Lived Experiences of Stigma Among Filipino Former Drug Dependents: An Interpretative Phenomenological Analysis

Angela Lorraine P. Cunanan
Homer J. Yabut
De La Salle University

This study is a qualitative phenomenological investigation on the experiences of Filipino former drug dependents who were subject to stigmatization. Seven semistructured interviews were conducted and analyzed using interpretative phenomenological analysis (IPA). The analysis revealed four themes: (1) discrimination after discovery, (2) psychological consequences, (3) ways of coping, and (4) sense of purpose. Findings suggest that the process of experiencing and overcoming stigma lies in the interplay of social, structural, and internal processes and is underpinned with a desire to improve oneself. Despite these experiences, participants have also learned to move beyond their stigmatized identity and attain a sense of purpose and hope. The role of stigma on help-seeking attitudes and practical implications for intervention and policy reform are also discussed.

Keywords: experiences of stigma, drug dependence, substance use stigma, interpretative phenomenological analysis

Stigma is one of the most important hindrances to the recovery and societal reintegration of persons who use drugs. Stigma is defined as social prejudice, inequalities, and negative stereotypes (Corrigan, 2004). Albeit a relatively understudied concept in the literature on

Correspondence concerning this research must be directed to Angela Lorraine P. Cunanan, Department of Psychology, De La Salle University, Manila, 1007, Philippines. Email: angela_cunanan@dlsu.edu.ph

addictive behaviors, stigma has recently gained more attention from the research community (Kulesza, Ramsey, Brown, & Larimer, 2014). Substance users are viewed more critically compared to those with severe mental illnesses (Kulesza et al., 2014). Likewise, substance users are looked upon with more prejudice than individuals with leprosy, obesity, depression, and schizophrenia (Ronzani, Higgins-Biddle, & Furtado, 2009), and are subject to judgment, mockery, inappropriate comments, overprotection, and hostile looks (Mora-Ríos, Ortega, & Medina-Mora, 2017). They are also perceived by the public to be "lazy," "losers," and with "no future" (Blendon & Young, 1998). Even when seeking treatment for their condition, substance users are at risk for high levels of stigmatization (Luoma et al., 2007).

Stigma can be experienced externally and internally (Kulesza, Larimer, & Rao, 2013; Link & Phelan, 2001; Livingston & Boyd, 2010). Externally experienced stigma or public stigma refers to the discrimination attributable to the negative characteristics and perceptions endorsed by the society at large (Vogel, Bitman, Hammer, & Wade, 2013). Stigmatized individuals anticipate discrimination and resort to social exclusion and withdrawal (Green, Hayes, Dickinson, Whittaker, & Gilheany, 2003). In his model of concealed stigma, Pachankis (2007) explained that stigmatized individuals' cognitive and affective well-being become compromised when they acknowledge the salience of their stigma, eventually leading to behavioral and self-evaluative implications. Stigma, as seen in individuals who experience it on repeated occasions, leaves one with no option but to internalize the negative beliefs imposed unto them (Quinn & Earnshaw, 2011). Substance users are susceptible to depression, low self-esteem, feelings of hopelessness, and self-isolation (Luoma et al., 2007; Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008).

Perceived stigma and self-stigma are key concepts in substance use stigma (Kulesza et al., 2013, 2014). Although perceived stigma refers to how an individual perceives a person (Mattoo et al., 2015), self-stigma denotes the negative perceptions on oneself (Vogel, Wade, & Hackler, 2007). Both forms are attributable to the salient external stigma (Pachankis, 2007). Among the two forms, studies have called for the importance of looking into self-stigma as more accountable for adverse psychological effects since it becomes a barrier towards help-

seeking behavior (Kulesza et al., 2014; Luoma et al., 2008; Vogel et al., 2007).

Philippines' War on Drugs and the Stigma on Drug Use

Drug use has always been perceived negatively, with drug users at the receiving end of negative reactions from the public (Gershman, 2016). The war on drugs launched by President Rodrigo Duterte is evidence of the impact of the stigma that drug users are subjected to. The president labels drug users as criminals whom he would not hesitate to slaughter (Holmes, 2016; The Guardian, 2016). Since President Duterte took office in 2016, there have been a total of 5,000 suspected individuals associated with drug operations who were killed in antidrug operations of the police (CNN Philippines, 2019). The criminalization of drug use has also had a negative impact on the children and families of drug users (Morales, 2018; Yusay & Canoy, 2018). Furthermore, criminalization of drug use only increases the negative attitudes towards illicit drug users (Buchanan & Young, 2000).

Although stigma against drug use may be perceived as "a tool to discourage and marginalize the unhealthy behavior" (Livingston, Milne, Fang, & Amari, 2011, p. 40), it paradoxically encourages continued use for individuals who have entered the drug culture (Spears & Manstead, 1989) and may prevent access to treatment services and intervention (Room & Reuter, 2012). Moreover, since individuals associated with drug use usually belong to the most stigmatized groups, they may encounter greater difficulty in gaining political support when defending their rights (Gershman, 2016). This highlights the public's perception of drug dependence as a sociopolitical and crime-inducing predicament rather than a chronic mental health condition (McLellan, Lewis, O'Brien, & Kleber, 2000). People with substance use disorders (SUD) are often blamed by the public for their condition (Crapanzano, Hammarlund, Ahmad, Hunsinger, & Kullar, 2019).

In sum, current literature reveals that stigma is experienced at both external and internal levels, manifesting in different forms such as public, perceived, and self-stigma. Self-stigma elicits more negative outcomes than other forms of stigma (Vogel et al., 2007). However,

there is still a need to shed light on the experience of stigma, how stigmatized individuals make sense of it, as well as the interpersonal context involved. Moreover, most studies focus on substance use in general. The stigma experience of drug dependents differs from that of other substance-related addictions. For example, there is lesser stigma towards alcohol and tobacco use compared to illicit drug use (Kulesza et al., 2013). The present study aimed to gain an in-depth understanding of the experience of stigma through a hermeneutic phenomenological and idiographic analysis of Filipino former drug dependents. As Creswell (1998) emphasized, "a phenomenological study aims to describe the meaning of the lived experiences for several individuals about a concept or the phenomena" (p. 51).

Hermeneutic phenomenology focuses on the lifeworld or human experiences as it is lived, with a goal of creating meaning and achieving a sense of understanding (Laverty, 2003). In this study, the focus is on the perception of stigma and the meanings that drug dependents attach to it. This is important for an in-depth understanding of stigma that is invisible to the public and often overlooked by the stigmatized individuals. This illuminates further understanding of stigma as not just a social phenomenon, but a deep experience that impacts several aspects of the drug dependents' lifeworld. Particularly for this study, data was analyzed using interpretative phenomenological analysis (IPA; Smith & Osbourn, 2007).

IPA, as an integrative hermeneutic phenomenology, is concerned with the subjective conscious experience of individuals (Finlay & Gough, 2003). It uses "double hermeneutics" that requires interpretation from both the researcher and participant. That is, as participants make sense of their world, the researcher tries to make sense of the participants trying to make sense of their world (Smith & Osbourn, 2007). The meanings behind these accounts provide comprehensive descriptions about the complexities of the phenomenon (Smith & Osbourn, 2007). Throughout this study, the researchers hope to show the value in using this approach to understand stigma and drug dependence-related stigma and to contribute to discussions of how stigma should be considered in developing interventions for Filipino drug dependents.

Given the cultural variations in stigma (Kleinman, 1988; Yang

et al., 2007), the Philippines' unique context, and lacking literature surrounding drug dependents' experience of stigma, the present study makes use of an exploratory approach. This study aims to describe the lived experiences of stigma among Filipino former drug dependents to provide a deeper understanding of how these drug dependents internalize the experienced stigma, how they live and cope with the stigma, and what positive outcomes encouraged them to recover and change for the better. Concisely, this study aims to give more insight on how stigma is experienced and its many consequences.

METHOD

Participants

The study sample consisted of seven participants with five males and two females, with ages ranging from 21 to 52 years (*M*=34.9). To be included in the study, the participant should be Filipino and a former drug dependent, specifically using illicit drugs. Given the criteria, purposive sampling was used to recruit participants. Snowball sampling was also used as personal acquaintances of some participants were enlisted. Furthermore, each participant was given a pseudonym to protect their identity and maintain confidentiality. Table 1 provides a summary of the participants' profiles.

Interviews

Prior to each interview, a Filipino-translated version of the Stigma Scale (King, Dinos, & Shaw, 2007) was utilized as a screening test to identify whether the participant has indeed experienced stigma. A score above the mean of all participants' total scores indicated that the individual had experienced stigma. In order to elicit the experiences of stigma, the researchers made use of a semistructured interview guide that included questions on their experiences with drug use, experiences of stigma, how they comprehend such experiences, and the ways they cope with the stigma (see Table 2 for sample questions). This provided the researchers with a detailed analysis of how the participants perceive and interpret the circumstances he or she is

Table 1. Biographical Sketch of the Participants

Participant	Sex	Age	Occupation	Drugs Used	Start Term	End Term	Duration	Rehab
1) Bob	M	45	Public Worker	Shabu	1996	2007	11 years	Yes
2) Sora	M	49	Minister	Marijuana, Shabu, Monks	1987	2007	20 years	Yes
3) Jack	M	22	House Help	Marijuana, Solvent, Shabu	2007	2014	7 years	No
4) Chong	M	31	Unemployed	Marijuana, Ecstasy, Shabu	2012	2016	4 years	Yes
5) Amy	F	22	Unemployed	Marijuana, Shabu	2014	2016	2 years	No
6) Pinky	F	23	Unemployed	Marijuana, Shabu	2012	2014	2 years	No
7) Babs	M	52	Unemployed	Marijuana, Meth, Tabs, Shabu	1989	2007	18 years	Yes

Table 2. Sample Questions Per Area of Discussion

Area of Discussion	Sample Questions
1) Getting to know the former drug user	1.1. Can you tell us how were you introduced to drug use?
	1.2. What did you feel and think of when you were doing drugs?
2) Experience of stigma	2.1. Can you tell us about the discrimination you experienced?
	2.2. From who and where did you experience such stigma or discrimination?
	3.1. What do/did you do when people discriminate you for being a drug user?
3) Reactions towards and coping with stigma	3.2. How did you cope with stress brought about by the stigma or discrimination?

experiencing. A funneling technique was also utilized for questioning to move from general to more specific (Smith & Osbourn, 2007).

Ethics approval was obtained from the university's research ethics office. A pilot interview was initially conducted with one respondent in order for the researchers to determine what they may expect from the interviews, and to give a thorough assessment of whether the questions were appropriate and essential. Prior to all interviews, permission to audio record with a smart phone was sought. All interviews underwent the same process, after which the audio files were transcribed and all data de-identified.

Researcher Reflexivity

The researcher's perceptions, thoughts, and previous experiences in the phenomenological approach influence reality (Langdridge, 2007). Reflexivity, in this regard, plays a crucial role in controlling the researchers' influence and position on the research findings (Finlay & Gough, 2003). The researchers shared a common belief that drug dependence in the country has been perceived far too politically. This study originated as a compelling desire to correct the state of legitimized violence against drug dependents in the country. Albeit none of the researchers have close friends or relatives with drug dependence, two of the researchers have personally engaged with drug users in the context of clinical assessment and intervention—one as a licensed psychologist and the other as graduate student for her internship.

Analysis

Following the guidelines by Pietkiewicz and Smith (2012), thematic analysis was undertaken by repeatedly reading through the transcribed audio files and highlighting significant issues articulated and the determined differences and similarities. In the first phase, essential statements that posed potential new insights were extracted from the expressions given by the participants. Several exploratory notes concerning the researcher's observations and reflections were written in a separate margin. The second phase focused on the notes

rather than the raw transcripts; these notes were transformed into concise phrases that aimed to capture the phenomenological quality of the transcripts. Patterns and connections among the emerging themes were then identified, clustering them accordingly to conceptual similarities and providing each group with a descriptive title.

RESULTS

Following the semistructured interviews, the analysis generated four master themes that account for the external experience of the phenomenon and the internal experiences of the participants with the subsequent responses. Table 3 presents these themes with their corresponding subthemes.

Discrimination After Discovery

The first theme elaborates how participants were treated after they were discovered to be drug users. It presents the participants' external experiences of the stigma during and after their drug use, particularly the negative reactions from close relations, discrimination in the workplace, and gaining a negative reputation.

Negative reactions from close relations. The first subtheme concerns the close relations of the former drug dependent (i.e., family and friends). Upon hearing of their family member's drug use, family relatives mainly had negative and hostile reactions, regardless of whether the respondent willingly disclosed to them this information or not. For the participants, such negative treatment coming from their loved ones was most hurtful since they hoped to receive their support. One participant elaborated how his wife threatened to take their child away and leave him after she had found out he was a drug user:

> At first, I denied it, saying "It's my friends'! Not mine!' and she would say, "I'm not stupid. You're such an addict. If my parents find out, they're going to kill you!" and things like that. The first time she left, she brought our kid, who was only seven at that time, to somewhere I didn't know, saying that she would never come back.

Table 3. Summary of Master and Subordinate Themes

Master Theme		Subordinate Themes
1) Discrimination After Discovery	1.1.	Negative reactions from close relations
	1.2.	Discrimination in the workplace
	1.3.	Gaining a negative reputation
2) Psychological Consequences	2.1.	Low self-evaluation
	2.2.	Feelings of guilt and shame
	2.3.	Avoidance or isolation of self
3) Ways of Coping	3.1.	Acceptance of identity
	3.2.	Change of social circle
	3.3.	Clinging to spirituality
4) Sense of Purpose	4.1.	Becoming advocates/role-models
	4.2.	Being better family members
	4.3.	Pursuance of career goals

Discrimination also came from the participants' friends or peer groups *(barkada)*. For instance, one participant shared how his "dancemates", whom he treated as his close group of friends, outright told him not to associate himself with them.

> There is [discrimination] from my dance mates and rappers. Those instances when they tease you, saying "you can't be with us, you're not on our level. You're an addict, we're good people". That's what I hear from them.

Discrimination in the workplace. The workplace was also a common venue where participants felt discriminated. This had an impact on their social networks and productivity at work. Typically, drug dependents had stable jobs and sources of financial income before they were discovered. Due to the demands of their work, some resorted to drugs to either achieve their quota or sustain satisfactory work performance. After their coworkers discovered their drug use, recovering users reported experiences of discrimination. A participant narrated how his coworkers did not allow him to engage with their projects:

> ...like at work, before they always call on me for the intense work since I was on the A-Team, now it's "just leave him be. Don't bring him because he'll just hassle us. It'll take us longer to finish."

Another participant shared how he felt angered when his colleagues, whom he used to do many favors for, had become wary of him:

> They won't even talk to you [...] Unlike before when they were the ones who needed something from you. It's like, "if you need help from me, I'd help you," but now that I need help, where's your help for me?

The following participant's experience as a former businessman illustrates how his social links and reputation had been tainted. He narrated how people would tell others not to engage in business agreements or contracts with him because of his reputation as a drug user. He said, "They say things like, 'don't make deals with Chong because he does drugs. If you give him money, he'll just use it for

drugs' […] Years of having no customers led me to bankruptcy."

Gaining a negative reputation. Participants also acknowledged that they gained a negative reputation after being discriminated against. They shared how gossip spread widely and how their acquaintances and neighbors whom they did not know personally began inquiring about their drug use. Two participants illustrated this:

> Whenever I buy [from the local store], they'd ask, "are you still using?" So ever since, the stigma of me being a former dependent, hasn't been removed.

> I hear others say, "whatever happens, you'll always be an addict; you do drugs, you can't rid that of your system. If even you try and change the world, you'll always be considered an addict." I hear this, especially when I started joining their dance group. They belittle me, pushing me down.

Psychological Consequences

The second theme describes the cognitive, emotional, and behavioral reactions of the participants to the discrimination they encountered, and represents the immediate adverse outcomes of encountering external stigma.

Low self-evaluation. Upon experiencing various forms of discrimination, such as being excluded and perceived as an inconvenience by family, peers, and colleagues, the participants immersed themselves into these negative labels and had thoughts that validated the prejudices they encountered. One participant illustrated his early days at the psychiatric ward:

> It's the lowest point in my life, that's what I could think of while I was in the ward. I knew that people were here to help me and my family still did love me, but I thought of myself as a lost cause— that I couldn't be helped anymore.

Feelings of guilt and shame. The emotions that permeated the interviews were feelings of shame and guilt. As one of the participants mentioned, "I felt ashamed towards my relatives, my family." Moreover, these feelings coexisted with the low self-evaluations.

Another participant began thinking of herself unfavorably and led her to feel ashamed. She said, "I regard my peers and cousins as different. They're different because they have class—they're educated. I'm not. So, I felt ashamed. I tell myself, 'I don't belong there because I'm like this.'"

Avoidance or isolation of self. A resulting common behavior of the external experience of stigma and its psychological impact was self-isolation and avoidance of people who shunned them. One participant expressed how he would not regularly come by their group dancing sessions as much as he would have loved to, simply because he was afraid to be bullied. Other participants shared how they would not go to social gatherings or reunions and how they would frequently be absent for work. Another participant illustrated this theme, "I was the one who became distant. [...] Though I couldn't hear [what others were saying], it's what I've been thinking. Just like that—I think of what others say."

Ways of Coping

The third theme enumerates and describes the coping strategies participants used to deal with their experiences of stigma. It highlights three ways that participants used to cope during and after their drug use. This theme also involves the participants' reflections on the people and coping styles that helped them the most.

Acceptance of identity. After their efforts to detach from the label as drug dependents, the participants eventually accepted that drug use is part of their history and, therefore, their identity. Some expressed how it was difficult for them to accept this part of themselves. They perceived the role of stigma as a fuel of motivation in their journey towards a better and drug free life. As one participant remarked, "What makes a mark on people is what I was before [...] And what am I now? Better. It's this choice I've made that counts—a choice stemming from being [discriminated]."

Related to this, participants also perceived that stigma and prejudice were normal and to be expected. For one participant, it was necessary for drug dependents "to be monitored and be scolded." On the other hand, another expressed understanding for how such stigma

does have to exist among drug dependents:

> So, with discrimination… Yeah, it's all right. It's normal, because we're really just like that—those who steal, some rape, others even kill. So, it's really understandable. We're plagues. When you have this drug problem, you can't stop others from discriminating us. Although, as recovering addicts, it's okay. We're used to it.

Change of social circle. Participants also changed whom they socialized with, avoiding those whom they believed would call them out for being associated with their drug use, as well as those who would re-introduce them to drugs. One participant shared how he believed staying with those who could give him a better reputation would be best, "Uh, I think the best would be to stick with the winners […] So that's why I kept telling you guys, stick with the winners."

Clinging to spirituality. One of the essential coping sources for the participants was their sense of spirituality. They would cling to prayer and the word of God, especially during times when they felt low and worthless. Participants shared that being introduced to church support groups, immersing themselves in prayer, and doing services for the church gave them a rekindled sense of fulfillment and happiness. One participant mentioned how he felt blessed to hear affirmation from others when they see him in the church, "So, when we see each other they'd say, 'Hey Chong! God bless you. I'm so blessed that I saw you there and I'm so happy,' something like that. Thank Christ! I am so happy to see their reactions."

Sense of Purpose

The final theme centers on the participants' purposefulness as more engaged members of their families and society. It also details how participants expressed their wish to become advocates and share their stories with others. The theme represents how they transitioned and changed their ways, focusing on their present selves as former drug dependents. An emergent theme was participants' determination to persevere in their drug free lives after reflecting on and accepting their past life experiences.

Becoming advocates/role models. Other participants

became advocates for drug recovery and help-seeking. They believed that they are able to empathize and show compassion towards those who are currently struggling with their drug use. As individuals who were able to recover, they felt empowered to share their stories in the hope of inspiring those who were also in the process of recovery. The journey to recovery, as stated by one of the participants, was "a lifetime process that was as if they were dealing with a lifetime disease." They took this moment as an opportunity to help others start a new and better life—one not encumbered by drugs. One participant shared, "Because that's what I tell everyone else [in the recovery ministry], you need someone the same way, the same way you are in order to encourage you [...] Yes, I developed more compassion to help people just like me." Another said, "Because that's it... I've been through that. I know the feeling. So if I did change, they could too—I sympathize... I want to help them. I share my testimonies."

Being better family members. Most of the participants' newfound objective was to set a good example for their children and other relatives. It was their wish not only to be able to spend more time with their family members but also to have them see that they are capable of change. One said, "I was happy to be back [with my parents and siblings]. I was happy to see that they were happy for me and that I was back home [from rehab]." Another shared,

> I want them [his children] to see that a person with a dark past can change. I did this for them—my wife, my family. Because before, I really used to hurt them—it was as if freezing water was splashed all over me.

Lastly, another participant said, "I wanted my cousins to see that I could change—to be almost as good as they are."

Pursuance of career goals. Finally, as part of their recovery process, the participants expressed that they wanted to find good jobs and help their families financially. Furthermore, being employed would provide them a renewed sense of dignity as they would become more beneficial members of society. Albeit most of the participants are currently unemployed due to the losing their jobs as a result of their drug use, they expressed steadfast commitment in finding a rewarding job. One said, "... [my goal] is to find a job again so I can help my

mother." Another shared,

> When I used to take drugs, I lost a lot—I couldn't go anywhere. But now that I've stopped, I've seen a path clear up somehow. By God's grace, I could find an opening for my business again since I still do not have much.

DISCUSSION

This study aimed to describe the lived experience of stigma among Filipino former drug dependents. Results reveal the participants' experiences of discrimination after they are found to be using drugs, as well as other consequences related to it, how they coped and lived with the stigma, and how they have grown to move beyond to find a sense of purpose. The results of the study suggest that the process of experiencing and overcoming stigma lies in the interplay of social, structural, and internal processes and is underpinned with a desire to improve oneself.

Experiences of Stigma

The process begins from an external experience moving towards an internal one. Participants encounter and perceive the stigma from significant others, which led to adverse psychological effects. Results reveal that stigma can come from several interpersonal relations of the stigmatized individual—family, friends, romantic partners, peer groups, and colleagues. The negative responses from others are to be expected because of discriminatory labels that are associated with being a substance-user (Link & Phelan, 2001; Yang, Wong, Grivel, & Hasin, 2017). These experiences illustrate public stigma that manifests in the negative attitudes, beliefs, and emotional reactions towards drug dependents (Corrigan, Morris, Michaels, Rafacz, & Rusch, 2012).

Our findings suggest that stigma across relationships varies in terms of the reasons behind the discrimination and how participants responded to the discrimination. The discrimination coming from family members, romantic partners, and close friends have a greater impact on participants as they perceived that they meant well and had their best interest in mind. This is consistent with literature that

stigma coming from close relations can be seen as a more profound and intimate process of social control due to the deeper intention of relieving the drug user from their habits (Room, 2005).

On the other hand, stigma coming from acquaintances, neighbors, or colleagues elicited negative reactions such as feeling worthless, angry, and betrayed. Research suggests that substance users are subject to prejudice and judgment and are perceived as a scourge of society (Blendon & Young, 1998; Mora-Ríos et al., 2017). Discriminatory labels coming from a community that cultivated the stigma bring adverse psychological and emotional experiences such as shame and fear (Rufaedah & Putra, 2018).

In addition to the stigma experienced from close and intimate relationships, the participants disclosed how the stigma affected them at work. Not only did they feel the disdain from their coworkers, their work performance also declined. Despite having less workloads and assignments, individuals felt too ashamed, guilty, and embarrassed to even ask for more work. These experiences illustrate another externally-experienced form of stigma called structural stigma—a form of stigma embedded in government and institutional policies (Corrigan, 2004). Not only does this form of stigma influence public attitudes, but it also deprives drug dependents of access to interventions, and hinders them from seeking further help (Merrill & Monti, 2015). A study on workplace stigma also revealed that employees fail to seek help for their substance use because of stigma-induced work environments (Bennett & Lehman, 2001). In his narrative as a former addict, Grinspoon (2018) shared how various areas are compromised in the life of a stigmatized substance user, including one's finances and professional reputation. He reported that there is a tendency for individuals recovering from addiction to disproportionately suffer from feelings of guilt, shame, and embarrassment and that these emotions are often brought to the forefront whenever returning to the workplace.

Internalized experiences of stigma among drug dependents are attributable to the public and structural stigma. During their drug use and before their recovery phase, they struggled with both emotional (e.g., feeling shameful and guilty) and cognitive (e.g., low self-esteem) distress. These experiences illustrate how drug dependents may have suffered most from self-stigma (Corrigan, Watson, & Barr, 2006) and

enacted stigma (Luoma et al., 2007). Self-stigma, mentioned to have a significant relation to alcohol and drug use (Kulesza et al., 2014), was shown to have a severe impact on an individual's self-evaluation (Luoma et al., 2007). Meanwhile, enacted stigma, which refers to the direct experience of discrimination and rejection from society at large (Luoma et al., 2007), manifested in the participants' experience of having gained a negative reputation. For instance, people whom the participants were not personally close to or were familiar with (e.g., acquaintances and neighbors) gave indirect comments about their drug use.

Results validate the literature that substance users could imbibe negative preconceived notions others have of them and become susceptible to mental health disorders (Quinn & Earnshaw, 2011). The cognitive and emotional distress from the experience of stigma led them to behave distantly from others and affected their help-seeking behaviors (Corrigan, 2004). Pachankis' model of concealed stigma (2007) posited that individuals with stigmatized identities (e.g., drug dependents) employ methods to stop the salience of their stigma, affecting their behavioral and self-evaluative implications. Feelings of shame or perceived rejection motivate secretive behaviors. In concealing their stigma, drug users must choose whether to live with the stress of a visible stigmatized identity or the burden of having to hide and deny continuously.

Although the participants initially withdrew from others and attempted to conceal their stigma, they were able to talk about their condition with people they connected with the most (i.e., close interpersonal relations). This finding was somehow different from how anticipated stigma was suggested to lead to social exclusion and withdrawal (Green et al., 2003). This connects to the earlier discussion on the interpersonal context of the stigma involving close interpersonal relations. Participants believed that their families, friends, and loved ones meant well and wanted to help them change. Furthermore, as the participants progressed towards recovery, they became more open to talk about their conditions and to seek for further help and support—an essential implication on drug dependents' help-seeking attitudes and behaviors.

These findings show how stigma is more than a social and

structural phenomenon. These factors influence the internal aspects of their lives through their meaning-making and interpretation of their experiences. These interpretations and meanings reflect their internal experiences that lead to manifestations of self-stigma (Corrigan et al., 2006) and enacted stigma (Luoma et al., 2007). But more importantly, these experiences also led them towards more positive coping mechanisms and the desire to change.

Coping and Living With Stigma

Another important finding of this study is with regards to coping mechanisms. From the results of this study, three main coping strategies employed by recovering dependent emerged: 1) acceptance of identity, 2) changing social circle, and 3) clinging to spirituality. Stigma, perceived as a major stressor, requires effective coping strategies to develop resilience and recovery (Miller & Kaiser, 2001).

Acceptance was manifested in participants when they perceived stigma among drug users to be "normal" and used this for self-discipline. Although this strategy is related to positive psychological adjustments (Major & Schmader, 1998), it is also deemed less adaptive since stigma is a constant and pervasive stressor (Miller & Kaiser, 2001).

Stigmatized individuals also actively avoided those whom they believe would continue to jeopardize their lives. Although disengaging from social interactions may be considered as a coping response to stigma-induced stress, engagement could also be a more adaptive and proactive way of coping (Crocker & Major, 1989; Steele, 1997). To elaborate this paradox, stigmatized individuals disidentify with the negative stereotypes associated with the stigmatized group when they engage in more positive attributions. This manifested in the participants' accounts of joining church groups, becoming advocates or choosing to "stick with the winners."

Lastly, results suggest that spirituality also helped drug dependents cope with stigma. This validates literature that spirituality is an important resource when dealing with adverse life events, helping the person deal with challenges and loss (Mansukhani & Resurreccion, 2009; Tix & Frazier, 1998). Spirituality becomes a form of religious

coping that allows the individual to connect to God (Yabut, 2013).

The ways of coping are consistent with literature on stigma-reducing interventions related to substance use (Livingston et al., 2011). However, the use of each coping strategy is subjective. For instance, some recovering users preferred their spirituality as a source of coping over the mere acceptance of their identity or changing their circle of friends. This reinforces findings that stigma is a complex concern and drug users have their own way of coping with it. Looking into their perspectives and how they respond to the stigma would allow us to understand and help them recover better (Merrill & Monti, 2015; Miller & Kaiser, 2001).

Role of Stigma on Help-Seeking

In addition to the process of seeking help and recovery, the present study revealed important ideas about the experiences of drug dependents with varying forms of stigma. Considering the current situation on the war on drugs, these experiences of stigma, particularly structural and enacted stigma, could have enhanced their already existing burdens on how to seek help and intervention (Vogel et al., 2007). The current findings related to the psychological consequences and ways of coping give us a preliminary idea on the dynamics of the drug dependents' help-seeking behaviors and how they might respond to the intervention. The participants of the current study shared that they underwent treatment because of their loved ones and because they wished to have an alternative image as "recovered" drug users. Since these individuals have recovered from their drug use before the war on drugs, they differ from the current drug users who are motivated to undergo rehabilitation due to fear of being killed or imprisoned (Syjuco, 2018; Yusay & Canoy, 2018). Thus, structural stigma could be an essential addition to the public and self-stigma that account for help-seeking attitudes (Vogel et al., 2007).

Moving Forward and Attaining Hope

The unique feature of being a former drug dependent allowed for the last theme, A Sense of Purpose, to emerge. Some of the participants

have been sober for years, keeping an optimistic attitude, and setting goals centered on themselves, their families, and the community. Despite such negative outcomes, the attempts of the participants to understand the stigma they endured resulted in some positive changes for psychological growth. Being cognizant of the salience of the stigma and recognizing their shortcomings at the time of their drug use made the participants reflect and re-evaluate their lives. This has, thereupon, motivated them to begin their life-long journey to recovery. For them, this small step already marks a milestone, a decision that would eventually change not only their lives but the lives of those involved with them. This positive orientation may also be linked to how these drug dependents have acquired the virtue of hope. Hope has been found to play a positive and crucial role in substance use (especially drug use) abstinence in the later years of one's recovery (Livingston & Boyd, 2010; Mathis, Ferrari, Groh, & Jason, 2009). Additionally, the locus of hope theory posits that, among collectivist cultures, external agents like the family can play a significant role in the attainment of the individual's goal (Bernardo, 2010).

Implications

Given how stigma can become a hindrance to drug dependents' help-seeking behaviors, a number of recommendations that could aid in intervention and policy reform are enumerated here. Foremost, stigma is complex and comes in a variety of forms (Merrill & Monti, 2015). Counselors and therapists should determine what kinds of stigma impact the drug dependent the most before proceeding with their intervention plan (Crapanzano et al., 2019; Merrill & Monti, 2015). With stigma out of the way, better rapport may be built with the drug dependents, and a stronger foundation of trust can be established.

The important influence of interpersonal relations in encouraging drug dependents to seek help and recovery from their condition is also highlighted. Family is an integral part of their recovery (Room, 2005), and is considered as an important external agent in hope (Bernardo, 2010). Other close relations, such as peer groups, romantic partners, and friends should be given considerable involvement in treatment. Aside from the family, peers are also considered an important external

agent for hope (Bernardo, 2010). Drug dependents regard these people as their source of social support and can make them hopeful.

Since current interventions have primarily focused on addressing the adverse and negative psychological effects during rehabilitation, practitioners and facilitators should also look into the strengths of these individuals. Additionally, as the study revealed that drug dependents are indeed capable of changing themselves for the better through hopeful dispositions, hope-based methods may be integrated in the treatment (and posttreatment) of individuals recovering from drug addiction and dependence (Irving, Seinder, Burling, Pagliarini, & Robbins-Sisco, 1998; Mathis et al., 2009).

Lastly, by targeting the biases against drug users and learning more about them, efforts of helping them would be maximized (Livingston et al., 2011). Intervention strategists and policymakers must also be sensitive towards the specific stigmatized groups involved in their work. As mentioned by Miller and Kaiser (2001), "by recognizing that perceived discrimination is itself a stressor, policymakers may understand the need for policies and interventions that enhance the likelihood that stigmatized people can cope adaptively with the stressors they encounter" (p. 89). With this, it is important that society at large, especially policymakers, be educated on drug dependence so they could view it as a mental health condition that needs to be treated like any other chronic illness or disorder.

Limitations and Recommendations

The researchers acknowledge several limitations of the study. Future research can aim to explore various types of stigma (structural, external, perceived, enacted, and self-stigma). By examining these types of stigma, a broader understanding of how context impacts drug dependents' construction of their status in society can be better presented. An exploration on the salience of stigma in the country as well as its psychological impact make for important topics for further research.

How drug dependents cope with stigma can also be further explored. This may allow for a better understanding of the process of recovery that they go through. The specific role of family and peers in

helping drug dependents recover, cope with stigma, and experience positive outcomes can also be further examined.

AUTHORS' NOTES

REFERENCES

Bennett, J. B., & Lehman, W. (2001). Workplace substance abuse prevention and help seeking: Comparing team-oriented and informational training. *Journal of Occupational Health Psychology, 6*(3), 243-254.

Bernardo, A. B. (2010). Extending hope theory: Internal and external locus of trait hope. *Personality and individual differences, 49*(8), 944-949.

Blendon, R. J., & Young, J. T. (1998). The public and the war on illicit drugs. *JAMA, 279*(11), 827-832.

Buchanan, J., & Young L. (2000). The war on drugs–a war on drug users'. *Drugs: Education, Prevention Policy, 7*(4), 409-422.

CNN Philippines. (2019). *SWS: Most Filipinos believe number of drug addicts decreased in 2018*. Retrieved from http://nine.cnnphilippines.com/news/2019/02/16/SWS-Filipinos-drug-addicts-decrease-2018.html

Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist, 59,* 614-625.

Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rusch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services, 63*(10), 963-973. doi: 10.1176/appi.ps.201100529

Corrigan, P. W., Watson, A., & Barr, E. (2006). The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *J Soc Clin Psychol, 25,* 875-884.

Crapanzano, K., Hammarlund, R., Ahmad, B., Hunsinger, N., & Kullar, R. (2019). The association between perceived stigma and substance use disorder treatment outcomes: A review. *Substance Abuse Rehabilitation, 10,* 1-12. doi:10.2147/SAR.S183252

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 6*(4), 608-630.

Finlay, L., & Gough, B. (Eds.). (2003). *Reflexivity: A practical guide for researchers in health and social science.* Oxford: Blackwell Publishing.

Gershman, J. (2016, December 16). *Human rights and Duterte's war on drugs* [Interview by M. Xu]. Council on Foreign Relations. Retrieved from https://www.cfr.org/interview/human-rights-and-dutertes-war-drugs

Green, G., Hayes, C., Dickinson, D., Whittaker, A., & Gilheany, B. (2003). A mental health service user's perspective to stigmatisation. *Journal of Mental Health, 12,* 223-234.

Grinspoon, P. (2018). Working through workplace stigma: Coming back after addiction. *Harvard Health Publishing.* Retrieved from https://www.health.harvard.edu/blog/workplace-stigma-addiction-2018010513040

Holmes, O. (2016). Rodrigo Duterte vows to kill 3 million drug addicts and likens himself to Hitler. *The Guardian.* Retrieved from https://www.theguardian.com/world/2016/sep/30/rodrigo-duterte-vows-to-kill-3-million-drug-addicts-and-likens-himself-to-hitler

Irving, L. M., Seinder, A. L., Burling, T. A., Pagliarini, R., & Robbins-Sisco, D. (1998). Hope and recovery from substance dependence in homeless veterans. *Journal of Social and Clinical Psychology, 17,* 389-406.

King, M., Dinos, S., & Shaw, J. (2007). The Stigma Scale: Development of a standardised measure of the stigma of mental illness. *British*

Journal of Psychiatry, 190, 248-254.

Kleinman, A. (1988). *Rethinking psychiatry: From cultural category to personal experience.* New York: Free Press.

Kulesza, M., Larimer, M. E., & Rao, D. (2013). Substance use related stigma: What we know and the way forward. *Journal of Addictive Behaviors, Therapy and Rehabilitation, 27*(2), 782.

Kulesza, M., Ramsey, S., Brown, R., & Larimer, M. (2014). Stigma among individuals with substance use disorders: Does it predict substance use, and does it diminish with treatment? *Journal of Addictive Behaviors, Therapy & Rehabilitation, 3*(1), 100-115. doi:10.4172/2324-9005.1000115

Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method.* Harlow: Pearson.

Laverty, S. (2003). Hermeneutic psychology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Research, 2*(3), 21-35. https://doi.org/10.1177/160940690300200303

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27,* 363-385.

Livingston, J., & Boyd, J. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science and Medicine, 71*(12), 2150-2161.

Livingston, J., Milne, T., Fang, M. L., & Amari, E. (2011). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction, 107*(1), 39-50.

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., Bunting, K., & Rye, A. K. (2008). Reducing self-stigma in substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Journal of Addiction Research and Therapy, 16*(2), 149-165.

Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors, 32*(7), 1331-1346.

Major, B., & Schmader, T. (1998). Coping with stigma through

psychological disengagement. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 191-218). San Diego, CA: Academic.

Mansukhani, R., & Resurreccion, R. (2009). Spiritual and the development of positive character among Filipino adolescents. *Philippine Journal of Psychology, 42*(2), 271-290.

Mathis, G. M., Ferrari, J. R., Groh, D. R., & Jason, L. A. (2009). Hope and substance abuse recovery: The impact of agency and pathways within an abstinent communal-living setting. *Journal of Groups in Addiction & Recovery, 4*(1/2), 42-50. doi:10.1080/15560350802712389

Mattoo, S., Sarkar, S., Nebhinani, N., Gupta, S., Parakh, P., & Basu, D. (2015). How do Indian substance users perceive stigma towards substance use vis-a-vis their family members? *Journal of Ethnicity and Substance Use, 14,* 1-9. doi:10.1080/15332640.2014.980960

McLellan, T., Lewis, D., O'Brien, C., & Kleber, H. (2000). Drug dependence, a chronic mental illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA, 284*(13), 1689-1695.

Merrill, J. E., & Monti, P. M. (2015). *Influencers of the stigma complex toward substance use and substance use disorders.* USA: Center for Alcohol and Addiction Studies, Brown University.

Miller, C., & Kaiser, C. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues, 57*(1), 73-92.

Mora-Ríos, J., Ortega, M., & Medina-Mora, M. E. (2017). Addiction-related stigma and discrimination: A qualitative study in treatment centers in Mexico City. *Substance Use & Misuse, 52*(5), 594-603.

Morales, N. J. (2018). Philippines' Duterte says no 'justice' for families of drug war casualties. *Reuters.* Retrieved from https://www.reuters.com/article/us-philippines-duterte-drugs/philippines-duterte-says-no-justice-for-families-of-drugs-war-casualties-idUSKBN1JF0AY

Pachankis, J. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328-345. doi:10.1037/0033-2909.133.2.328

Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using interpretative phenomenological analysis in qualitative research

psychology. *Psychological Journal, 18*(2), 361-369.

Quinn, D., & Earnshaw, V. (2011). Understanding concealable stigmatized identities: The role of identity in psychological, physical, and behavioral outcomes. *Social Issues and Policy Review, 5*(1), 160-190. doi:10.1111/j.1751-2409.2011.01029

Ronzani, T. M., Higgins-Biddle, J., & Furtado, E. F. (2009). Stigmatization of alcohol and other drug users by primary care providers in Southeast Brazil. *Social Science and Medicine, 69*(7), 1080-1084.

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review, 24*(2), 143-155.

Room, R., & Reuters, P. (2012). How well do international drug conventions protect public health? *Lancet, 379*(9810), 84-91.

Rufaedah, A., & Putra, I. E. (2018). Coping with stigma and social exclusion of terror-convicts' wives in Indonesia: An interpretative phenomenological analysis. *The Qualitative Report, 23*(6), 1334-1346.

Smith, J., & Osborn, M. (2003). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp.51-80). London: Sage.

Spears, R., & Manstead, A. S. R. (1989). The social context of stereotyping and differentiation. *European Journal of Social Psychology, 19*(2), 101-121.

Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychology, 52*(6), 13-29.

Syjuco, M. (2018). The wrong way to fight a drug war [Opinion]. *New York Times.* Retrieved from https://www.nytimes.com/2018/08/08/opinion/philippines-drug-war-addiction-duterte.html

The Guardian. (2016). *Philippines president Rodrigo Duterte urges people to kill drug addicts.* Retrieved from https://www.theguardian.com/world/2016/jul/01/philippines-president-rodrigo-duterte-urges-people-to-kill-drug-addicts

Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events: Main effects, moderation, and mediation. *Journal of Consulting and Clinical Psychology, 66*(2), 411-422.

doi:10.1037/0022-006X.66.2.411

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology, 60*(2), 311-316.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40-50.

Yabut, H. J. (2013). Isang paglilinaw sa mga paniniwala at pagpapakahulugan sa ispiritwalidad at relihiyon ng mga Pilipino. *Diwa E-Journal, 1*(1), 162-179.

Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine, 64,* 1524-1535.

Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: An international phenomenon. *Current Opinion in Psychiatry, 30*(5), 378-388.

Yusay, C. T. C., & Canoy, N. A. (2018). Healing the hurt amid the drug war: Narratives of young urban poor Filipinos in recovering families with parental drug use. *International Journal of Drug Policy, 68,* 124-131. doi:10.1016/j.drugpo.2018.10.009C