Dear Editor,

In a recent article Özaslan, Yıldırım, Güney, İlhan, and Vostanis (2024) examined the stigma associated with seeking psychological support as a barrier to health-seeking behavior in Syrian adolescent refugees experiencing distress. The issue is relevant and points to the importance of understanding and addressing stigmatization experiences in young refugees, as they strive to adjust in their new homes. While the number of forcibly displaced people due to war, poverty, and natural disasters is increasing, supporting their endeavors to adapt and succeed in new societies is a prominent challenge of our times. Yet societal stigma remains a complex and often underestimated barrier constraining people’s attempts to capitalize on the resources and opportunities that new environments can offer. Negative attitudes towards refugees are on the rise in Europe and are often based on contradictory stereotypes, depicting them as threatening to take away jobs and vital resources, while at the same time having no/low specialized skills or literacy levels (Bauer, Boemelburg, & Walton, 2021; Webber, Molinario, Jasko, Gelfand, & Kruglanski, 2023). Such stigmatizing narratives limit their chances of inclusion andintegration in new societies and extend beyond individuals with anti-refugee sentiments (Graf et al., 2023). Well-intentioned actors, including aid organizations and the research community, often accentuate vulnerabilities that may encompass experiences of victimization and trauma, while overlooking the resourcefulness of this community (Sims & Pooley, 2016). Often moved by genuine concern and intention to help, an exclusive focus on vulnerability may leverage dated notions of charity, whereby refugees are to be helped out of pity, whereas they seek parity and opportunities everyone deserves (Corrigan, 2017).

Although refugees represent a highly heterogenous, resilient, and resourceful population, widespread stigmatizing attitudes may shape experiences of vulnerability in unique ways and act as a barrier to accessing essential resources and opportunities in new societies (Bauer et al., 2021; Webber et al., 2023). Social stigma signifies a process of social devaluation that reduces the target in the eyes of others from a whole person to a discounted one (Goffman, 1963) making them easy targets of stereotypes, prejudice, and discrimination. While refugees may be aware of others’ stigmatizing attitudes towards them (public stigma) and may experience stigmatization in everyday encounters (enacted stigma), they may also anticipate discrimination from others (anticipated stigma) in the absence of direct contact, and further, internalize these unfavorable beliefs about themselves (self-stigma). Whether enacted, perceived, anticipated, or internalized, stigma impinges on a person’s self-esteem and self-efficacy, it tarnishes relationships with others and institutions, restricting access to resources, and opportunities for growth and social integration. Hence, the importance of a nuanced understanding of the stigmatization experiences that refugees may face while they navigate the manifold challenges of adjustment in new societies.

The focus by Özaslan et al. (2024) on stigma associated with seeking psychological support in a specific refugee population, that of adolescents in distress, fills an important gap. However, as the authors contend, it is possible that negative public attitudes towards refugees as a socially devalued group may have contributed to limiting adolescents’ help-seeking behavior, independently from and likely in interaction with self-stigma associated with psychological support. Importantly, stigmatizing attitudes towards refugees may affect domains beyond healthcare, further constraining adolescents’ chances to take full advantage of wider opportunities for personal advancement in society, be it seeking an education, a career, or engaging in civic participation.

Another reason why a deeper understanding of stigma and its effects on refugee adjustment and well-being is warranted concerns the fact that when internalized, (self) stigma may share cognitive, affective, and behavioral characteristics with post-traumatic stress symptoms (Benfer, Howell, Lucksted, Romero, & Drapalski, 2023). Negative beliefs about oneself, self-blame, and feelings of shame and worthlessness which lead to avoidance of social contact are similar and may explain the high prevalence of self-stigma amongst people with PTSD.
Given the non-negligible incidence of trauma exposure and PTSD in refugee populations, disentangling the effects of self-stigmatization in this target group is crucial as they may exacerbate post-traumatic symptoms and/or may be potentially overlooked or conflated with these latter, enhancing the trauma-victimization narrative. It follows that interventions addressing societal stereotypes and a person’s agreement with them to the aim of reducing self-stigma may be useful in refugees with PTSD and complement the more traditional trauma-focused approaches (Benfer et al., 2023).

A more nuanced understanding of stigmatization experiences is necessary because refugees are not a homogeneous group and may not all be targeted or impacted by stigma in identical ways. Becoming a refugee intersects with other forms of social disadvantage based on ethnicity, gender, age, sexual orientation, and social or health status, which may coalesce to shape experiences of marginalization. When marked with multiple stigmas, people may become targets of unique forms of discrimination and social exclusion (Fino, Mazzetti, & Russo, 2021). On the other hand, many refugees actively resist stigmatizing narratives through strategies that redefine their social identities in positive ways (Bauer et al., 2021). Highlighting these positive pathways in refugee adjustment and social integration is necessary to balance narratives focused on vulnerabilities with empowering stories that tell of persons’ resourceful pursuit of life goals like everyone else.

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References