and the Panteion University of Social and Political Sciences. His publications include research papers and chapters in academic journals, books and edited volumes. His main research interests include occupational stress and burnout, leadership, work values, organizational politics and communication networks. He has coordinated National and European research programs and presented papers at many international conferences. He acts as a consultant and he is also a frequent contributor to national newspapers and television radio programs.

**Professor Cary Cooper** is Distinguished Professor of Organizational Psychology and Health, and Pro Vice Chancellor at Lancaster University in the UK. He is the author/editor of over 120 books (on occupational stress, women at work and industrial and organizational psychology), has written over 400 scholarly articles for academic journals, and is a frequent contributor to national newspapers, television and radio. Cary Cooper holds or has held high office in many academic and professional bodies worldwide and holds several honorary doctorates. Amongst many other positions, he is shortly to become Chair of the UK Academy of Social Sciences.

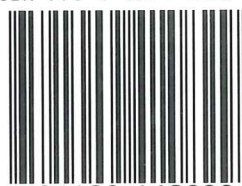
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