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REVIEW



## Comprehensive analysis of social stigma of individuals with substance use disorder in Turkey in the context of Erving Goffman's stigma theory

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### ABSTRACT

Goffman defines stigma as a disgrace and social outcast/disqualification. Individuals with substance disorder are exposed to stigma at certain periods of their lives. Stigma particularly affects their thoughts, behaviors, and treatment processes, as well as their social life and identity perception. This paper examines the effects of social stigma experienced by individuals with substance disorder in Turkey and its reflections on social life in terms of Goffman's stigmatization theory. In this regard, studies examining the social stigmatization of individuals with addictions and social perceptions and attributes toward these individuals in Turkey were analyzed. This analysis suggests that socio-demographic and cultural factors play a significant role in stigmatization, that society has negative perception and representations toward addicts, that stigmatized addicts are likely to avoid interactions with "normals" and are often stigmatized by the media, colleagues, and health professionals, and that stigma develops/creates "an addicted identity.". This paper suggests the need for robust social policies that would aim to minimize stigmatizing attitudes and misconceptions toward individuals with addiction, ensure access to effective treatment, fulfill their social functioning, and integrate them into society should be implemented.

### KEYWORDS

Social stigmatization; individuals with addiction; Erving Goffman; identity; Turkey; stigma in communication

## Introduction

Used in ancient times to refer to cattle, enslaved people in the East, and runaway slaves in Greece and Rome (Jones, 1987), stigma has also come to metaphorically refer to persistent disgrace with a more symbolic use today. Erving Goffman substantially influenced the understanding of the process of stigma (Lloyd, 2013). Goffman perceived stigma as the product of an innate reaction and interpersonal encounters without a specific

historical context (Brune, 2014). Instead of a physical symptom that leads to discrediting, “stigma” refers to the “state of discrediting itself.” He also defines stigma as “the situation of the individual who is disqualified from full social acceptance” (Goffman, 1963a). Goffman also distinguishes “discredited” and “discreditable” between individuals in cases where stigma is inevitable and obvious. Discredited individuals experience various levels of social exclusion ranging from being discredited to being excluded by others due to the difficulty they encounter in achieving social interaction. Again, socially discredited, stigmatized people are rejected to the point of losing their worth as part of a socio-cultural process (Livingston et al., 2012; Benoit et al., 2015; Lloyd, 2013). However, society also aims to “treat,” “fix” or “punish” those stigmatized people who are “discredited” by it. Such collective responses render “social control” over stigmatized individuals with addiction and/or reinforce their less discrediting position on those subjected to stigmatization (Simmonds & Coomber, 2009). Social control over stigmatized individuals may lead them to internalize the stigma, to share, approve, and confirm stigmatized views about their identity. Stigmatized individuals may, therefore, perceive themselves as someone who is excluded from society, who have failed to adapt, incomplete and abnormal (Chaudoir et al., 2013) and this can be reinforced by (through social interaction) communicative processes (Meisenbach, 2010, Smith, 2007).

Goffman identifies people who stigmatize others in public life as “normal.” He states that it is necessary for stigmatized individuals to adopt the “normal” worldview and to be “closely associated with what others see as their failure” to achieve a stigmatization process (Lloyd, 2013). This is, in fact, because “normal” people” often struggle to adjust their attitudes and behaviors toward stigmatized individuals as they have limited knowledge of the experience of those individuals. On the other hand, the stigmatized individual does not know what kind of reaction they will receive, yet adequately understands the rules governing the interactions. What is referred to here as normal people and stigmatized individuals do not identify as real people; both represent perspectives that emerge in the stigmatization process. These perspectives are merely produced through social interactions in line with norms that have not been adequately established (Thompson & Seibold, 1978; Goffman, 1963a); where stigmatized individuals possess (or are believed to have) certain qualities, attributes, or characteristics, stigma conveys a degraded social identity (Lebel, 2008). Goffman suggests that stigma severely undermines the individuals’ reputation, cancel them out from the social, and turns them into ones spoiled, ignored, and an identity ‘abnormal’, and distorted (Link & Phelan, 2001; Benoit et al., 2015).

Individuals with substance (alcohol, cannabis, opioids, hallucinogens, stimulants, etc.) use disorder experience stigma at certain periods of their

lives. However, while research on the phenomenon that is effective in thinking, behavior, and treatment processes, such as stigma, mainly focuses on HIV/AIDS, etc., there is still limited research on individuals with substance use disorder (Melchior et al., 2019). Research on the processes of social stigmatization of individuals with substance disorder both in Turkey and in the world are less than the research on that of other social groups exposed to stigma. They also often approach this problem/phenomenon with clinical terms in Turkey. It has been observed that there is a considerable lack of research on how stigmatized individuals construct their social lives, perceive their identity, manage stigma and develop coping strategies/techniques.

This study aims to provide readers with insights into the effects of social stigma experienced by individuals with substance use disorder in Turkey, and of the systems with which the stigmatized individuals interact such as society, family, business, and health institutions etc.). This study examines the effects of social stigmatization on the addiction processes of individuals with substance use disorder and the reflection of this on society in the context of Goffman's stigma theory.

### **Stigmatization of individuals with substance use disorder**

Individuals are exposed to stigma at different levels by society, depending on the nature and causality of the stigma they have or are thought to have. For example, it has been found that society has more negative attitudes toward individuals with substance use disorder, especially compared to people with mental illness. and individuals with addictions are regarded as criminal, aggressive and dangerous (Yang et al., 2017; Goodyear et al., 2018; Corrigan et al., 2009; Lebel, 2008). The misconceptions relating to the stigma of individuals with substance use disorder impact social systems, public policies, and the distribution of healthcare expenditures (Livingston et al., 2012). Therefore, this group is seen as less "worthy," less "appropriate" or less "justified" than other service recipients in the public and health field (Simmonds & Coomber, 2009).

Since individuals with substance use disorder are seen as dangerous, unpredictable, and undecided in society, this type of stigma forces them into treatment and causes people to exhibit avoidance behavior due to these images (Yang et al., 2017; Corrigan et al., 2009). As a consequence of such culturally approved approaches regarding their health statuses, addicts may experience fear and be subject to social isolation. These issues may further dissuade them from treatment (Goodyear et al., 2018). Moreover, the highly stigmatizing perceptions that we see alongside the general stigmatization practices in society, such as from the public (including employees), healthcare professionals, pharmacy professionals, police

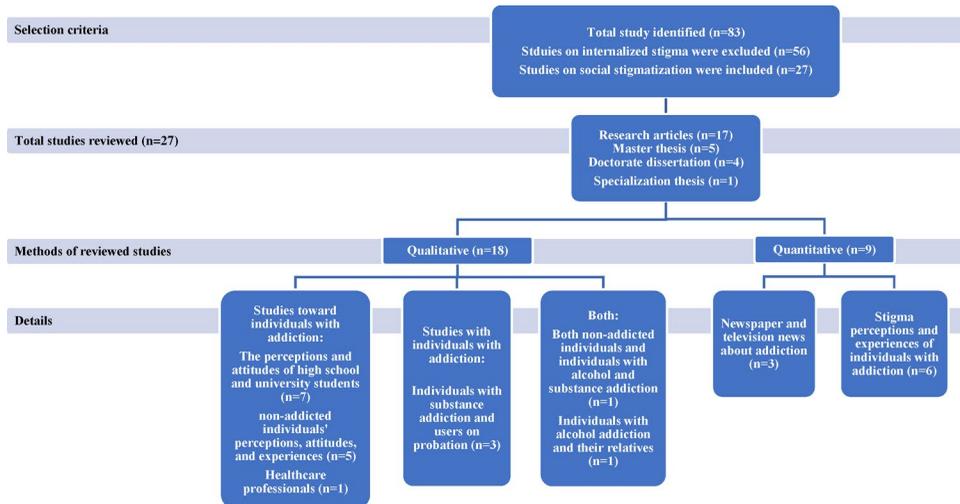
officers, and even substance users themselves, can have substantial adverse effects on the treatment attempts and motivations of people with an addiction (Lloyd, 2013). The United States of America (USA) would be a good example here; It is stated that the country's social norms regard substance use as unacceptable behavior, leading to negative opinions about individuals who engage in substance use (Ahern et al., 2007).

Stigma can be understood in two different ways: internal (self) and social stigma. Internalized stigma is defined as a subjective process characterized by negative feelings (toward oneself), nonadaptive behaviors, identity transformation, and stereotype approval that arises from an individual's experiences, perceptions, and negative social reaction expectations (Livingston et al., 2012). Individuals have been found to feel shame or hate toward themselves due to the internalized stigma they experience (Chaudoir et al., 2013). People with addiction have also been found to internalize the stigma with statements such as substance use causing "character degradation" and being in "moral depression" from time to time (Hekimoğlu Tunç, 2019). On the other hand, social stigma consists of negative beliefs and stereotypes (being dangerous, incompetent, weak), negative feelings, and prejudices such as anger, fear, and discriminatory behaviors toward a group (Corrigan & Watson, 2002). It has been observed that stigma causes chronic stress and mental health problems, among individuals with substance users in the USA (Ahern et al., 2007). Studies conducted in Turkey reveal that stigmatizing attitudes are common and individuals with substance use disorder experience feelings of worthlessness, shame, and guilt (Kalyoncu et al. 2002; Sukut 2016; Yılmaz Kaya 2020). Individuals' professional and social lives are adversely affected due to this stigma, and poor performance is shown in social functionality (Çam & Ayakdaş Dağlı, 2017).

## Method

This review was included studies on the social stigma experienced by those with alcohol and substance use disorders in Turkey between 2004 and 2021. This article focuses on "Erving Goffman" and the concepts of "stigma", "alcohol use disorder," and "substance use disorder." However, various concepts are also used in the literature search. The nature of the samples included in the study and the way the stigma is measured or defined is revealed through searching many concepts. Many search terms were used including "drug use," "substance addiction," "substance use disorder," "substance use," "substance abuse," "alcohol addiction," "alcohol use disorder," "alcohol abuse," "Erving Goffman," "stigma," "prejudice," "discrimination". Only articles and dissertations written in Turkish were included in the study. The articles in Turkey were searched from "Dergipark",

“Milli Kütüphane”, “Tübitak Ulakbilim”, “Google Scholar” and dissertations from “Yöktez”; where the title and summary of each text were appropriate, the texts of all documents were analyzed. Studies were included if they met the criteria of the article. Studies on the social stigma toward individuals perceptions toward these groups were analyzed.



Studies on the stigmatization of individuals with addiction ( $n = 83$ ) were identified in the Turkish literature search within the scope of the review. Studies just focus on the internalized stigma of them ( $n = 56$ ) were excluded. The rest of the identified studies ( $n = 27$ ) were associated with the study because they included social stigma (perceptions, attitudes, approaches, perspectives, experiences) of individuals with addiction. The year 2004 was chosen since the pioneer study on the stigmatization of addiction in Turkey was conducted then. Twenty-six studies were included in the study. Among these researches, five master's theses (three in 2019, one in 2015, and one in 2013), four doctoral dissertations (two in 2020, one in 2019, and one in 2016), one specialization thesis (2020) and seventeen research articles were analyzed as they were related to our study. Three of these studies were conducted before 2010. Four studies cover the years 2010–2015 and twenty studies cover the years 2016–2021. Three studies consisted of the evaluation of newspaper and television news about addiction in the media. Stigma perceptions and experiences of these people were revealed through in-depth interviews with individuals with substance addiction in six studies (One of which is with former drug dealers and another one only with woman with addiction). Questionnaires were used in eighteen studies conducted by quantitative methods. In seven of these studies, the perceptions and attitudes of high

school and university students toward individuals with alcohol and substance addiction were examined. Five studies focus on non-addicted individuals' perceptions, attitudes, and experiences about individuals with addiction. Three studies focus on individuals with substance addiction and users on probation, one study focuses on individuals with alcohol addiction and their relatives, one study focus on health professionals, and one study focus on both non-addicted individuals' perceptions, attitudes, and perspectives toward individuals with alcohol and substance addiction, as well as stigma perceptions and experiences of individuals with addiction.

There is a very limited number of research on the stigmatization processes of individuals with substance use disorder in Turkey, and the vast majority of the existing research are related to internalized stigma. The analysis section of the review analyses social stigma toward them in Turkey as well as the society's perceptions and attitudes toward these individuals.

### **Relationship between socio-demographic/cultural variables and stigma**

Social, demographic, and cultural variables influence the perception of stigma in society. For example, in the USA, it has been found that more men, more people with low financial income and education, married and divorced people stigmatize individuals with addiction (Keyes et al., 2010). In Turkey, on the other hand, the data shows that female students adopt a more conscious attitude toward addictive substances (Tansel, 2017), and stigmatization decreases with the increase in education. City-dwellers often regard the issue as a moral problem (Arıkan et al., 2004), the negative attitude increases with age, married people have more negative conceptions than single people, and stigma decreases again with the increase in the monthly income (Aydın, 2019). It has also been found that higher levels of stigmatization are seen toward people with broken/fragmented family structures, unemployed people compared to employed people (Babahanoğlu, 2020), and participants with parents who do not consume alcohol compared to participants with parents who consume alcohol (Aydın, 2019). Moreover, people whose parents consume alcohol generally have lower levels of negative attitudes (Ganji Gargari, 2015). It has been stated that some negative attitudes and behaviors toward individuals who use addictive substances are higher in participants with children (Yılmaz & Şaşman Kaylı, 2020) and there are thoughts in society that the majority of the parents of individuals with substance use disorder migrate from different or same places (Çetin, 2013). Individuals with substance use disorder are

not only stigmatized by society and their families, however. Stigmatization can also be found among people with an addiction, especially cocaine users and individuals using substances such as bonsai belittle and stigmatize themselves (Arılık, 2019). Those with low socio-economic status mostly use volatile substances that can be accessed easily and cheaply; It can be said that those with high financial status and education use cocaine and are less stigmatized than individuals who use volatile substance (Sukut, 2016). When the socio-demographic characteristics and cultural formations of people who stigmatize substance use disorder was examined, it was detected that these persons were male, undereducated, middle-aged or older, married and with kids, with low monthly income, with parents that do not use alcohol, from broken families. Again, it was found that substance use disorder with high socio-economic levels stigmatize addicts with lower income and education.

The approach toward addiction differs between men and women. Men tend to identify substances as less harmful and addictive than women (Ozcan et al., 2020). The fear of becoming a “female” addict and the new labels and prejudices that come with it further leads to concerns among women. Women, unlike men, who are known to be people with an addiction, also receive other imputations. Addiction is often associated with labels related to women’s sexuality and overall lifestyle (Hekimoğlu Tunç, 2019). The roles attributed to men and women by society and the fact that women’s smoking, alcohol, and drug use are less tolerated are believed to contribute to this result (Taylan et al., 2019). Cultural norms and traditions in Turkey explain the negative image and labels around women’s alcohol and drug use, and women are subjected to public social control based on the cultural, social, and gender context. The fact that fewer women in Turkey use alcohol and drugs and seek treatment than women in Europe (European Monitoring Centre for Drugs and Drug Addiction, 2020; TUBİM, Turkish National Monitoring Center for Drugs and Drugs Addiction, 2019, pp. 66) is thought to be associated with cultural, political, religious, social, psychological structures and gender inequality. In a focus group study conducted in Turkey; it is stated that women’s shame and guilt over addiction, difficulty in accessing inpatient treatment, the existence of economic difficulties and the existence of negative thoughts about treatment services are among the factors that negatively affect women’s seeking treatment (Ünüböl et al., 2019). Also, in a study conducted with female addicts in Turkey, it was shown that there is a negative relationship between social support received from friends and stigma, and the importance of social support was emphasized (Ünüböl et al., 2019). It is thought that the reason why women express less substance use is due to cultural norms, economic difficulties, and gender oppression.

### **Addiction: a disorder, a weakness, or a preference?**

Addiction is addressed from different perspectives in the scientific world and in public life. While the harms caused by addiction, substance use are generally known, compulsive substance use (Wakeman et al., 2018) is characterized by a complex disorder that affect brain function and behavior, creating significant damage to society as a whole (Yang et al., 2017). However, loss of control over a person's life due to alcohol and drug use has always been a central factor in modern cultural understandings of the nature of addiction, and such people have often been described as having "diseases of the will" (Room, 2005). In a study conducted in the USA, 49% of the participants described individuals with alcohol use disorder as mentally ill (Schomerus et al., 2011). A study conducted with 1877 healthcare professionals in Turkey revealed that participants agreed with the view that addiction was a mental weakness and individuals with substance use disorder were not in the right mindset to make the right decisions about their own lives. Especially people with excessive alcohol consumption were found to be more likely to agree with the view that "alcoholism is a mental weakness" (Mutlu et al., 2014). Research also demonstrated that individuals with substance use disorder have little willpower and tend to act irresponsibly (Havaçeliği Atlam, 2020; Ganji Gargari, 2015). A study conducted with university students revealed that one's willpower is connected to their likeliness to being an addict or not (Ozcan et al., 2020). Despite the arguments that addiction is a voluntary choice instead of a brain disorder (Levy, 2013), addiction is considered a brain disorder that characterizes a person's compulsive behavior, not their desire (Henden et al., 2013). Therefore, although addiction is a chronic brain disease, it is thought that addiction is not a disease and develops with the subjective decisions of individuals who use alcohol and drug (Hekimoğlu Tunç, 2019). The increase in hospitalization of patients further generalizes the opinion that addiction is a moral problem that is linked to one's personality.

There are also differences in perspectives among alcohol or drug users. Individuals with alcohol use disorder and their relatives regard individuals with drug addiction more as a personality-oriented and moral problem than alcohol use disorder (Arıkan et al., 2004). It was found that the more frequent alcohol and drug use, the less dominant the perception that it is a disease (Yılmaz & Şaşman Kaylı, 2020); thus, individuals with addiction are stigmatized as weak and weak-minded as they cannot stop using substances (Arılık, 2019). It is seen that stigma and discrimination toward individuals with substance use disorder continue even in addicts in treatment; families even carry out the treatment in secret or stop treatment altogether due to fear of exclusion (Polat & Kök, 2019).

## **Society's image of individuals with substance use disorder**

Stigma creates a boundary/norm between “normal people” and “outsiders,” between “us” and “them.” Moreover, it is considered necessary and essential to comply with social norms. When these norms are challenged, individuals are often judged in society for their morality and character (Phelan et al., 2008). Those who do not comply with social norms and contacts receive attitudes and behaviors based on highly active feelings such as fear, hate, and contempt (Goffman, 1963b). Similarly, when societies consider individuals with substance use disorder as dangerous and unpredictable, they are pretty inclined to stereotype, pity, fear, get angry at, and keep their distance from them (Yang et al., 2017). Another study found that members of a society, generally called “normal,” look down on others and regard them as weak, immoral, and a risk factor for the rest of the society (Ahern et al., 2007). Society marginalizes and isolates them. Also, they are likely to go through a mental breakdown, turning into desperate, frustrated, aggressive, dangerous, uncontrolled, and unstable people (Çetin, 2013). Again, another study found that they were labeled as “frightening,” “those who needed to be reintegrated back to society,” “pathetic, helpless and poor,” “criminal,” and “sick people” (Babahanoğlu, 2019). We also see other labels as “weak character,” “weak-willed,” “problematic,” “untrustworthy,” “self-confident,” “erratic,” “disruptive,” “repulsive,” “unpleasant,” and “self-oriented” (Havaçeliği Atlam, 2020). It has also been mentioned that when individuals with substance use disorder are known to use substances in their circles, they lose their friends, are treated as crazy by them, and experience distrust and anxiety toward themselves (Arılık, 2019). Substance use also leads to a departure from social life. Individuals who want to avoid stigmatization by their social circles prefer to live an increasingly isolated life (Hekimoğlu Tunç, 2019).

## **Criminal and dangerous stigma**

A stigmatized individual tends to believe whatever society believes. A feeling of shame, in particular, becomes a strong possibility that a person perceives having one of their adjectives as humiliating and thinks that they do not have this adjective (Goffman, 1963a). Stigmas such as dangerous, frightening, and repulsive toward individuals with substance use disorder lead to a less valuable perception (Yang et al., 2017). Stigma can manifest through the characterization of individuals with alcohol use disorder as a mental disorder, a crime, stereotypes of unpredictability and danger, adverse emotional reactions, the tendency toward social distance, and structural discrimination. In a study conducted in the United Kingdom, 71% of participants described them as unpredictable and 65% as a danger to others (Schomerus et al., 2011).

Similarly, research has found that individuals with substance use disorder are regarded as a source of danger and violence in society, as well as people who inflict harm upon their families and environment (Babahanoğlu, 2019; Havaçeliği Atlam, 2020). Being treated as crazy, insecurity, perception changes, and feelings such as nervousness-fear cause individuals with substance use disorder to be treated as potential criminals (Arılık, 2019). Society believes that they have criminal records in-related or non-related to substance matters. (Çetin, 2013). They have a hard time readapting to social life because of the exclusive and destructive attitude they are subjected to after they are out of jail. An individual released from prison cannot leave the negative prejudices of society behind and is stigmatized as a “criminal” at every opportunity, being dragged into isolation by society itself (Abbak, 2019). The disorder/stigma of individuals with substance use disorder turns into a “trace” or a “stigma” that they need to carry throughout their lives (Hekimoğlu Tunç, 2019).

### **Stigma in interpersonal communication**

Public spaces are all areas within a community that are freely accessible to those community members (Goffman, 1963b). People build an image of their life course, namely their past, present, and future, in these public spaces (Goffman, 1961/2015). Goffman talks about how social stigma in public spaces affects the interactions of stigmatized individuals with ‘normal’ individuals in a quite multifaceted and complex way (Chaudoir et al., 2013). Stigmatized individuals advocate for what they have learned in interpersonal communication and widely-spread messages. Human groups developing stigma communication patterns show who and what should be stigmatized with their reasons and consequences, and create stigma messages (Anderson & Bresnahan, 2013; Smith, 2007). It has been observed that stigma affects interpersonal communication, and stigmatized people also assume their stigma to the places and people they interact with according to their physical/mental status. A study on the post-prison lives of drug offenders reveals that former drug offenders are stigmatized by society, avoid communication with “normal people” due to their stigma, and such people pay attention to the color of their faces, their perspectives, and even gestures (Macit, 2017). It has been found that changes in the physical movements, gestures, and speech of individuals with substance use disorder negatively affect people’s perceptions of them (Arılık, 2019). Moreover, for this very reason, they are forced to be disassociated from social life due to the looks, attitudes and approaches that affect their fear of exclusion and desire for communication (Hekimoğlu Tunç, 2019).

## Impact of social contact on stigma perception

Instead of providing a clear definition of stigma, researchers often refer to something like a dictionary definition (“mark of disgrace”) or some related aspect (e.g., a social distance scale) such as stereotyping or rejection (Link & Phelan, 2001). With stigma, the feeling of trust, which is a necessary trait to coexist with people and to have harmonious relationships with each other, may disappear, and the stigmatized person may be seen as someone who is not worth forming a social relationship with (Goffman, 1963b). In a study, the social distance was found to be higher for individuals with alcohol use disorder compared to people with schizophrenia, depression, narcissistic personality disorder, and panic disorder (Schomerus et al., 2011). Individuals labeled for their alcohol and drug use are condemned, found guilty, and dangerous more than people with mental disorders. Such prejudiced approaches increase abstinence from help while reducing helping behavior toward substance users compared to mental health patients. References to the causes of health conditions affect interpersonal behavior. The belief that a person is directly responsible for their own illness or drug-related complaints is effective in the behaviors toward help. A study conducted with 396 people in Turkey found that 11% of participants had someone using drugs in their family and in their inner circles (Yılmaz & Şaşman Kaylı, 2020). Another study conducted in the General Directorate of Prisons and Detention Houses of Turkey found that 13.5% of substance users were affiliated with an addict, 80% of whom were their first-degree relatives (Sukut, 2016). In another study conducted with 500 people, 26.2% of the participants had individuals with substance use disorder among their relatives or intermediate circle and had encountered an individual with substance use disorder in their lives (Çetin, 2013). The feelings of pity, worry, anger, and sadness toward them in social life (Havaçeliği Atlam, 2020) play a role in people’s contact with such people and lead to changes in social distance attitudes if the addicted person is an acquaintance (Ganji Gargari, 2015). It has been found that social contact with an individual with addiction reduces stigmatization. When people learn that they have individuals with substance use disorder among their close relatives, friends or inner circle, they will provide or encourage the necessary assistance to take them to the necessary detoxification, psychosocial rehabilitation and health institutions (Babahanoğlu, 2019; Altunkurek & Özer, 2020). Studies have found that people with more contact with stigmatized individuals find them less dangerous and have less exclusion and avoidance behavior than those who interact less (Lebel, 2008). The further chance of stigma from people without social contact reveals how society imitates a learned and accepted stigma about addicts that they usually exclude. It can be thought that with more social contact, stigma

and negative images will decrease and a supportive position will emerge instead of avoidance behavior.

### **Stigmatization by healthcare professionals**

Healthcare professionals can adopt negative beliefs toward individuals with substance use disorder for reasons such as their excessive use of the system's resources, neglect of their health, abusing the system for searching for drugs and directing other people, and their failure to comply with the recommended care (Livingston et al., 2012). A study conducted among healthcare professionals showed that patients with substance use disorder receive more stigmatizing attitudes than mental health patients. It has been found that healthcare professionals tend to regard these people as violent, manipulative, and poorly-motivated and may have feelings of frustration, anger, and powerlessness toward these people (Van Boekel et al., 2013). The stigmatization of individuals with substance use disorder is associated with negative perceptions and can pose challenges in treatment (Goodyear et al., 2018). Moreover, the negative attitudes of healthcare professionals toward individuals with substance use disorder lead to a significant obstacle for patients that are already hesitant due to denial and stigma (Mutlu et al., 2014). It has been found that they believe healthcare professionals will hold prejudices against themselves if they learn about their substance use (Sukut, 2016). However, substance users and individuals with use disorder that receive emotional support from healthcare professionals do not experience as much stigma as those who do not receive this kind of support (Babahanoğlu, 2020). Moreover, this brings us to the point where the disorder's nature is mixed with moral judgments. Substance use disorder is associated with will/choice, and people are held responsible for their own decisions, while mental illness and disability, which perhaps receives the slightest accusation, are seen as a problem beyond the patient's control. Therefore, it becomes easier to stigmatize addicts due to the emphasis on a weak will. On the one hand, as Chaudoir et al. (2013) stated, an addiction receiving treatment for alcohol and drug tends to hide the disease/stigma instead of being exposed to another stigma. This affects the ongoing treatment process and leads to problems of self-consciousness and difficulty receiving help.

### **Stigmatization in the work-life**

It has been observed that individuals with substance use disorder experience their colleagues distancing themselves from them, looking with suspicion, quitting their jobs due to the difficulties they experience while using substances, and one of the environments where they hide their

substance use, is their workplace and colleagues (Hekimoğlu Tunç, 2019). Individuals with substance use disorder believe they are unemployed or lose their jobs due to substance use (Babahanoğlu, 2019). Furthermore, even when they find jobs, their substance use can cause them to leave the jobs of their own will or have difficulty finding a job due to their criminal record or substance use (Arılık, 2019). It has been observed that their stigma as “substance-user youths” makes it easier for old processes to repeat while unemployed (Yaman, 2014). However, society is also shown to think that people with an addiction can find a job and have a profession, but this mainly depends on the substance of choice and the sector (Çetin, 2013). The hierarchy between substances affecting the severity of addiction in patients (Hekimoğlu Tunç, 2019) suggests that substance use disorder among citizens is an essential factor in the participation of people in work-life.

### **Stigmatization in the media**

Society and the media can be informative through sympathetic narratives (e.g., humanizing individual experiences and struggles), clear messages (emphasizing the role of the facts that are outside an individual's control), and strategies focusing on structural obstacles (Goodyear et al., 2018). It is a complicated question about the roots of such disproportionate fear toward substance users. However, the media plays a clear and crucial role in stoking fears and dramatizing the dangers instead (Lloyd, 2013). It has been emphasized from the newspaper reports focusing on the substance use of homeless people (Aker et al., 2007) that the media is behind the negative attitudes of society toward alcohol and drug users (Havaçeliği Atlam, 2020). A study on how addiction is represented in the Turkish media found that addiction is presented as “fate” through a helpless narrative through pictures of mostly unconscious people in parks, in open fields, on the road, or in an ambulance. The news is found to feature mainly the theme of “victim.” The use of visual material further supports the belief that substance users are “problematic people who cannot control their behavior etc.” The media usually places addiction in the news content in its association with the moral values of individuals instead of approaching addiction as a disorder and a social issue (Karasaç Gezen, 2018). It has been observed that stigma is produced through television and newspapers, individuals stigmatize themselves because of the images served in the media channels, and some factors would trigger addiction in the media (Hekimoğlu Tunç, 2019; Altunkurek & Özer, 2020).

Similarly, we can say that Kurds, who are a minority people, use paint thinners in the metropolitan areas where they settled because of forced migration; therefore, they are turned into an object of fear and

criminalized through the media (Aydın, 2009). A study on 500 individuals without substance use disorder detected that no briefing or warning had been given to them by any newspapers, web pages, or television on how to protect themselves from the harms and dangers of smoking, alcohol, or drugs in the last year (Çetin, 2013). They are exposed to prejudiced images and representations in the media; they are requested to reveal the stigma they keep or can keep secret from others; and there are prejudice traps (Major & O'Brien, 2005).

Inclusive messages that combine sympathetic representations of individuals with addiction in the media with comprehensive content on societal barriers to treatment may work to reduce stigmatizing attitudes (McGinty et al., 2019). Nevertheless, the fact that society and media consider individuals with substance use disorders with a general assessment like dodgy, distrustful, abnormal, weak, and affected proves that the medical, psychological, and social status of addicts is formed around a distorted pattern of identity and behavior.

### **Stigma turning into an identity**

Individuals with substance use disorder live with the knowledge, therefore the awareness that they are considered worthless in the eyes of others, and they can suffer the prejudices of the dominant culture and discrimination in society (Major & O'Brien, 2005). According to Goffman, individuals carry one 'virtual social identity' and one 'actual social identity'. Virtual social identity is how strangers identify an individual; for a person, it is the view of others on themselves. Actual social identity is the identity that individuals carry (Neale et al., 2011). In this situation, individuals with stigmatized virtual social identities may want to isolate themselves from unstigmatized individuals and create a homogenous social network. With this aspect, stigmatized individuals may benefit from the group they are involved in a way that increases their self-confidence (Chaudoir et al., 2013). The stigmatized person outside their group makes an individual effort to hide or make up for their stigma, and this effort becomes a 'fixed' part of the individual identity.

Furthermore, stigmatized individuals can feel insecure about how we, ordinary people, will identify and assign an identity to them, and how we will receive them (Goffman, 1963a). As addiction becomes an identity, identity consciousness and belonging emerge in individuals with substance use disorder. In a study, it was detected that if drug sellers are stigmatized and alienated in their social group because of their criminal identity, they tend to meet with other criminals with whom they feel more at ease (Macit, 2017). Therefore, those in the addicted group place people who do not use alcohol and drugs in the category of "them,"; and their tendency for stigmatization within their group is naturally lower due to their

sense of belonging. Groups may give an individual a feeling of social consensus and belonging for their feelings, thoughts, and behaviors. There is a positive relationship between group identity and self-esteem (Ganji Gargari, 2015; Major & O'Brien, 2005). However, as well as giving a group a sense of belonging, this situation means distancing from society at large. While addiction is considered as an environment that you go in, it is thought that “outside” is where the general society lives, and “normal” is where people are (Hekimoğlu Tunç, 2019). In a study, it was determined that in the first stage of addiction, substance-using individuals get closer, they act more reserved toward their non-user friends, changing their circle of friends over time. The person with an addiction, whose circle of friends has changed, feels more at ease with other substance users (Sevin & Erbay, 2021; Arılık, 2019).

It is seen that the physical harm done by addicts to their bodies becomes the embodiment of their identity (Çetin, 2013); associating these injuries with specific figures like tattoos is a symbol of the identity brought about by the addiction (Hekimoğlu Tunç, 2019). Even if the individual stops using substances, they may still appear to others with their stigmatized identity as they consume alcohol heavily, are involved in crime, show mental health symptoms, live on the street, or cannot find a stable job. As Goffman stated, stigma is a general aspect of society, and we are all affected by it (Neale et al., 2011). Therefore, individuals with substance use disorder should not forget that the identity that came about with addiction is not fixed; the image of society toward them will be subject to a different assessment even if there is no alcohol and drug use.

Therefore, life is a dilemma in all aspects; the only difference between people with or without stigma is that one is out in the open, and the other can come out or is coming out. The social area indicates an alienation network and the fear of being alienated with economic, social, and cultural recognition. This need for recognition emerges from the fact that interrelations, in which everyone somehow needs others in some way, and humans are social beings. Instead of a simple society concept consisting of people that “need” each other, it defines an area where everyone is or can be somehow stigmatized; their original identity, therefore, their needs are met in the social platform where everyone is at risk of being stigmatized.

## **Conclusion**

According to Goffman (1963a), stigmatized people who do not comply with social norms reveal feelings such as fear, hatred and contempt in society, and high stereotyping, anger and social distance desire against individuals with substance use disorder arise from not complying with these norms. In the study, it was found that individuals with substance

use disorder have very negative images in the society, and these people are uncontrolled, dangerous, weak-willed, problematic, unreliable, unpleasant, criminal, abnormal, and unstable people.

Goffman (1963a) tells us that stigmatized person tends to be what we believe they are. Our study also revealed that society considers individuals with substance use disorder dangerous and criminals. The criminal and dangerous image attributed to addicts causes structural discrimination. Addiction becomes a scar and stigma that the addicts need to carry in their social lives. Stigmatized individuals with substance use disorder decide whether to communicate according to the perspectives and mimics of “normals.” Alcohol and drug use hide their stigma or avoid communication for fear of being ostracized.

Goffman (1963a) mentions that people can be viewed as untrustworthy in their social relations with normals because of their stigma. In other words, trust in the flawed or stigmatized person may be lost, and they may be deemed someone not worth entering a social relationship with. Our study also showed that society's practice of prejudice, stigma, and exclusion is common against individuals with substance use disorder. Social distancing with stigma and exclusion results from learned perception and behavior from communication processes, in other words from social relations, interactions, and transfers. It has been observed that the stigma of addiction as foreign, dodgy, and unpredictable further feeds into discriminatory and alienating practices; however, those who have individuals with substance use disorder around them act positively toward this group and individuals; they are even willing to help them. In other words, it was found that contact and communication with an addict lower the negative attitude and behavior toward people with an addiction.

Goffman stated that stigmatized people carry a virtual identity symbolizing how they are known and seen from the outside; this identity can create a homogenous social network among the stigmatized. Individuals with an addiction that does not need to hide and atone for their stigma create a fixed identity. The individuals with an addiction, deemed worthless in the dominant culture, build their relations with this identity within the confines of their own homogenous identity. Those within the confines of this homogenous identity feel more at ease, contrary to the prejudiced and discriminatory behaviors in social life. Common feelings and ideas and social consensus are segments that carry this group. This situation creates a positive self-image among addicts; it distances individuals from the general society. However, it should be remembered that the stigma of identity that arises with addiction is not fixed and can change.

As a result, in order to minimize the stigma attitude of society toward people with an addiction, to make the treatment process more effective, to integrate addicts into society after treatment; social policies that will

help individuals with substance use disorder to carry out their social functions should be developed. At the same time, it has been detected that there is a need for studies investigating discriminatory stigmas toward people with addiction within the framework of stigma-in-communication, stigma-sociality, and stigma-identity.

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