

Overcoming the “Trash Talk in Your Head”: Extending an Ethic of Care to Students Experiencing Intersectional Stigma in Community College

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Intersectional stigma is experienced by individuals who share both a minoritized identity and a socially stigmatized identity. This study examines not only both types of intersectional stigma (e.g., homelessness, addiction, history of incarceration) that exist among students but also how campus personnel have extended an ethic of care to assist these students in changing their self-perceptions or “looking glass selves” to persist and succeed in community college. Recommendations for institutional improvement include flexibility in hiring staff with the expertise of lived experience, extending social support, improving access to campus and community resources, and horizontal peer mentoring for students with stigmatized identities.

Keywords: *community college, intersectionality, stigma, Big Q, diversity, homelessness, incarceration*

A Black male academic advisor, George (pseudonym), in a Florida community college spoke about how his past experience of homelessness now allows him both to serve as a role model for homeless students and to better empathize with their plight. This empathy now informs George’s work as an academic advisor in a community college,

I was homeless. I was sleeping on the street in front of a convenience store. *So, I can talk to students that are homeless and point them in the right direction . . . I was able to talk to them [homeless students] about my own experiences.*

This example captures the essence of intersectional stigma, a social phenomenon experienced by individuals who share both a minoritized identity and a socially stigmatized identity (Berger, 2004). In this example, George’s minoritized identity as a Black male intersected with his stigmatized identity as a formerly homeless adult.

When asked about his journey from homelessness to employment as an academic advisor in a community college, George highlighted the key role that social support and mentorship played in his later success, “A lady encouraged me to get an education. I got my AA, then my bachelor’s and then my master’s. Finally, I got a job as an advisor.” He continued by explaining that this experience cemented his commitment to offering the same social support to community college students experiencing homelessness that he had once received from an advisor. George argued that compared with other

academic advisors, his lived experience might have better equipped him to counsel students experiencing homelessness and connect them with community resources that could assist in improving their circumstances, “I love resources, so I always point them [students experiencing homelessness] towards resources—Salvation Army, Goodwill, food stamps.” George’s story demonstrates how campus personnel transmit an institutional ethic of care in community colleges to students who experience intersectional stigma.

The purpose of this qualitative study is twofold. First, this study explores the types of intersectional stigma that exist among students in Florida’s state colleges (formerly community colleges). Second, this study examines how campus personnel have assisted students with changing their self-perceptions of their stigmatized identities or “looking glass selves” in ways that helped them to persist in community college. In this way, our research seeks to “humanize through the act of research” (Paris, 2011, p. 147). The research questions for this study are as follows:

Research Question 1: What types of intersectional stigma are most prevalent among students in Florida’s community colleges?

Research Question 2: How do campus personnel collectively employ an institutional ethic of care to help students change their self-perceptions of their socially stigmatized identities in order to persist in Florida’s community colleges?



Theoretical Frameworks

The current study is grounded in two concepts with origins in feminist theory: Berger's (2004) intersectional stigma and Tronto's (2010) institutional ethic of care. In this study, we link Berger's intersectional stigma theory, which operates at the individual level with Tronto's theory of the institutional ethic of care, which operates at the institution level.

Intersectional stigma is a concept from the larger body of research on the intersectionality of identity. The broader term, intersectionality, is a theoretical perspective that originated in women's studies and was first coined by Kimberlé Crenshaw (1991) to describe the study of oppression of individuals with multiple minoritized identities (e.g., race, gender, sexual orientation, or social class; Harris & Patton, 2019). By studying identity holistically rather than parsed as a series of variables, such as race, gender, sexual orientation, or socioeconomic status, researchers are better able to understand the "simultaneity of oppression" experienced by minoritized populations (Simien, 2007). Intersectional stigma is a variant of intersectionality that exists in individuals with both minoritized and socially stigmatized identities (Berger, 2004). Stigma has been defined as "an attribute or characteristic that marks a person as different from others and that extensively discredits his or her identity" (Major, 2007, p. 944).

Like intersectional stigma, the institutional ethic of care (or "institutional caring") is a concept derived from a feminist body of theory on the ethic of care (e.g., Larrabee, 2016; Tronto, 2010). The institutional ethic of care operates at the group or organization level and has three primary characteristics: (1) the institutional ethic of care delineates a purpose of care, (2) the institutional ethic of care acknowledges the power relationships that exist between caregivers and care receivers, and (3) the institutional ethic of care must be pluralistic in tailoring care to the specific needs of individuals (Tronto, 2010).

While the concepts of intersectional stigma and the institutional ethic of care originated in feminist theory, both are applied more broadly in this study to examine how care is extended to students by campus personnel in community colleges. This study seeks to link the experiences of stigmatized students as individuals to their collective experience at the campus level. The concepts of intersectional stigma and the institutional ethic of care overlap in their shared emphasis on the importance of pluralism, both in understanding students' lived experiences and in identifying intentional institutional practices that acknowledge students' diverse and stigmatized identities.

Literature Review

In this review of the literature, we first examine the aspects of the sociological theory of stigma and then explore stigma in the community college context.

Goffman's Theory of Stigma

In his classic book, *Stigma: Notes on the Management of Spoiled Identity*, Erving Goffman (1963) theorized that stigma is closely connected with discriminatory behavior because stigmatized individuals receive socially sanctioned "marks" that are stereotypes or culturally accepted negative evaluations of some aspect of their identity. These marks become the justification for avoiding or excluding stigmatized individuals from social interactions and opportunities (i.e., discriminating against them).

Goffman (1963) also delineated three types of stigma: "tribal stigma," which is passed from generation to generation (e.g., racial, ethnic, or religious identities); "abominations of the body," which are uninherited physical characteristics (e.g., obesity or tattooing); and "blemishes of character," which are behavioral traits (e.g., criminal activity or addiction; pp. 4–5). Goffman also described nonstigmatized individuals, categorizing them as "normals," the nonstigmatized; "the wise," who know about an individual's stigma; and "wise normals," who know about an individual's stigma, are sympathetic to it, and are accepted as supportive by the stigmatized person (pp. 5–6). Smith (2012) confirmed the existence of these groups quantitatively and further delineated between the passive wise who are aware of but do not actively assist stigmatized individuals and the active wise who challenge stigmatization by educating other normals.

Stigma and Discrimination

The relationship between individual stigma and discrimination is a complex one, but stigma can be linked to Cooley's (1902) theory of the looking glass self. Cooley's (1902) conception of the looking glass self is that our self-concept is, by definition, a combination of our internal self-perceptions and evaluations and the perceptions and evaluations about us that we receive from other people. Because stigma is socially constructed, it resides in cultures not in individuals. Nonetheless, stigma can be internalized as a part of individuals' looking glass selves when people receive negative messages from their culture about aspects of their identity.

A factor that determines the degree of discrimination experienced by stigmatized individuals is the social perception of whether the mark is controllable, and the individual has "chosen" the stigma (Falk, 2001; Goffman, 1963; Link & Phelan, 2001; Major, 2007). In Goffman's (1963) original work, this was the difference between "tribal stigmas" that are inherited such as race or ethnicity and "blemishes of character" such as addiction or criminal activity. Falk (2001) refers to this as the distinction between "existential stigma" (p. 11) and "achieved stigma" (p. 193). Individuals with stigmas that are perceived by a culture as controllable may or may not agree that their mark is controllable. Because stigma changes with cultural context, questions about whether

stigmas are controllable can engender public controversy (e.g., gay conversion therapy or poverty; Major, 2007).

Stigmatization operates at both the interpersonal and institutional levels. Negative consequences of stigma mostly accrue to individuals, though these consequences also affect society (Link & Phelan, 2001). Major (2007) states that "stigmatization has been linked to lower social status, poverty, impaired cognitive and social functioning, poorer physical health, and poorer mental health" (p. 945) as well as "poorer treatment in the workplace, educational settings, healthcare system, housing market, and criminal justice system" (p. 946).

Pincus (1996) distinguishes among three levels of discrimination: individual, institutional, and structural. "Individual discrimination refers to the behavior of individual members of one race/ethnic/gender group that is intended to have a differential and/or harmful effect on the members of another race/ethnic/gender group" (p. 186). In contrast, institutional discrimination "refers to the policies of the dominant race/ethnic/gender institutions and the behavior of individuals who control these institutions and implement policies that are intended to have a differential and/or harmful effect on minority race/ethnic/gender groups" (p. 186). While both individual and institutional discrimination involve intentional harm, they differ because institutional discrimination is "embedded in important social institutions" (p. 187). Structural discrimination "refers to the policies of dominant race/ethnic/gender institutions and the behavior of the individuals who implement these policies and control these institutions, which are race/ethnic/gender neutral in intent but which have a differential and/or harmful effect on minority race/ethnic/gender groups" (p. 186). The distinction between institutional and structural discrimination, then, is between intentional and unintentional discriminatory policies in organizations. In this article, we extend the three levels of discrimination beyond race, ethnicity, and gender to include discrimination based on many stigmatized identities.

De-Stigmatization

De-stigmatization at the institution level has received less attention than de-stigmatization at the individual level in the higher education literature and is the subject of this study. At the individual level, de-stigmatization occurs in two ways: (1) by challenging perceptions of stigma held by those who stigmatize or discriminate and (2) by challenging how stigma has been internalized by stigmatized individuals (Griffith & Kohrt, 2016; Major, 2007). It often falls to stigmatized individuals to work toward de-stigmatization by managing stigma to decrease the negative consequences of their identities (Goffman, 1963; Griffith & Kohrt, 2016). High "self-monitors" or individuals skilled at adjusting their behavior based on social expectations (Snyder, 1987) may

be better at both passing as a nonstigmatized individual and judging whether it is safe to reveal a stigmatized identity (Gangestad & Snyder, 2000). Then, depending on the degree of safety and trust with others, stigmatized individuals must decide how and when to divulge their stigma (Major, 2007). Stigma can be revealed through subtle signaling or openly revealing stigmatized identities and then normalizing these identities to others (Clair et al., 2005; Major, 2007).

Stigma in Community Colleges

Community colleges are more likely to enroll minoritized and socially stigmatized student populations than other post-secondary institutions (Cohen et al., 2014; Hurtado et al., 2015). Indeed, community colleges enroll more students of color, economically disadvantaged students, undocumented students, and academically underprepared students than 4-year institutions (Abrego, 2011; Cohen et al., 2014).

These student populations are more likely to experience individual, structural, and institutional discrimination and stigmatization than their peers in community colleges. However, as previously stated, the degree of stigmatization varies by the extent to which the stigma is concealable and perceived as controllable (Abrego, 2011). Also, because students with stigmatized identities may be reticent about disclosing their status to campus personnel and their peers, these students have sometimes been referred to as "invisible minorities" in higher education (Ross & Richards, 2009, p. 97).

Although higher education can be a path out of poverty for homeless community college students, these students face significant barriers to success. Compared with non-homeless students, homeless students are more likely to be students of color and first-generation college students and are more likely to attend community colleges than 4-year institutions (Goldrick-Rab et al., 2018; Wood et al., 2016; Wood & Harris, 2018). Homeless community college students are more likely to be food insecure and to skip class. These students are also less likely to buy textbooks, to participate in campus organizations and activities, and to persist in community college overall. Students with food insecurity are often working and receive Pell Grants to attend community college (Goldrick-Rab et al., 2018; Wood & Harris, 2018).

In the Florida College System (FCS) specifically, at least 18 of the 21 FCS institutions in our sample had programs to reduce the basic needs insecurity of their students (Nix et al., in press). Indeed, many institutions in the FCS have single-stop resource centers for social services. Nix et al. (in press) found that the majority of FCS institutions offer free services, including food pantries, assistance applying to federal housing programs, mental health services, "closets of professional clothes for individuals to use for job interviews and career advancement, financial and legal counselling, tax assistance, bus passes, and childcare for student parents" (p. 14).

Method

Because qualitative inquiry is uniquely equipped to study social phenomena and organizational processes holistically (Corbin & Strauss, 2015; Denzin & Lincoln, 2018), this qualitative study has an embedded or nested design (Yin, 2013) that links more than one unit of analysis. Specifically, this study explores how the institutional ethic of care (at the collective or institution level) is transmitted to students experiencing intersectional stigma (at the individual level) through the work of campus personnel.

Data Collection

The qualitative data in this study were collected over a 4-year period from fall 2014 to spring 2018 during 36 site visits lasting 1 to 2 days to 21 state colleges in Florida (with some repeat visits). Teams of two to four researchers traveled to each institution. The data source in this study was verbatim transcripts from 213 focus groups with 441 students as well as campus personnel who interacted with students, including 284 academic administrators, 336 faculty, 275 advisors, and 23 support staff (1,359 total participants). Focus groups lasted on average 1 hour, ranging from 0.5 to 1.5 hours.

Institutions that participated in our study assisted researchers with soliciting potential focus group participants and securing on-campus space for the focus group sessions. Administrators were requested to select demographically diverse students, including adult students, students of color, English language learners, economically disadvantaged students, and veterans. Focus groups lasted between 0.5 and 2 hours.

Triangulation across participant types added rigor to our analysis. Perspectives from the 375 students in our focus groups were augmented by the large number of staff-student interactions campus personnel recalled during their years working in community colleges. Staff also shared many details about how they had aligned institutional practices with the needs of minoritized and stigmatized students.

The focus group protocols included a broad array of questions, which evolved over the 4-year period. Questions from the student focus group protocol included the following: “In what ways has your identity shaped your experience at community college (e.g., race/ethnicity, gender, sexual orientation, religion, occupation, or military status)?” and “Have you experienced any crisis or serious challenge since coming to community college? If so, what actions did you take to address this crisis or challenge? Who helped and who didn’t help you address this crisis or challenge? How did they help or not help?” A relevant question from the campus personnel focus group protocol included, “Can you describe a vivid or memorable story about an interaction that you’ve had with a student this year?”

Data Analysis

A digital recording of all focus groups was used to generate verbatim transcripts, which were then imported along into qualitative data analysis software, NVivo 10, for coding and analysis. Each year, four to five researchers engaged in coding the data. Over the 4-year period, we developed an evolving coding framework, which incorporated a combination of a priori and emergent codes. We included broad codes (or parent codes) in our framework like *student populations*, *faculty*, and *advisors* as well as more detailed codes (or child and grandchild codes) like *adult students*, *ethnically and racially diverse students*, *economically disadvantaged students*, *social support*, and *stigma*.

Broadly speaking, our overall data analysis process for this study consisted of four steps: Step 1, initial open coding of all data; Step 2, identification of data relevant to the current study; Step 3, identification of patterns at the individual student level related to intersectional stigma; and Step 4, identification of patterns at the institution level linking the experiences of individual students with the collective institutional ethic of care expressed through campus personnel (Yin, 2013).

After the data were open coded in Step 1, we identified data relevant to the present study in which (1) students reported experiencing intersectional stigma, (2) campus personnel reported on personally assisting students experiencing intersectional stigma, or (3) students and campus personnel reported on institutional policies, programs, and practices that assisted students experiencing stigma. Next in Step 2, we identified central ideas and properties in the data related to intersectional stigma and the institutional ethic of care through pattern coding (Corbin & Strauss, 2015; Miles et al., 2014).

Researchers wrote analytic memos throughout the research process in all 4 years. Written memos in this project were used to identify salient or emergent themes in the data (Corbin & Strauss, 2015). Topics developed in memos assisted us in creating and revising the coding framework prior to open coding, in identifying the emergent theme of intersectional stigma for the present study, and later in theorizing about the broad patterns in the data.

The trustworthiness of our qualitative interpretations was established through an intercoder reliability process, analyst triangulation (five researchers coded the data), member checking, and peer debriefing with two researchers who acted as “devil’s advocates” in questioning the study’s interpretations and methods (Patton, 2015).

Overcoming “The Trash Talk in Your Head”

We present our results in two sections with individual-level student illustrations in the first section and the institution-level pattern in the second section. Our findings are drawn from three types of data: (1) long vignettes from

students and campus personnel reflecting the institutional ethic of caring before and during a student’s entire community college experience, (2) brief vignettes from students and staff reflecting specific aspects of the institutional ethic of caring in the lives of students, and (3) information about institutional policies, programs, and practices targeted to specific minoritized and stigmatized student populations.

Students with intersectional stigma in our focus groups had typically experienced feelings of exclusion or social isolation, poor self-concept, discredited identity, stigmatization, and discrimination prior to community college in ways that remained with them and tended to interfere with their academic success after enrolling.

Due to space constraints, we present here three long vignettes representative of the many instances of intersectional stigma in our student data. These vignettes were chosen because they illustrate the actions taken by campus personnel to extend the institutional ethic of care to students to help them persist and succeed in community college. Pseudonyms are used throughout to mask the identities of the participants.

The first vignette tells the stories of two traditional-age Black students, both in their 20s, Bonnie and Chuck, who enrolled in community college after graduating from the foster care system.

Graduated From Foster Care: “Everything Started Making Sense”

Bonnie and Chuck discussed the social support they received from community college staff and peers in an organization for students who had graduated from foster or family care (foster care alumni). Bonnie described her initial financial struggles in college and how that changed:

And when they [financial aid office] found out that I was in family care, they like took me to her (Debbie), and from then, everything just seemed, everything seemed to calm down ‘cause she got me the tuition waiver, and helped me with whatever I needed.

Debbie not only offered Bonnie social support but also connected her with many other offices and campus resources, “like I would just go in her office, so anytime I had problems with my roommate, anything, *she would just be there to help me.*” Debbie also encouraged Bonnie to meet others in the student organization who shared a similar life experience.

Bonnie described how her feeling of belongingness on campus increased after she joined the student organization, “Before I like even knew about the club, I just felt like off. And once I like joined it, it’s like everything started making sense. I started meeting people that work here.” These interactions also contributed to Bonnie’s overall feelings of inclusion on campus, “I like [community college name] . . . I don’t want to go to the university now . . . The teachers are

good to me . . . I like how supportive they are . . . *It feels good coming into college.*”

Like Bonnie, Chuck stated he had big life aspirations, “Like my dream is to—I wanna build my own car one day . . . Basically I want my name on it . . . Yeah, that’s just my mindset.” Chuck contrasted the support he received at community college for pursuing his ambitions with the discouraging feedback he received from a high school teacher, Mr. Frederick:

There’s people that just talk trash in your head, like—because I was in this program when I was in high school, so I basically went to technical college while in high school, and like (Mr. Frederick), he basically was a—can I curse? [Laughter]. He was basically like a dick. [Laughter]. Like I told him how I wanted to build my own car, and he just like looked at me, and he said like “Are you, you’re serious . . . Yeah, have fun with that.” . . . Like I’m not gonna make it. And it’s like that right there just made me like, ‘Fuck you. Who is you?’

Though Chuck’s choice of words shows how college students in their 20s authentically speak, his words also reflected how deeply Mr. Frederick’s words had affected him emotionally. Chuck later explained that by underestimating his potential based on his identity as a Black male foster child, Mr. Frederick’s slight had caused him to question his own self-concept and likelihood of future success. Chuck’s response also demonstrated successful coping mechanisms associated with stigma in that he actively resisted Mr. Frederick’s prejudices about his future potential. In essence, Chuck stated that “this is his problem, not mine” (i.e., “*he’s basically like a dick*”) and “who are you to say I won’t create a car someday” (“*Fuck you. Who is you?*”)? For both Bonnie and Chuck, community college staff de-stigmatized their experiences in foster care, helping them to change their negative self-perceptions and persist in community college.

Our next example involves an adult White male student, Dean, who had decided to return to community college after experiencing incarceration and homelessness.

Formerly Incarcerated and Homeless: “Totally Broken One Day”

The student in our next story struggled with adjustment to community college in his first semester. Dean stated, “I had extensive criminal record . . . It got to a point where finally one day I was done with it.” He continued,

I mean my first semester I was juggling two jobs, I was living at a shelter and I had just kinda came back up here and it took me like six or seven months to get to a place where I could consider college. So, I mean and the staff here, the teachers—I just said, “*Look, like, you know, I’m not a typical student, I need some extra help, like.*” They were more than willing. . . . a lot of these teachers are—students are a little older as well, that we need to be a little more understanding to begin with because people are actually bringing in baggage and experience.

Had it not been for campus personnel who persisted in repeatedly contacting Dean, particularly a math instructor, Ernesto, who connected him with the student counseling center, he might have dropped out of college:

Well, my first semester I just about—I up and quit, basically. I didn't have a choice, almost. I was still doing the best I could . . . but all the relationships (with staff on campus) . . . They're like, "Hey, we haven't seen you." I was getting e-mails every day and calls. I mean it was just like—it was too much in my face, so . . . *it was impossible to fully quit* . . . It was like my math teacher, Ernesto, and then *I was pointed to see a psychologist*, or, you know, the counselors.

After deciding to remain in community college, Dean described the extensive academic help he received from instructors and academic support staff. He lamented, "What I put that poor professor (Ernesto) through" and "I was working those poor math tutors to death." In the end, devoting long hours to schoolwork and seeking help from college staff allowed Dean to persist in college and pursue a degree in social work. He explained,

I didn't give up and they didn't give up because I didn't give up and I was able to pass these classes with like a B versus a D where I was headed. So, the teachers made all the world of difference. That, and like everyone in this entire department . . . I'd be totally broken one day and just, no matter what. Yeah, just nurse you back to health and get you right back on track, and like, nobody will let you fall. So, without that it would have been impossible . . . They were a life raft, absolutely.

Campus personnel also encouraged Dean to join a program intended to improve persistence among at-risk students, where he was able to connect with his peers, "It's just for students who are returning back to school after a period of time or have received the GED, you know, didn't receive a traditional diploma. But I joined that and *everyone (the students) kinda banded together.*"

Our final example involves a middle-aged Latinx male, Javier, who had been incarcerated more than once and struggled with addiction.

On the Streets at Age 14: "Surfing Couches"

Javier described leaving home at 14, "I didn't have a good life. I was out on my own at 14. I had to do what I had to do to survive by myself at 14. I was surfing couches." He explained that "most of my adult life I have been a drug addict." He also stated, "This isn't something I have ever shared publicly in school, but last year I was released from prison after doing seven-and-a-half years . . . It wasn't my first time in prison. I've been there a couple times. My first time in prison, I said, 'When I get out, I'm gonna do this, this, and this.' Instead, he shared, "I left with a drug habit" because drugs were freely available in prison. Javier's second time in prison was different:

But this is my first time where I've actually—I've lived right for a significant amount of time. And I made the decision a long time ago to change my life . . . I taught classes while I was there . . . I haven't done drugs or alcohol in over four years now.

After his release, Javier pursued higher education, though his difficulties began when he tried to enroll in community college without personal identification. To establish Florida residency, he first applied for a driver's license. Javier expected that the admissions office would "be kind of weird about it," but instead they were encouraging. He explained that this caused him to begin to think, "Okay, maybe this isn't such a bad thing. *Maybe I can be just honest about it and own it and make it a part of my story.* Then maybe it can benefit somebody else." Javier's surprise continued when he talked to faculty:

I don't vocalize that [my history of incarceration] for many reasons. I'm honest with my professors. In fact, *every professor I've had I share that with*, and they're familiar with it. But I just don't like—I feel like I'm stereotyped because, okay, yeah, I've made some mistakes, and I had to do prison time. But some people tend to get uncomfortable around that . . . I kind of have to tell them [professors] because a lot of assignments you have to talk about experiences and all that. My recent experiences are in very dark places. Well, maybe it was more of I was relieved. But I was surprised, too.

What it meant for Javier to "manage his stigma" was to divulge his incarceration status to staff and trusted friends. He explained that eventually he aspires to be an addictions counselor because

there's a lot of people, especially in Florida there's not much available in the prisons for people to better themselves, and a lot of people get discouraged. I just want to show people that it can be done, and college is an option . . . *My biggest need when I came to [name of community college] was basically, like I touched on, encouragement.* That's probably the number-one need that I had just from my professors and then *from certain peers that I've shared my story with, people just kind of motivating me. [And showing] acceptance.*

Javier then shared that he had just been nominated for the outstanding student of the year in psychology. Having presented three representative student vignettes, we next summarize the broad pattern of the ethic of caring at the institution level in Florida's community colleges.

The Institutional Ethic of Caring: "The Big Takeaway Is Caring"

Staff who interacted with students experiencing intersectional stigma responded in a variety of ways. The majority communicated a commitment to helping students thrive in the community college environment. Staff such as the one in our opening vignette who shared a minoritized or stigmatized identity reported feeling empathy and a recognition of

TABLE 1.
The Institutional Ethic of Care

Actions of campus personnel

Discussing students' lives to identify minoritized and initially undisclosed identities
 Offering emotional support to improve students' coping skills and self-concept
 Identifying students' needs based on their minoritized or stigmatized identities
 Counseling students about coping skills to navigate social interactions on campus
 Counseling students about coping skills to improve decisions and courses of action
 Connecting students with campus resources
 Connecting students with community resources
 Connecting students with like others to offer support, advice, and accountability
 Role modeling academic and life success despite stigma
 Creating professional development opportunities for fellow staff

their shared experience, while staff without shared identities typically expressed sympathy for the discrimination students had experienced.

As a result of their interactions with students, campus personnel transmitted the institutional ethic of care through concrete actions taken on their behalf in Table 1.

The primary mechanisms for staff to express the institutional ethic of care was by extending social support and advice directly to the stigmatized students, connecting students with other staff or students with similar identities who could also offer support and advice, referring students to campus and community resources, and role modeling academic and life success despite stigma.

Several institutions in the FCS had developed programs to meet the specific needs of students through referral systems. Through these services, students could access food pantries for homeless and economically disadvantaged students and organizations to help homeless students secure housing. Students were also introduced to student organizations for foster care alumni, veterans (including those experiencing PTSD [post-traumatic stress disorder]), and formerly incarcerated students.

In addition to formal referral systems, some faculty also described informal systems. For instance, English faculty members were sometimes described as the early alert “first responders” because students described stigma and life crises in their writing before they were ready to divulge these experiences directly to faculty members. Faculty members, James, Alicia, and Emily explained,

James: So, it's funny that we have a good friend in the math department who'll say, “You guys know all the stuff about them, because they write about it. We don't know any of this stuff.” . . .

Alicia: I usually put in a qualifier, “If you can still be arrested for it, don't write about it, 'cause I have to report it.” I did use one like a quick starter like, “Write about a time you were in a difficult situation,”

something very generic and just as a starter. That segues into a bigger writing piece, because they kind of—they recall that time and how they overcame it or what—and maybe they're still going through it . . .

Emily described a 10-minute free-write at the beginning of class for students to respond to a quote from an activist, author, or philosopher. She continued,

I find that those conversations that we have after the free-write are really awesome, really generative, and we're able to connect in ways that I don't think we'd be able to without those free-writes. And that really built a sense of community, too. And then those life issues sometimes come out through those writings, too.

Alicia then explained how important small talk at the beginning of class could be to building rapport with students who might already be reluctant to interact with faculty. She shared,

Those little interactions are really valuable, because it's like, “Hey, you know my name, and you know something I'm interested in.” So, I remember having professors [in my undergraduate institution], you're petrified to go to office hours. You'll be like, “Dr. [Smith], it's me, Number 2273 from Auditorium 6,” and Dr. Smith is like, “Who're you again? Talk to my assistant.”

Much as staff agreed on the importance of building rapport with minoritized and stigmatized students, administrators involved in hiring advisors and tutors illustrated an important issue related to the institutional ethic of care. Related to hiring in the FCS, one administrator, Gail, observed that “the big takeaway is empathy.” The interviewer then asked Gail the extent to which empathy is a teachable skill. She replied that she did not know for certain but thought perhaps it was teachable. Another administrator, Robert, replied, “I think it's just being aware. Like, if you're not aware of the impact that you can have on a student by being empathetic, then you—I guess you don't realize how important it is.”

Another administrator, Andrew, concurred with the need for awareness and stated that active listening was something that could also be taught. In response to these observations, the interviewer then asked how the administrators “hired for empathy.” Robert replied that this sometimes required them to “hire from within.” Gail and Robert then explained,

Gail: . . . You don’t know, but if you watch the people [potential employees] . . . yeah, we can’t tell from a resume. You can tell they’re academics, but in our line of work, it’s much more than the academics . . . You can be the smartest person in the world, but if students don’t wanna go to you for help, then yeah.

Robert: And even with student workers, we do that as well . . . so a lot of students are eager to just say “I’m the smartest,” like they think that’s what we’re looking for in a tutor . . . And it’s like, well, but *will somebody be willing to ask you for help? Do you feel comfortable? Do you want to help? Will you find answers with someone instead of for them?*

Gail: And will you feel like it’s like a stupid question and will that show in your face?

Beyond an organizational culture that supported relationship building with students experiencing intersectional stigma, staff also discussed the extent to which institution-level structures existed to facilitate this work and how those structures came about. Another administrator, Emily, explained,

So [Frank (pseudonym) name of faculty member who started a homeless student initiative] is a perfect example, but then the institution took that [the homeless student initiative] and institutionalized and ran with it so that *we made supporting homeless students institutionally-driven support*. Do you know what I’m saying? And that’s happening kind of little by little, like in these moments . . . But the President’s Office is not saying here are the things that we need to do and get them done . . . So sometimes things [initiatives to help vulnerable students] go to Executive staff from that committee or sometimes things are going to go to advising, so we are definitely cross-pollinating.

Emily then described efforts to establish these programs as typically “grass-roots,” “democratic,” “open,” and about “consensus building and getting collaboration from across departments” in ways that are “solution-driven” rather than “department-driven.” Another administrator, Charles, explained that some of this work began in campus-wide committees such as the retention committee where, “we’re always recognizing that—we always wonder ‘Why do we lose students? Why do students fail? Most of the time, it’s things that don’t have to do with the classroom. It’s outside.’”

These administrators also then discussed how the size of the institution might have had an impact on the way these initiatives were organized campus-wide:

Emily: . . . In terms of our size, the way we’re able to work, we’re not too big and we’re not too small. We’re not so small that it can be five people, and we’re not so big that we have to be, you know, here’s how this committee works and here’s how this college works . . . I think if we were any bigger than we are, I think it would be harder to stay as connected as we are.

Charles: Well, it would take a top-down initiative.

Though Emily and Charles suggested that the size of the institution was related to the approach to these initiatives. Our data were not conclusive in suggesting whether grass-roots or top-down initiatives were more effective in helping students with intersectional stigma succeed in community college. We next consider the broader implications of this study for community colleges and students with intersectional stigma.

Discussion

The most common minoritized identities in our data included students of color, immigrant students, English language learners, and students of diverse gender and sexual identity. The socially stigmatized identities most prevalent in our data included academically underprepared students, economically disadvantaged students, veterans with PTSD, homeless students, formerly incarcerated students, and students who had aged out of the foster care system.

A central finding in this study is that campus personnel play an important role in working together with students to change the negative self-perceptions students have of themselves based on their stigmatized identities. That is, many students report that community college staff helped them to shift their “looking glass selves” away from negative self-perception toward self-evaluations that incorporated both their future potential and their minoritized and stigmatized identities. Students and campus personnel alike argued that changed self-perceptions were crucial to students’ ability to persist and succeed in community college. For example, these adjusted looking glass selves included a Black male future sports car engineer who grew up in foster care, a social worker who was formerly homeless and incarcerated, and an addictions counselor who was a former addict and had been incarcerated.

Students reported that staff and peers with similar stigmatized identities were particularly beneficial because they signaled that concealable stigma could be revealed without significant negative consequences. The actions of campus personnel and fellow students contributed to the de-stigmatization

process by fostering in students’ a feeling of social inclusion, greater pride in their identities, a more positive self-concept, and a sense of belonging and fit with the institution.

We emphasize that students in our focus groups never reported that stigma had entirely disappeared. Instead, the process of de-stigmatization partially counteracted or neutralized stigma. In addition, de-stigmatization was by no means the only factor or “magic bullet” that ensured students’ persistence in community college. Students and campus personnel in our focus groups reported that de-stigmatization merely increased students’ *likelihood* of persisting and succeeding in community college. Recall the ways that students in the vignettes described the process: “Everything started making sense,” “without that (support of campus personnel), it would have been impossible,” and “without this (their help), I would have just quit.” What specific programs and policies, then, constituted the institutional ethic of caring in Florida’s community colleges, and how might these practices be adopted more widely?

Implications for Institutional Policy and Practice

First, student participants reported that staff who informed them they had experienced the same forms of stigma functioned as role models and were sometimes better equipped to point them toward campus and community resources than their more privileged colleagues who had not experienced the same forms of stigma. These campus and community resources included assistance such as food pantries, mental health counseling, financial and legal counseling, bus passes, and child care.

Staff also suggested that students responded to them more positively when they either discussed a shared stigmatized identity or communicated the mistakes and profound challenges they had experienced in life. Research on families suggests that children and teenagers are more resilient in the face of trauma when they know their family’s story. In terms of helping children overcome trauma, the most effective family stories are not ascending stories (e.g., we came to this country with nothing, now we have everything), nor are they descending stories (e.g., we used to have everything and we lost it all), instead they are oscillating family narratives (e.g., you grandfather was an important man but your uncle went to prison; Feiler, 2013; Rollins, 2013). Our data suggest that the same process that is healthy for children and adolescents may also be healthy for community college students. Indeed, most people when they are honest with themselves, have an *oscillating personal narrative* of some mistakes and challenges mixed with some successes: not the drug trafficker nor the honor’s student, but the former drug trafficker who is an honor’s students. Campus personnel who have the courage to share their oscillating personal narratives with students (whether or not these stories involve stigma) can

powerfully reinforce this healthy way of understanding life trajectories.

Therefore, our findings indicate that it could be beneficial for administrators who engage in hiring staff who interact directly with students, such as instructors, advisors, and support staff, remain open to considering not just academic credentials but also lived experience as a form of expertise. For instance, the formerly homeless advisor in our opening vignette had valuable tacit knowledge about how to navigate soup kitchens, homeless shelters, and public benefits offices. This tacit knowledge might have better prepared the advisor to help homeless students succeed in community college than a colleague with a purely academic understanding of homelessness. In addition, our data suggest that it could be beneficial to consider “complementarity of expertise” both in hiring individual staff members with multiple minoritized or stigmatized identities but also in hiring at least one staff member who can address the needs of specific student populations in a given community college.

Next, students in our focus groups suggested that one of the crucial ways that campus personnel helped them overcome stigma was by connecting them with campus resources to help them persist (e.g., student counseling services, career counseling services, academic support, etc.). Students also reported that peer tutors, mentors, and friends in student organizations (i.e., horizontal mentors), who had already successfully navigated the college environment, were wonderful sources of practical information and emotional support. Student organizations for various minoritized and stigmatized student populations were also mentioned by focus group participants as helping them persist in community college. One important way to leverage student organizations would be an expansion of existing Allies student training programs, which have thus far been largely confined to LGBTQ (lesbian, gay, bisexual, transgender, and questioning) and undocumented students. Such programs could be extended to homeless, formerly incarcerated, and veteran students.

Last, some community colleges in our sample used existing staff expertise to develop professional development opportunities to assist all campus personnel in meeting the needs of specific student groups. We propose that student surveys and focus groups assessing the diversity climate in community colleges could incorporate questions about the extent to which campus personnel and institutional policies have tended to reinforce or alleviate individual, institutional, and structural discrimination. At a few institutions in the FCS, staff are required to complete professional development credits to improve the effectiveness of their interactions with students and to better inform them about extending campus and community resources to students. Student feedback from surveys and focus groups could be used to augment these professional development programs.

Implications for Theory

This study has two primary implications for the theory of intersectional stigma, one methodological and the other conceptual. Qualitative research is particularly well-suited to studying intersectionality because qualitative research does not parse identity into discrete categories or variables but instead considers social phenomena in their entirety (Crenshaw, 1991). In this way, intersectionality focuses on the “simultaneity of oppression” (Simien, 2007). Although intersectional qualitative research sometimes has small sample sizes (Cole, 2009), the large quantity of data in this study allowed us significant variation both in terms of identifying multiple rich examples of intersectional stigma and in the range of types of stigma that were identified. This suggests that large qualitative samples could be an innovative way of developing bigger picture theories about intersectionality and the simultaneity of oppression.

In addition, our review of the literature found a dearth of studies that examined community college students through the lens of intersectional stigma. Given the multitude of students with minoritized and stigmatized identities enrolled in community colleges, we propose that more community college research be grounded in this theoretical perspective.

Though Goffman’s original work was published in 1963, the present study underscores the continuing relevance of Goffman’s theories for the study of community colleges and higher education generally. For example, Goffman’s “tribal stigmas” that are inherited, such as race or ethnicity, and “blemishes of character,” such as addiction or criminal activity, can be equated with the more contemporary concepts adopted in this study of “minoritized identities” and “stigmatized identities.”

Regardless of terminology, our study confirms that individuals with these identities experience individual, institutional, and structural discrimination. This suggests a continuum of stigmatization (Major, 2007) among community college students ranging from the most to the least stigmatized identities. For example, formerly incarcerated community college students experience stigma due to their criminal record, undocumented students experience stigma due to their immigration status, and students recommended for developmental education (or remediation) experience stigma due to their lack of academic preparation, yet the degree of stigmatization differs greatly among these groups (Abrego, 2011; Edgecombe, 2011) depending on the severity of stigma and the extent to which society considers those stigmas to have been actively chosen or unavoidable (Goffman, 1963).

Another example of the contemporary nature of Goffman’s work that has relevance for community colleges involves how he described the interactions between stigmatized and nonstigmatized individuals. Goffman (1963) and Smith (2012) wrote about “normals” (the nonstigmatized),

“the wise” (those who know about the stigma), “wise normals” (those who know about the stigma and are sympathetic), and “active wise” (those who know about the stigma and actively assist the stigmatized). In the context of this study, campus personnel who assisted stigmatized students constitute the “active wise,” while sympathetic classmates constitute “wise normals.”

Future Research Directions

The conceptual framework that emerged from the data in this qualitative study hypothesizes about how improving the self-concept of stigmatized students might lead to improved outcomes for students in community colleges. Further quantitative research could help determine the strength and direction of the relationship if one exists. Last, qualitative and quantitative research on students with stigmatized identities could expand our understanding of the “diversity climate” in community colleges.

Also, though less prevalent in our data and beyond the scope of the current study, institutional policies and practices that stigmatized students through institutional and structural discrimination are worthy of further examination. Future research could also uncover ways in which campus personnel and peers either consciously or unconsciously reinforced stigma through individual discrimination against students based on their identities.

In addition, the question of stigmatized identities and student activism was beyond the scope of this investigation, though future research could extend the present study by exploring the ways that stigmatized students actively work to de-stigmatize themselves and their peers while creating positive change in the world.

Conclusion

We suggest that the role community college staff play in helping students change those “looking glass selves” is an underappreciated ingredient in student success. Because this is among the most important work that campus personnel do in community colleges, institutions must work harder to perform this work more intentionally and systematically. Indeed, Blackburn (2014) remarked that “a state of dehumanization need not be a permanent one. One has agency to resist and rebut dehumanizing forces, to reassert one’s humanity, and to play a part in work that humanizes others. Certainly, these things are integrally intertwined” (p. 43). In an effort to re-humanize stigmatized community college students, this research provides institutional leaders and campus personnel with guidance on practices that are most effective in helping these students persist and succeed in community college. Perhaps rebutting society’s dehumanizing forces is among the most important roles that community colleges play in the modern era.

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