COMMUNAL COPING WITH THE STIGMA OF EXPECTANCY VIOLATIONS IN SERVICE DOG HANDLERS WITH INVISIBLE DISABILITIES

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A Thesis
Submitted to the Faculty of
College of Communication
Texas Christian University
in partial fulfillment of the requirements for the degree of

Master of Science

May 2021

ACKNOWLEDGEMENTS

First, I must thank my academic village. As for my co-advisors, Jackie and Amorette, thank you both for agreeing to co-advise this project. I have loved learning equally from two scholars whose research focuses and methodologies could not be more different. Somehow, I crafted a thesis at the intersection of your collective expertise, and I am positive that this project would not have been a success without the two of you working side-by-side fighting with me to complete this project.

To Amorette, thank you for always making time to rant about research with me, no matter what time of day. I am so grateful to you for recognizing the importance in researching this topic. Most of all, thank you for fiercely advocating for my rights as a graduate student with an invisible disability and a service dog. Thank you for seeing my struggles and encouraging me to do something about it—to conduct research to bring voice to others like me.

To Jackie, thank you for believing in me. Even when I was a young undergraduate learning about theories of stigma in your Health Communication class, you saw something in me. When you invited me to conduct research with you when I was only an undergraduate, I found my love for research. Thank you for the endless faith in me. I can say with one-hundred percent confidence that I would not be the scholar that I am today, if it had not been for your influence.

To Kristen, my committee member, thank you for your endless positivity. I have so enjoyed our long Zoom calls where you challenge me to think deeper about what it means to cope for this population. Thank you for helping me talk through my huge questions that I have about communal coping. This thesis would not be what it is without your continued guidance and support.

Now come the thanks for my non-academic family. To my mom, thank you for reminding me to put my health before this thesis. You knew, even when I didn't, that my thesis would thrive when I felt my best. To my Uncle Jay, thank you for driving from Houston to DFW and back to Houston to take me to my specialist physicians. You have sacrificed so many hours to help me, and I cannot put into words how blessed I am to have you as my uncle and one of my best friends. Lastly, thank you to my fiancé, Eric. Thank you for voluntarily picking up the slack around the house when I have been suffering "death by academia". Thank you for letting me vent about research, even when it makes no sense to you. Thank you for believing in me even when I don't believe in me. I love you.

Table of Contents

Acknowledgements ii

Abstract v

Chapter One. Introduction 1

Chapter Two. Review of Literature 4

Expectancy Violation Theory 4

Theory of Stigma Management Communication 6

Communal Coping 12

Summary and Research Questions 16

Chapter Three. Method 17

Research Design 17

Researcher Position 18

Data Collection 18

Data Analysis 19

Chapter Four. Results 22

Experiencing Stigma 22
    Visibility of the Disability 22
    Microaggressions and Abuse 23
    Ignorance or Lack of Understanding 27
    Seemingly Affirming Experiences 29

Processing and Coping 31
    Dialectical Decision-making: Self-advocacy as Coping versus Self-preservation as Coping 32
    Justification of Stigma 34

Crafting Community Around Stigma 36
    Enacting Community Identity Through Communal Coping with Stigma 36

Summary of Results 39

Chapter Five. Discussion 41

Redefining Communal Coping 41

Rumination as Stigma Management 43

Concertive Control as Communal Stigma Management 44

Limitations and Future Research 46

Conclusion 48

References 50

Appendix A....57
Vita....58

ABSTRACT

COMMUNAL COPING WITH THE STIGMA OF EXPECTANCY VIOALTIONS IN SERVICE DOG HANDLERS WITH INVISIBLE DISABILITIES

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This study aimed to give voice to service dog handlers with invisible disabilities. This study explored how handlers perceived the public's expectations of what a service dog handler should be and how handlers communicatively construct their identities in public to counter or match this expectation. In addition, this study explored how the participants experienced stigma and how they normalize their experiences to manage or reduce the stigma they experience. 35 service dog handlers with invisible disabilities participated in in-depth interviews with the researcher. The researcher approached the data from a phronetic iterative approach and conducted a thematic analysis of the data (Tracy, 2020). Several themes yielded from the interviews warranted in-depth discussion as they shed insights on future theoretical and practical advancement, including how to broaden the definition of communal coping, how rumination acts as a stigma management strategy, and how concertive control acts as communal stigma management.

CHAPTER ONE. INTRODUCTION

"[While my service dog was performing a medical alert, a man] sat next to me and started talking about fake service dogs and the vest you can buy on Amazon, and that he tells all his friends to just go buy that stupid vest on Amazon and take their dogs wherever they want. That was obviously going to be a sore spot for a legitimate handler, because that makes life so much more difficult for all of us" (Brittney, utilizes a service dog trained in medical alert and mobility assistance).

Unfortunately, Britney's story of stigma is common for people with disabilities who utilize service dogs to manage their disability. To bring voice to this understudied population and advance the literature on stigma management, this study explores the ways that service dog handlers with invisible disabilities experience and cope with stigma. Guided by expectancy violation (Burgoon, 1993), stigma management communication (Meisenbach, 2010), and communal coping (Afifi et al., 2006, Lyons et al., 1998), this study advances a perspective of how people manage stigma that is rooted in expectancy violations, and how individuals in marginalized groups might cope with these expectations by engaging in communal coping.

The Stigma of Service Dog Handlers

According to the Americans with Disabilities Act (2010), "service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities". There are multiple types of service dogs, all that are trained to help people with different kinds of disabilities, including guide dogs, medical alert dogs, and mobility assistance dogs. However, this is in no way an exhaustive list of the types of tasks that service dogs can be trained to perform for their handlers. Although the legal definition of service dogs is clear in depicting that they are only trained for people with disabilities, people often confuse service dogs, therapy dogs, and emotional support animals. Out of these three types of dogs, service dogs are the only dogs trained to assist people with disabilities (ADA, 2010). Due to the public's confusion on who qualifies for a service dog, there are some cases where people can bring dogs in public claiming that they are service dogs, but they are not in fact service dogs (Mills, 2017).

The use of fake service dogs causes problems for people with invisible disabilities who use service dogs (Mills, 2017). This leads to a greater experience of discrimination due to the lack of visible disability, resulting in "invasive questioning, unwanted attention, and questioned legitimacy" of their need for a service dog (Mills, 2017, p. 646). This stigma is illustrated and compounded by an uprise of documentation in the media of people without disabilities passing off as service dog handlers in order to bring their pets into public places, which means that legitimate handlers with visible disabilities are often accused of not being disabled.

For service dog handlers with invisible disabilities, their identity as both a person with an invisible disability and a person who uses a service dog can come with the experience of stigma (Guidry, 2020). Without the presence of their service dog, a person with an invisible disability can often pass as a person without a disability (Mills, 2017). When a person with an invisible disability uses a service dog, this can make the disability known or cause doubt from the public on whether the person is faking a disability (Mills, 2017). In this way, people with invisible disabilities who use service dogs can violate the public's expectations of what disability looks like, which can lead to stigma (Burgoon, 1993).

In this study, the researcher is interested in understanding how service dog handlers with invisible disabilities manage and cope with stigma. People with disabilities, let alone people with invisible disabilities who use service dogs, have unique struggles and experiences. Their intersectional identities as both people with invisible disabilities and people who use service dogs creates a layered experience of stigma, one that is most aptly understood by people who share the same stigma. This study seeks to understand how members of this population manage stigma through communal coping by providing social support to one another and viewing their stigma as a shared problem (Afifi et al., 2006). This provides a look at communal coping as a possible stigma management communication strategy, which has not been explored by SMC (Meisenbach, 2010).

To further this understanding, the following chapters will present theories of expectancy violations (Burgoon, 1993), stigma management communication (Meisenbach, 2010), and communal coping (Afifi et al., 2006; Lyons et al., 1998) as theoretical warrants of this endeavor. After this review of literature, the researcher will present a review of the study's methodology. In order to explore how service dog handlers with invisible disabilities experience stigma, the researcher, who is also a service dog handler with an invisible disability, conducted qualitative interviewing to privilege the voices of this population (Tracy, 2020). This methodology allowed for an open conversation between members who share similar adversities, allowing for rich and descriptive data. After data collection, the researcher will analyze the data using Tracy's (2020) phronetic iterative approach, which allows themes to emerge from the data, while also allowing the researcher to view the data from the lens of the literature. This will allow for a thematic analysis, which can give insight into how service dog handlers with invisible disabilities manage and cope with stigma.

CHAPTER TWO. REVIEW OF LITERATURE

This chapter introduces the three theoretical frameworks used to guide this study. These include the theory of stigma management communication (Meisenbach, 2010), expectancy violation theory (Burgoon, 1993), and the theory of communal coping (Afifi et al., 2006; Lyons et al., 1998). This section provides a review of the literature to provide understanding of how service dog handlers with invisible disabilities violate expectations of disability and use of service dogs, which leads to a unique experience of stigma. The review of literature also poses communal coping as a possible management strategy service dog handlers with an invisible disability use to cope with stigma, which can expand our knowledge of the theory of stigma management communication (Meisenbach, 2010).

Expectancy Violation Theory

Expectancy violation provides insights to fully comprehend why and how invisibly disabled handlers are stigmatized (Burgoon, 1993). Where Burgoon (1993) treated expectancy violations as a broader social phenomenon, it is useful here to consider Afifi and Metts' (1998) focus on expectancy violations in interpersonal relationships.

When conceptualizing what it means to have a disability, most people expect a person with a disability to have a visible impairment (Mills, 2017). However, not all disabilities are visible, and these disabilities, called "invisible" disabilities, violate expectations of what a disabled person should look like. Although both people with visible and invisible disabilities can have overlapping experiences of stigma, each also experiences in different ways due to the differing ways that stigma can be communicated about the visibility of their disabilities. People with invisible disabilities tend to face more questioning and often they have to explain or justify the existence of their disability to others. Even after this explanation, people with invisible disabilities can face stigma from others who do not believe the existence of their disability or do not understand the significant toll that the disability takes on their life (Baker, 2008). People expect a disabled person to *look* disabled, and a person who looks healthy violates norms of what it means to be a disabled person.

According Burgoon (1993), when something violates our view of what is normal, people focus on the stimulus that violates their expectations, process this violation, and cope by interpreting and evaluating the violation and the violator. The presence of a service dog beside a seemingly nondisabled person can violate other people's expectations, while the presence of a service dog in a public space may also violate social expectations (Mills, 2017). When coupled together, these violations of norms can lead to handlers with invisible disabilities experiencing doubt, criticism, and stigma (Mills, 2017).

Research suggests that one way that people who are stigmatized cope with stigma is by feeling empowered to educate others to reduce this stigma (Smith & Bishop, 2019). Throughout this process of coping with stigma, invisibly disabled service dog handlers can progress towards resilience, which is "the force that drives a person to grow through adversity and resilience" (Richardson, 2002, p. 307). Part of this process includes crafting normalcy, which is a process that leads to a better outcome for those who are coping with the adversity (Buzzanell, 2010). Crafting normalcy is often a response to disruptions in life (Buzzanell, 2010). For service dog handlers with invisible disabilities, the experience of stigma due to the violation of social expectations is a major disruption in their life. This framework of expectancy violations can give insight to the reasons for why service dog handlers with invisible disabilities face stigma. The theory of stigma management communication (Meisenbach, 2010) offers a useful framework to understand how stigma can be managed by service dog handlers with invisible disabilities.

Theory of Stigma Management Communication

Meisenbach (2010) explains that stigma is defined and negotiated by both the stigmatized and the stigmatizing individuals. Meisenbach (2010) defines stigma as the "social construction of human perception of differences" (p. 272). Through her work with the theory, Meisenbach has expanded upon Smith's (2007) model of stigma communication by addressing stigma from the point of view of the stigmatizer, along with addressing how the stigmatized manage stigma (2010). The theory gives researchers an understanding of both "structuralist and interactionist aspects of stigma" (Brule & Eckstein, 2016, p. 6). In the decade since Meisenbach published her work, stigma management communication has been studied in numerous communication contexts, such as the construction of career choice and dignity (Buzzannell & Lucas, 2013), child adoption (Colaner et al., 2014), and various health conditions, including HIV and depression (Boudewyns et al., 2015; Reichert, 2012). The theory has also been utilized by researchers to interpret how non-Western cultures manage stigma (Kimotho et al., 2015). The utility of SMC is demonstrated in the diverse array of contexts as it helps demonstrate how these populations cope with stigma.

Meisenbach addresses three primary assumptions of stigma management communication. These include that stigma is constructed by the perceptions of the stigmatized and the non-stigmatized persons, stigmas have the ability to change over time due to discourse or material conditions, and that "stigmas vary by degree in breadth and depth" (2010, p. 272). Meisenbach (2010) conceptualizes how stigma is communicated based on Smith's (2007) model of stigma communication, which describes how stigma is communicated as a mark, label, responsibility, or peril. Furthermore, Meisenbach (2010) proposes a typology of stigma as stemming from physical, social, and/or moral sources, and depicts that the message can be received as either discredited or discreditable. After making these assumptions about stigma, Meisenbach (2010) poses that individuals choose to communicatively manage this stigma based on how they believe the public's stigma applies to them and how they believe they should challenge or maintain other people's perceptions of the stigma. In the case of service dog handlers with invisible disabilities, this suggests that they might choose strategies to communicatively manage their stigma based on the extent to which they believe the stigma applies to them.

Stigmatized people engage in strategies to manage the stigma, including accepting, avoiding, evading responsibility, reducing offensiveness, denying, or ignoring/displaying (Meisenbach, 2010). More than one of these strategies can take place at the same time, but in some cases, engaging in multiple stigma management strategies at once has exacerbated the stigmatized person's ability to cope (Eckstein & Cherry, 2015; Meisenbach, 2010). Those who choose to accept the stigma have come to terms with the fact that stigma is a part of their identity (Meisenbach, 2010). People who accept stigma might engage in passive acceptance by choosing not to engage in conversations about their stigma, by openly displaying or disclosing the stigmatized attributes, apologizing for having the stigmatized condition, or by using humor to indicate to others that they know they are stigmatized (Meisenbach, 2010). Some research has documented how the use of humor can bring light to a commonality that both the stigmatizer and the stigmatized have dignity in common (Jensen, 2018). This use of humor can help build connections between the stigmatizer and the stigmatized to reduce the harmful effects of stigma by communicating about the stigma in a different manner (Jensen, 2018).

Accepting stigma might also involve the stigmatized person blaming the stigma for negative events that happen to them, isolating themselves from others, or bonding with others who share the same stigma (Meisenbach, 2010). Engaging in computer-mediated support with weak-tie contacts has been proven to be particularly successful with managing health-related stigma (Wright & Rains, 2013). This is especially true if the social support is coming from a population that is comfortable talking about the stigmatized condition, such as people who share or are somehow connected to the stigmatized individuals (Boudewyns et al., 2015). For instance, a service dog handler may be more open to another service dog handler or a person who advocates for service dog handlers.

The second strategy is to avoid stigma (Meisenbach, 2010). With this strategy, people acknowledge that the stigma exists, but question that the stigma applies to them (Meisenbach, 2010). They may avoid the stigma by disguising any visible cues to their stigmatizing identity, avoiding situations where they might be stigmatized, attempting to eliminate the stigmatizing attribute, distancing themselves from the stigma, or making favorable comparisons between themselves and another social group (Meisenbach, 2010). Studies have documented that stigmatized people avoid the stigma assigned to them by renaming their stigmatized attribute and reframing the stigma (Brewis & Godfrey, 2018). For instance, Brule and Eckstein (2016) show that parents who experience adolescent to parent abuse rarely fall within this category, since this would require the parent accepting responsibility for their own abuse, but this is not impossible (Brule & Eckstein, 2016). Still, this research exemplifies that not all strategies for managing stigma delineated by Meisenbach (2010) are helpful or beneficial to the stigmatized group (Brule & Eckstein, 2016). This strategy of stigma avoidance might mean that a service dog handler could choose to not use their service dog for assistance in some instances, so that they can disguise their identity as a handler. This could also hide their identity as a person with an invisible disability if they choose not to make the disability known. However, this strategy does not benefit the handler, since they would be sacrificing the assistance that their service dog can provide to avoid stigma from others.

Another management strategy is evading responsibility and reducing offensiveness (Meisenbach, 2010). Those who engage in this strategy recognize that the stigma applies to them, but they cope by trying to deny or reduce the stigma (Meisenbach, 2010). This does not infer that the stigmatized population is responsible for being stigmatized and is aiming to defer responsibility, but instead, this strategy of evading responsibility is a way of challenging the efficacy that the stigmatized person has to solve the problem (Brule & Eckstein, 2016).

Meisenbach (2010) separates the evading responsibility and reducing offensiveness strategy into several sub-strategies, including bolstering/refocusing, minimizing, and transcendence. Bolstering/refocusing involves focusing attention to a positive, non-stigmatized attribute of the stigmatized party (Meisenbach, 2010). For instance, a service dog handler may choose to post images online of their dog in cute gear to distract from their role as a service dog and focus on the audience's possible affinity for cute dogs. Minimizing takes place when people emphasize that the stigmatized person is not causing harm to others (Meisenbach, 2010). For a service dog handler with an invisible disability, they may call attention to the service dog's extensive training and remind others that the service dog is not a danger to the public. Transcendence, the next sub-strategy, "reduces a stigma's offensiveness by calling attention to how the stigma attribute can be a means that leads to a valuable end" (Meisenbach, 2010, p. 283). A service dog handler might engage in transcendence by emphasizing how their service dog can help them manage symptoms of their invisible disability, ultimately improving their health.

Although these are strategies for coping with stigma, not all stigmatized populations are proven to benefit from these strategies. For instance, people with depression who engage in transcendence, imagining that their struggle will lead to a brighter outcome, can have a harmful or detrimental outcome on their mental and physical health by not making choices to improve their mental health (Reichert, 2012). This shows that although there are strategies to cope with stigma, each coping strategy has differential impact based on the stigmatized population who use these strategies. Therefore, it is necessary to study how each stigmatized group manages their stigma.

Lastly, the final strategy is to deny or ignore the existence of the stigma in order to challenge how the public understands the stigma (Meisenbach, 2010). Meisenbach (2010) describes that people deny stigma either through simple denial, when they deny that the stigma exists, or through logical denial, when they state arguments to dismantle the existence of the stigma.

Overall, SMC (Meisenbach, 2010) offers a substantial framework to explain how people manage stigma. She gives credibility to each strategy and its efficacy in managing stigma, but she argues that the denying strategies are more efficacious, since they aim to shift the public's perception of stigma, which can practically help those who have stigmatizing attributes. Since SMC is still a young theory, researchers are unsure how coping strategies differ for unique sources of stigma (Meisenbach, 2010; Reichert, 2012); therefore, it is necessary to study various stigmatized populations to examine how stigma management strategies vary. This study seeks to study service dog handlers with invisible disabilities and explore the specific strategies that this population uses to manage stigma.

For service dog handlers with invisible disabilities, there exists the mark of their service dog, which can elicit stigmatization. There is also the stigma of not looking disabled or nullifying the need for a service dog, which violates people's expectations of what a handler should look like and increase stigma (Burgoon, 1993). Therefore, there is a limit to how much handlers with invisible disabilities can avoid stigma and conceal their stigmatized identities, both as an invisibly disabled person and a service dog handler, making stigma persist in their daily life. This stigma is not only influenced by the perceptions of others, but also by the perception that the service dog handler has about how other people think about them. This is known as metastereotyping.

Research on metastereotypes explains that a person's beliefs are determined by "the stereotype that out-group members hold about his/her own group" (Vorauer et al., 1998, p. 917). Based on this definition of metastereotypes, invisible service dog handlers' beliefs may be determined by the stereotype that non-handlers, have about service dog handlers. Based on these metastereotypes, service dog handlers with invisible disabilities construe a view of how other people stigmatize them, which influences how these handlers manage stigma (Meisenbach, 2010). This management is impacted by the degree that the handlers identify as members of their in-group. The more that the stigmatized identify with other members of their in-group, the more they are willing to respond to negative metastereotypes by communicating "their dissatisfaction to an out-group (but not an in-group) audience presumably to persuade the out-group to reevaluate their attitudes toward the in-group" (Owuamalam et al., 2013, p. 12). These metastereotypes can cause in-group members to educate others to manage this stigma and disconfirm negative stereotypes about them (Klein & Azzi, 2001). Other stigmatized in-group members may respond by countering the attitude or becoming defensive (Ashforth & Kreiner, 2014).

To challenge the stigmatizing beliefs of out-group members, stigmatized in-group members can engage in group activism (Zhu et al., 2018). According to Zhu and colleagues (2018), "stigmatized people may be motivated to challenge unfair treatments if they strongly identify with a community of similar others or if they believe in the community's capacity to achieve goals" (p. 14). In other words, stigmatized people can manage their stigma by facilitating strong in-group identification and activism. Some groups who experience stigma can even develop increased self-efficacy because of the stigma they experienced, causing them to feel more empowered (Lähdesmäk et al., 2019). Other researchers have suggested another method to managing stigma called counterarguing, which is a way to show "resistance and opposition" to the stigma (Bresnahan et al., p. 225).

As service dog handlers with invisible disabilities aim to manage the stigma of being a service dog handler and a person with an invisible disability, they constantly violate the public's expectations of disability, which adds to their stigma. Since the experience of this population is unique, it is possible that members of the population can rely on each other to collectively cope with this stigma.

Communal Coping

Meisenbach (2010) theorizes that one can manage a stigmatizing condition by bonding with others who share the same stigma. This social support from others who understand their shared stigma can be a powerful tool in helping cope with stigma. Although this idea of bonding is shared in Meisenbach's (2010) theoretical framework, how this bonding impacts the stigmatized members, what form this bonding takes, and how the stigmatized person's existing interpersonal relationships impact the chosen management strategy are unclear. However, current research supports the possibility that interpersonal relationships could moderate the relationship between the stigmatized person's attitude and their management strategy of the original theory (Noltensmeyer & Meisenbach, 2016). In other words, how stigmatized people choose to cope with their stigma can depend on the closeness and support from their interpersonal relationships.

To build on this idea, this study seeks to discover how service dog handlers with invisible disabilities utilize communal coping to manage their stigma (Afifi et al., 2006). Afifi et al. (2006) provides a framework that could help us understand how stigmatized members find support in each other to manage their stigma. Afifi et al. (2006) show that coping does not have to be experienced in isolation (Afifi et al., 2006). Coping with adversity on one's own can be overwhelming, especially when not many people can relate to the experience with adversity. For people of the same group who share experiences that are difficult for people outside of their in-group to understand, such as service dog handlers with invisible disabilities, who encounter stigma for being service dog handlers and for violating expectations of disability, it is often easiest to lean on in-group members to cope (Zhu et al., 2018). This could take place in the form of communal coping. The literature suggests a theoretical model of communal coping that describes the benefits of multiple people having a shared illness appraisal and responsibility orientation (Afifi et al., 2006; Lyons et al., 1998). This line of research is important, since it shows how people experiencing adversity can share the burden by communally coping with others in their social circle.

The original model of communal coping was created by Lyons and colleagues (1998) and is characterized by a shared problem and shared responsibility. There are four phases in the communal coping process. The members of the group must "(1) establish a communal coping orientation; (2) discuss shared stressors; (3) engage in cooperative action; and (4) practice communal reflexivity" (Hoffman, 2015, p. i). Essentially, communal coping occurs when the members of a group engage in collective problem-solving. Communal coping is different than other types of coping because the members of the group view the problem as shared or "our" problem, which can lead to social support among members (Lyons et al., 1998, p. 579).

Afifi and colleagues (2006) argue that social support is different than communal coping. When two or more people engage in both social support and communal coping, they have a shared appraisal of the problem. The difference between these two phenomena is that people who engage in social support do not share the responsibility of dealing with the problem or stigma, but those that engage in communal coping both view the problem and responsibility as shared. Communal coping is also more beneficial than social support, since communal coping includes a shared illness appraisal and avoids some of the negative impacts of social support (Helgeson et al., 2018). Social support can cause those receiving the support to feel lowered self-efficacy, while communal coping allows for increased efficacy, since those coping feel as if they are working together as a team.

In other words, communal coping is a way of processing and dealing with adversity (Lyons et al., 1998). In the terms of this study, it is important to analyze how people communally cope with stigma, recognizing that each reason for which a person believes they are stigmatized impacts how they cope. In order to understand how communal coping with stigma occurs, it is imperative to understand the stigma, itself, and the population that is stigmatized. For service dog handlers with invisible disabilities, it is important to understand the community's identities both as service dog handlers and as people with invisible disabilities. It is also important to recognize how they experience stigma and how they interpret communication from stigmatizers.

When people who are stigmatized, like service dog handlers with invisible disabilities, communally cope with other people who are stigmatized, not only is the problem defined as shared, but those who are initially impacted by the stigma also ultimately have a deeper shared understanding of the impact of the stigma (Afifi et al., 2006). For instance, a cancer patient can communally cope with their illness with their partner. This patient can also communally cope with other cancer patients. Although communal coping can occur between people who are initially stigmatized and those who care about them, there is a deeper understanding of the adversity when communal coping occurs between members who are both initially impacted by the stigma. When people within the same stigmatized group, such as service dog handlers with invisible disabilities, communally cope with stigma, they share the same understanding because they are both stigmatized. Since this group shares similar experiences due to the stigma they experience, the method and impact of communal coping will be unique between people who share this stigma than between people who choose to communally cope with them. Although each of these handlers will have individual experiences with stigma based on aspects, such as their specific disability, there is a stigma towards service dog handlers with invisible disabilities that gives them shared experiences and look at the stigma as their problem. This can occur through different channels of communication, such as through social media or in-person.

Communal coping has been linked to several positive impacts. The effectiveness of communal coping is influenced by the nature of the stressor, communication quality, relational quality, identification with others, culture, and environmental surroundings and social structures (Afifi et al., 2020). Communal coping also fosters resilience and thriving in the people involved by increasing their self-efficacy, causing them to reappraise their stressor, promoting relational connectedness, and creating shared resources (Afifi et al., 2020). Communal coping is also associated with collaboration and shared appraisal, which leads to increased social support and self-care (Amaro, 2020). This leads to better health and relational outcomes for those engaging in the communal coping process (Amaro, 2020). It can also cause members of the stigmatized group to feel empowered (Hoffman, 2015).

Summary and Research Questions

Through the lens of stigma management theory (Meisenbach, 2010), expectancy violation theory (Burgoon, 1993), and the theoretical model of communal coping (Afifi et al., 2006), we can come to understand how invisibly disabled handlers experience stigma and how they violate expectations of what it looks like to be both a disabled person and a service dog handler. We can also come to understand how violating these expectations can inspire invisibly disabled service dog handlers to craft a new expectation of what it means to be an invisibly disabled service dog handler to achieve resilience. By exploring these connections, this study can begin to fill a gap in the research by exploring how communal coping occurs between members of the same stigmatized population, as opposed to most existing research, which focuses on how people directly impacted by the adversity communally cope with people who choose to share the adversity with them, such as friends, family, or romantic partners.

To summarize, this study seeks to ask the following research questions:

RQ1: How do invisibly disabled handlers perceive the public's expectations of what a service dog handler should be?

RQ2: How do invisibly disabled handlers communicatively construct their identities in public to match or counter that expectation?

RQ3: How do invisibly disabled service dog handlers experience stigma?

RQ4: How do invisibly disabled service dog handlers normalize their experiences to manage or reduce the stigma they experience?

CHAPTER THREE. METHOD

Research Design

This study involved the lived experiences of service dog handlers with invisible disabilities as they navigate and negotiate public encounters. This study took part in recognizing the pain of this marginalized population that has been largely ignored in academic research, and it gave voice to how service dog handlers with invisible disabilities manage this stigma. Understanding this phenomenon requires a method that allows participants to give voice to these experiences. By using qualitative methods, the researcher gave this traditionally marginalized health population a space to tell their story using their own words. The list of interview questions is appended.

This qualitative methodology is a move that privileges the voices of participants and best allows the researcher to illuminate the lived experiences of this population (Lindolf & Taylor, 2002). To foster a comfortable environment for participants to articulate their thoughts, the researcher decided to conduct in-depth interviews (Rouston & Choi, 2018). Interviews also privileged the voices of each service dog handler with their own unique invisible disabilities (Lindolf & Taylor, 2002). The experiences of this population are likely to vary widely per handler, since each comes with unique experiences with disability and with life as a service dog handler. The nature of interviewing also allowed for the participants to engage in retrospective sensemaking about their experiences with stigma (Tracy, 2020).

Due to the time of data collection occurring during the COVID-19 pandemic, the researcher was only allowed by university IRB to conduct interviews remotely. Although this did not allow for face-to-face interactions, by conducting synchronous mediated interviews by telephone, service dog handlers from all over the world with all different experiences had the opportunity to tell their story, allowing for a diversity of perspectives within the population. In addition, since the topic of stigma can be hard for participants to talk about, mediated interviews were beneficial in allowing participants to feel more comfortable, allowing for rich dialogue (Tracy, 2020).

Researcher Position

For this qualitative study, the researcher was the tool of data collection (Tracy, 2020). This gave way to a more free and open exchange between participant and researcher, who are both service dog handlers with invisible disabilities. The participants were likely more willing to open up during interviews, since the researcher is also a fellow service dog handler with an invisible disability. This means that the researcher is already knowledgeable about the laws that protect service dog handlers and in vivo language within that community, in addition to being familiar with what life is like both as an individual with an invisible disability and with a service dog. This also allowed for the researcher to collect richer data, since participants were more likely to be comfortable with the researcher due to their similarities that allowed for rapport building.

Data Collection

The researcher conducted in-depth interviews with service dog handlers with invisible disabilities. Interviews are a strategic move meant to elicit rich responses of the lived experiences of participants, as opposed to focus groups, which might make participants less likely to open up (Roulston & Choi, 2018). Participants had both a service dog and an *invisible* disability. This study included a sample of 35 participants (N=35). The researcher continued interviewing participants until reaching saturation, “the point in data collection and analysis when new information produces little or no change to emerging findings and themes” (Tracy, 2020, p. 174). To be interviewed, participants had to be over the age of 18 and capable of giving consent at the time of data collection. Service dog handlers who identify as having visible disabilities were excluded from the study, since their disability is *visible*, resulting in different experiences. Therapy dog handlers and emotional support dog handlers were excluded from the study, as well, since these dogs are not trained to assist people with disabilities.

Before conducting interviews, the researcher recruited participants through personal contacts, social media (Twitter, Instagram, Facebook, Snapchat), and local service dog organizations. The researcher began by reaching out to personal contacts, then the researcher engaged in snowball sampling. The researcher also posted recruitment flyers on her personal Instagram account, a platform where she often interacts with other service dog handlers. The researcher also asked other service dog handlers to report the original recruitment post to their Instagram accounts for more people in the service dog handler community to see the post.

After recruiting participants, the researcher set up a time to interview the participant using one-on-one in-depth interviews. Each interview was semi-structured to allow for probing and follow-up questions. Each interview took approximately one hour. The researcher conducted interviews via phone call. Each interview was audio-recorded and then transcribed verbatim using an online transcription software to create a textual data set for analysis (Tracy, 2020). Interviews lasted an average of 45 minutes. Transcription resulted in 266 pages of single-spaced data.

Data Analysis

The researcher used a phronetic iterative approach to analyze the data (Tracy, 2020). In this approach, the researcher used theoretical frameworks and guiding research questions to analyze the data, and the researcher also allowed for themes to emerge from the qualitative data (Tracy, 2020). In this way, this approach was both inductive and deductive in nature. This approach gave the researcher the opportunity to enter the data through a theoretical lens and allowed for themes to develop to help extend our knowledge about the theory (Tracy, 2020).

Since this study focused on a marginalized health population who face stigma, this approach can help develop “use-inspired, practical research that not only builds theory, but also provides guidance on social practice and action” (Tracy, 2020, p. 210). Using this approach, the researcher used the analysis to shed light on the inequities and discrimination faced by service dog handlers with invisible disabilities while building upon the theoretical frameworks and providing insight on how to act on these inequities in the future.

Data analysis was accomplished in three steps. First, during the primary, or open coding, the researcher pulled out meaningful data from the bulk of interview data available (Lindolf & Taylor, 2002). During open coding, the researcher read the data line by line in order to code what is happening in the data (Tracy, 2020). The goal of this level of coding was to develop descriptive initial impressions, and a loose list of initial, or descriptive codes repeated throughout the data (Tracy, 2020). Second, the researcher developed a coding schema (Lindolf & Taylor, 2002). For this study, the coding scheme is a list of codes documented in a memo book. These codes were collapsed into thematic categories to create a working coding schema (Lindolf & Taylor, 2002). This coding schema accounted for each instance of data that was coded, so that the researcher could track how many codes occurred for each category (Lindolf & Taylor, 2002). After developing the coding scheme, the researcher engaged in secondary, or axial, coding. Second cycle coding involved grouping together first-level codes into hierarchical codes that brought the concepts together and made relationships between categories (Tracy, 2020).

By engaging in axial coding, the researcher made connections between categories which resulted “in the creation of either new categories or a theme that spans many categories” (Lindolf & Taylor, 2002, p. 220). Although these themes were created by the researcher, they were grounded in the data and brought out what is theoretically and practically relevant among a sea of irrelevant data. After completing second cycle coding, the researcher conducted member checks by contacting a portion of the participants and reviewing the themes that were found throughout the data (Lindlof & Taylor, 2002). This allowed the researcher to verify that the themes in the research were in line with the participants' experiences (Lindlof & Taylor, 2002). This allowed both the readers and the researcher to be confident in the interpretation of the data (Lindlof & Taylor, 2002). In order to protect the confidentiality of participants and avoid potential bias, the researcher used they/them pronouns and participant numbers when referring to participants (Tracy, 2020).

CHAPTER FOUR. RESULTS

This study focused on how service dog handlers with invisible disabilities experienced, managed, and communally coped with stigma. Thematic analysis of 35 interviews yielded three main categories, including participants' experiences with the public, their processing and coping with the experiences, and their enactment of community identity by their communal coping with stigma. Saturation was achieved at 35 interviews.

Experiencing Stigma

Participants experience stigma primarily through their interactions with the public. These stigmatizing interactions were characterized by the service dog handlers' visibility of disability. In addition, participants' experiences of stigma were heavily influenced by the public's microaggressions and abuse, ignorance or lack of understanding, and affirming experiences.

Visibility of the Disability

Handlers with invisible disabilities are often met with frequent intrusive questions about their disability. This communication emphasizes how the participants' violate the public's expectations by not looking disabled enough. Participants discussed examples of these violations, along with how they coped with these violations by whether or not to disclose the specific nature of their disability. For instance, Participant 10 was once out climbing out of their car with their service dog when they were parked in a handicap parking spot. As they were walking, a man stopped her to confront her. "He looked me straight in the face and goes, 'So what's your problem? You blind?'" (Participant 10) This interaction reflected the public's expectation that a service dog is the same thing as a guide dog, which is only one type of service dog. In order to cope with this stigma, Participant 10 gestured to her car and said, "No I happened to drive here. Now can you move out of my way?" Several other participants discussed members of the public mistaking them for being blind, and participants were also frequently told, “you don’t look disabled” (Participants 2,5,8,9,11,12,19,20), since they did not fit the public’s expectations of what disability with a service dog should look like. These comments are stigmatizing to handlers. For instance, Participant 11 said that the worst part about hearing this is that “they don’t see how bad you are really struggling every day.” Participant 11 even said, “I would not be alive if it was not for my service dog.”

In addition to being asked intrusive questions about their disability, handlers with invisible disabilities were often told by members of the public that they are too young to be disabled, accused of having a fake service dog or emotional support animal (ESA), or assumed that they are training the service dog for someone else. In these cases, handlers violated public expectations of what disability with a service dog should look like by not looking disabled enough. Participant 5 explained:

> Because I’m young and I was never in the military, people always think she’s an ESA, or they think I’ve just gotten a vest off of Amazon and just slapped it on her. Even though she is well-trained, she is not perfect, but she meets the ADA requirements to be a service dog.

Microaggressions and Abuse

Participants described these stigmatizing experiences as a series of abusive altercations with others in public, or microaggressions lobbed at them. In fact, all but one participant out of 35 mentioned experiencing some type of microaggression or abuse from the public. Overall, the theme of microaggressions and abuse was the theme that showed up the most often in the data.

A common microaggression that was directly addressed in four separate interviews was the comment from members of the public that the handler is “lucky” (Participant 16) or saying that it is “cool” (Participant 14) that the handler got to bring their dog everywhere with them. All participants voiced that they wish they did not need a service dog, since needing a service dog meant that they had a disability that cannot be managed on their own.

When receiving the same comment about being lucky to bring their dog to public places, another handler, Participant 14, replied with, "No you don't wish that. That's like wishing you were in a wheelchair." Although Participant 14 does not use a wheelchair, they were equivalating the use of another more common medical device, a wheelchair, with their medical device, a service dog, in order to help the person understand the importance of their service dog. Participants recognized that people thought that having a dog with them every day is a good thing, but participants talked about how these comments were not actually positive, but instead the comments were subtle phrases aimed at othering participants and stigmatizing them.

Another handler talked through how they experienced these microaggressions as stigma. When people tell them that they are lucky to bring their service dog in public, Participant 16 explained how frustrating it is to hear these comments, saying, "I do love [my service dog]. I just wish I could have her as a pet only because there's a reason I have her, and she's not an accessory, and that gets really frustrating." Participant 16's explanation revealed that complementing a service dog handler's ability to have a service dog is like complementing them for their disability, further emphasizing the differences between them and the rest of society. Participants' experiences with members of the public complementing them on how lucky they are to bring their "dog" (Participants 11, 14, 16) into public also further emphasizes that the public has an assumption that service dogs are pets and not medical devices to manage a disability. Therefore, these engagements with the public when out with service dogs led to encounters that left participants feeling stigmatized—both for their disability, and for bringing a service dog into a public space. No matter the intentions of the public when communicating these messages to the handlers, these comments made participants feel marginalized.

The confusion of the difference between pets and service dogs is also evident in how members of the public interacted with service dogs. Participants discussed times when members of the public have distracted their service dogs, and these distractions posed a danger for service dog handlers. For instance, some service dogs are trained in medical alert and response, meaning that they alert beforehand to a medical crisis, such as seizing or fainting. When someone distracts the service dog from their work, they can potentially miss an alert, resulting in the handler being put in danger of suffering a medical crisis. For example, Participant 27 told the story of when she was verbally harassed by another customer at a store while she was with her service dog. After the customer continued to try and pet the service dog without permission, the customer began to yell at the handler. For service dogs trained in medical alert like Participant 27's service dog, the act of petting from a stranger can cause the service dog to miss a medical alert. Unfortunately, this was the case for Participant 27. After the verbal abuse and petting without permission from a stranger, Participant 27's service dog missed an alert, and Participant 27 suffered a medical crisis in the store. When the public does not respect the requests of service dog handlers, participants interpret this communication as stigmatizing, as if the members of the public are saying that the handlers' health and safety are not as important as their own personal desire to pet their dog.

Stigmatizing experiences also included several examples of abuse, which ranged in severity. Most instances of abuse fell under two categories: physical abuse of the service dog and verbal abuse of the handler. Participants described experiences that led to their service dogs being attacked, injured, and in extreme cases, killed or retired from their ability to serve. In these instances, participants were targeted because of the presence of their service dog, and these interactions acted as a way of stigmatizing them because of their identities as service dog handlers and disabled people. For example, Participant 11 went shopping at a mall with her service dog. While she was shopping, a stranger sprayed her dog in the eye with pepper spray. The mace caused permanent vision loss in the service dog, making the service dog unable to complete tasks for the handler. This physical abuse of the service dog forced the handler to retire the service dog, meaning their service dog is no longer capable of performing tasks to assist with her disability because of the attack.

In addition to experiencing physical abuse from people directed at service dogs, participants talked about the dangers of fake service dogs, which are pets that are brought out in public that are disguised as service dogs. Participants described how people in public saw dogs in public and associated them with fake service dogs, so that increased the stigma directed at fake service dogs. However, this also made legitimate service dog handlers with invisible disabilities feel unwelcome, stigmatized, mistreated, and misunderstood.

Fake service dogs can also pose a physical danger. For instance, Participant 28 encountered an abuse that was detrimental to her service dog’s performance. While grocery shopping with her service dog, Participant 28’s service dog was attacked by a fake service dog. According to Participant 28, the fake service dog “latched on” to her service dog’s face. Although the service dog eventually healed physically, the service dog, like many other service dogs who have been attacked, became fear reactive to other dogs and had to retire from being a service dog. This forced Participant 28 to take steps to find a new prospective service dog to assist with her disability. Overall, this attack came at a huge cost to Participant 28. Training a new service dog can take a year or more, and professional or owner training a service dog can be costly. Meanwhile, Participant 28 was left without medical equipment that can help manage their disability.

An instance of verbal abuse towards the handler that stood out in the data occurred when a man yelled at Participant 29 in public when Participant 29 brought their service dog in a public space. The man assumed that the service dog handler was faking their need for a service dog. He incessantly blamed the service dog handler for making things harder on legitimate service dog handlers. Participant 29 said the man kept "saying that I'm the reason that PTSD dogs and those people who actually need it cannot get service dogs that they need." This man's yelling did not distract the service dog, but participants did document instances where a member of the public has committed some form of verbal or physical abuse, which distracts the service dog from tasking.

Another instance of verbal abuse occurred when Participant 25 told the story of a time they were dining in at a fast-food restaurant and a man started barking and growling at them and their service dog. Since the man would not stop harassing the handler, Participant 25 got increasingly upset and decided to take their food to go. In this situation, the verbal abuse towards the handler made it difficult for the handler to exist in a public space they had every right to be in.

Ignorance or Lack of Understanding

Participants described their experiences venturing out in public as often involving interactions with people who are ignorant of the rights of service dog handlers. This theme was prevalent in interviews from all but six participants. Service dogs are medical equipment and are allowed in all public establishments, and service dog handlers are only required to confirm, if asked, that their dog is a service dog and identify what tasks they perform.[1] There are also several types of service dogs, but the most well-known type of service dog amongst the public is guide dogs, also known as seeing eye dogs. The public familiarity of guide dogs being the only type of service dog has led participants to encounter some misunderstanding amongst members of the public who are unaware that guide dogs are not the only type of service dog that exists. For instance, when Participant 18 walked up to the entrance of their local post office with their service dog, they saw a sign on the door that read "seeing eye dogs only". Although this was a government building, their signage still unknowingly enforced a rule that was contradictory to the law.

In addition to handlers experiencing the public's obliviousness of ADA law, handlers also reported frequent instances where the public did not understand the difference between a service dog, emotional support animal, or therapy dog. Of these three, a service dog is the only one allowed public access rights and trained to assist a person with a disability.[2] For instance, Participant 24 illustrated a time when she saw a picture on Facebook of a dog in Walmart in a vest that read "emotional support animal". Since Walmart is a public space, service dogs can enter, but emotional support animals are not. According to Participant 24:

> Someone took a picture of the [emotional support animal] saying that they were allowed to pet it and all that stuff. And I just kind of told them in the comments politely that this is not a real service dog. Emotional support animals do not have public access, and [taking the dogs into public] shouldn't be encouraged. I was trying to educate them that

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[1] Americans with Disabilities Act. (2010). Retrieved from https://www.ada.gov/service_animals_2010.htm.

[2] Americans with Disabilities Act. (2010). Retrieved from https://www.ada.gov/service_animals_2010.htm.

> you can't pet actual service dogs and this person [with the emotional support animal] was actually committing a crime.

Participant 24 went on to explain how emotional support dogs that are brought into public are stigmatizing legitimate service dog handlers by not following the law. They explained that bringing dogs that are not service dogs into public "[discredits] the whole service dog industry and people who need service dogs to live and survive" (Participant 24). In this case, the human handler and their emotional support dog in the public space posed no immediate danger and caused no psychological harm to Participant 24, since Participant 24 only heard about the situation online, but Participant 24 explained that the existence of emotional support dogs in public spaces leads to a lack of understanding in the public on how to behave with a service dog and what a service dog is.

Seemingly Affirming Experiences

Although all participants discussed several stigmatizing interactions with the public, 24 out of 35 participants juxtaposed these stigmatizing interactions with mentions of affirming experiences they had with members of the public. Some handlers discussed positive experiences with members of the public that came about as a result of stigma. For instance, some handlers talked about instances where they were stigmatized and other members of the public came to their defense. These scenarios were characterized as being rare but extremely meaningful to the handlers, especially since their most memorable experiences with the public are primarily negative. This also allowed for handlers to see a bright outcome from a dark experience.

For instance, Participant 20 was harassed by a fellow customer at a store while shopping. The customer was upset that the store allowed "dogs" in their store and did not understand the laws that service dogs are considered medical equipment and not pets (Participant 20). The staff at the store were quick to jump to Participant 20's defense and explained to the woman that service dogs were allowed in public establishments. This was meaningful to Participant 20, since it took the burden of explanation away from them. After the angry customer stormed out of the store, Participant 20 thanked the workers at the store and asked if they could publicly post about their kindness on social media. Participant 20 told their story.

> [The workers] were like, yeah, go ahead and post to our social media. So I post it to Instagram and that post flew off the walls…I posted a paragraph as a huge shout-out to them and a thank you for just being aware that my service dog is not fake and I need to have it with me.

Participant 20 discussed how this post opened the opportunity to educate a larger audience about the laws protecting service dog handlers' access rights. The handler also could not stop raving about the workers' actions, saying that it was "cool" that members of the public were "useful" in defending against a stigmatizing person (Participant 20).

While recognizing that these interactions "come from a good place" (Participant 29), participants emphasized how these seemingly affirming interactions with well-meaning members of the public can be stigmatizing, since these interactions give an exorbitant amount of attention to the handler, further emphasizing that their disability and service dog make them different from non-handlers.

Some handlers reported simple compliments from the public complimenting the handlers' service dogs. Participant (31) described that some members of the public have told her that "[her service dog] is really well-trained." Other handlers considered respectful questions and curiosity from the public as positive interactions. Although this positive attention is notably better than some other stigmatizing experiences, such as abuse, participants emphasized that these affirming experiences did not come without a price. Participant 1 explained:

> Usually, I get a lot of positive looks when people see my service dog. They just get excited to see him. Sometimes it can be a little bit overwhelming because everybody kind of likes to get in there, get in his face, and talk to him…It's literally every minute, every hour, every day, you're getting somebody looking at you, asking you [about him].

Another participant explained this difficulty of positive interactions with the public well. Participant 14 explained that they know that many members of the public look at her service dog with adoration and curiosity, which is understandable, given how cute their service dog is. Still, this attention is stigmatizing to handlers, further signaling to them that they are different. For example, Participant 14 said:

> What people do not understand is that, yeah, you can tell me my service dog is beautiful or you can comment on them, but that might literally be the tenth comment that I have heard that day. Sometimes I just want to be left alone to do my thing and live my life.

Participant 14's account recognized how many handlers often found themselves budgeting extra time during their outings with their service dogs to account for the onslaught of potential attention, either positive or negative, that they will receive from the public.

Along with discussing their experiences with the public, such as the overall experience of having both an invisible disability and a service dog, ignorance and lack of understanding, microaggressions and abuse, and affirming interactions, participants also discussed how they processed these experiences.

Processing and Coping

When talking about how they processed experiences with the public, participants engaged in two primary coping strategies. One of these strategies involved deciding between the dialectic of whether or not they wanted to respond to the situation by advocating for themselves or engaging in self-preservation. The other way participants coped with these experiences with the public was by finding some way to justify the stigma that handlers experience.

Dialectical Decision-making: Self-advocacy as Coping versus Self-preservation as Coping

When participants took part in dialectical decision-making, they actively weighed the pros and cons of advocating for themselves or their service dog and preserving their self-image. Twenty-seven out of 35 participants engaged in this process. When handlers processed and coped with experiences of stigma, they decided whether to engage in self-advocacy or self-preservation. For instance, many handlers talked about deciding how to educate the public based on how many "spoons" they have. The term "spoons" refers to how much energy a disabled person has spent throughout the day and how much energy they have preserved to spend later. For participants, this process involved deciding if they had enough energy to explain everything about service dogs, or if they thought it was best to ignore the stigmatizing person. Participants also had to consider how difficult they think it will be to educate the member of the public based on the person's current behavior. Participant 19 explained, if the member of the public is, "being forceful in the conversation, I don't continue [educating] because I don't want to put myself in an unsafe situation where it could make my symptoms worse, since my disability is worsened by stress."

Other handlers engaged in coping with stigma when they weighed the difficult decision of whether or not to disclose the nature of their disability to strangers that did not believe they needed a service dog. For many, the decision to disclose the nature of one's disability is not done lightly. Many preferred to keep the nature of their disability private to avoid the stigmas that can be associated with individual disabilities. Participant 16 described an interaction they frequently have with strangers in public. On the occasions when Participant 16 decides to disclose their post-traumatic stress disorder, strangers often ask them what happened to them. The handler's response is usually:

> Clearly you don't have PTSD. You're asking me what is the worst [sic], most horrible thing that's ever happened to you in your entire life. Think about it. It clearly did not influence you, didn't mess up your brain badly enough to the point where you have stalled out and your brain is remembering it over and over again. You want me to talk about that?

In this scenario, Participant 16's choice to disclose why they have their service dog led to them having to defend why it is not fair to ask a stranger to disclose their trauma. However, they still chose to disclose to advocate for their public access rights as a service dog handler and prove they are a legitimate service dog handler.

Another service dog handler, Participant 18, explained how they weighed the pros and cons of disclosing the details of their disability to a police officer who did not believe they were disabled. At the time, the handler was with their service dog, but the handler believed that the police officer did not believe that they were disabled. After the police officer asked what their disability was, Participant 18 replied, "I'm not obligated, nor am I going to tell you my medical conditions." However, after the police officer would not stop their intrusive questioning, Participant 18 described, "Finally, I was so pissed. I pulled down my shirt. I said, 'See this? You have any more questions? It's my port. Any more questions?'" By making their invisible disability visible, the handler decided it was no longer worth it to keep the details of their disability private, and they decided to sacrifice their privacy to advocate for themselves.

When discussing the toll that stigma takes on them, handlers admitted that they sometimes question whether it is worth the trouble to bring their service dog with them on certain days. One handler talked about how they cope with the stigmatizing communication from the public. “There are days where I’m just like, oh my gosh, I wish I could not bring her, or I wish I could just punch somebody in the face” (Participant 16). Another handler described:

> When other people don’t let [my service dog] do her job or distract her from doing her job, it makes me question, why do I even have her? Because she’ll miss a [medical] alert every now and again because people are screaming at her from across the store, and there’s only so much you can do to keep your dog focused on you (Participant 24).

These handlers’ frustrations with the stigma they experience demonstrates how handlers can sometimes choose to keep their disability invisible by not bringing their service dog with them. By doing so, they avoid having to cope with stigmatizing interactions, since they no longer openly communicate to the public that they violate expectations of what disability looks like. Therefore, not bringing their service dog is an act of coping with stigma by engaging in self-preservation and passing as not disabled.

Justification of Stigma

Along with engaging in dialectical decision-making, handlers also tried to justify the existence of the stigma towards them, in order to process and cope with their experiences. Sixteen out of 35 participants chose to process stigma through the justification of stigma. These handlers expressed that they spent considerable time thinking about why the stigma towards handlers with invisible disabilities existed in the first place. This involved putting themselves in the public’s shoes to try and understand what they think when they see a service dog handler with no obvious disability. Participant 20 voiced how they believe this stigma is formed:

> People realize that if there’s a person with a wheelchair, they obviously have a disability. If there’s nothing else [visible to signal a disability], since you can buy a vest off of Amazon nowadays, people think, okay, well they just want to bring their dog in… They

> don't have a disability, and they're just doing it for attention… For them, if you cannot see something, it is not really there.

Some handlers even admitted to participating in this same stigmatizing thought process when they see another dog in public dressed in service dog gear. Participant 19 admitted that they did not assume that a dog dressed as a service dog was a legitimate service dog when they first saw the dog in public. Participant 19 further explained that they "automatically assume" that it is a fake service dog, even though they feel guilty for having these thoughts. They recognize that, although it is not fair or right, it is usually true.

While taking the public's stigmatizing assumptions of service dog handlers into account, some handlers went so far as to control or self-monitor their own behaviors and other handlers' behaviors to try and reduce the stigma from the public. These acts of self-policing the behavior of themselves and the service dog handler community were a way handlers engaged in coping with stigma. For instance, some handlers advised other handlers not to dress their service dogs in flashy gear, such as vests or leashes, or dye their dog's hair, so they do not draw unnecessary attention from the public. In addition, some handlers are judged when they perform actions that grab the public's attention. Participant 1 explained:

> I see handlers dye their dog's hair and then expect not to get attention. Then, they do not like when someone in public tries to take a picture. I know it's rude [for the public to want to take a picture], but then part of me is like, what [does the handler] expect?

Handlers also demonstrated that they cope with stigma by being hyper-aware of their own behavior in public and trying their best to make sure their dog was as behaved as possible to lessen the likelihood of any stigmatizing interactions with the public. Participant 29 illustrated this when they explained:

> I overly watch my service dog [in public] because I always have to think, 'Are they behaving?' Because we need to be on our best behavior. We don't want somebody to come up and approach us. In my mind, I'm like, 'Okay, [my service dog] is three inches further away from me than usual. Somebody is going to come up and approach me and say something.'

Like many handlers in this study, Participant 29 always felt like their service dog's behavior had to be perfect so that it lessens the likelihood of stigmatizing communication from the public.

Crafting Community Around Stigma

Along with participants' discussion of how they processed and coped with stigma from members of the public, all but three handlers talked about how they enacted and defined their identity as members of the service dog handler community. The continual and ongoing way that handlers chose to craft their definition of community is due to the shared experience of stigma. By defining this community around the stigma they experience, handlers communally cope with their stigma.

Enacting Community Identity Through Communal Coping with Stigma

Handlers discussed how they enact their identity as members of the community of service dog handlers. This community is defined by their shared stigmatizing identity, along with how they co-construct this stigma as being something they cope with together. When handlers enacted their shared identity, they talked about both how they communally cope by advocating for the community and by accepting advocacy from the community.

Communal Coping by Advocating for Community

When handlers enacted their shared identity, they found ways to uphold their responsibility to the community of service dog handlers by giving back to them in some way. As a community who collectively experiences the same stigma from outsiders, handlers often extended social support to one another. Due to the support that Participant 27 received from other handlers, they said, “I want to be the way other handlers were for me.”

Some of the ways that other handlers acted to support one another was through groups on social media. Multiple participants discussed how they used social media to connect with other handlers, distribute advice, and offer social support. For instance, Participant 15 was a part of a group on social media where handlers reported public spaces where they have been illegally denied access. This online space allowed for handlers not only to vent about how the access issue made them feel, but is also gave a space for handlers to warn other handlers about places that were not accepting of service dog handlers, so that they could avoid these places.

In addition to providing support through social media, multiple handlers supported the handler community by educating the public. In the words of one participant, “the best thing you can do for other service dog handlers is to stop and educate the public” (Participant 10). For instance, several handlers talked about their experiences presenting about service dogs at local establishments. One participant had the opportunity to present about service dogs to multiple groups working in law enforcement, including police officers, sheriff’s officers, and judges (Participant 22). Although it is the job of these officials to enforce laws, Participant 22 noticed that many handlers have reported not receiving support from law enforcement when they are denied access or being discriminated against. To do their part to alleviate some of the stress on the community, Participant 22 educated these law enforcement officials. As well as educating law enforcement, Participant 22, who works at a school, created a PowerPoint about how to behave around service dogs and distributed it to every teacher in the school to present to their students. When discussing their motivations for doing so, Participant 22 expressed:

> I can’t go and visit every single classroom and tell the kids, ‘hey, when you see us in the hallway, don’t pet us’, so I made a PowerPoint for teachers to distribute to their kids and adapt for the age groups’ reading levels.

Participant 22 knew that they, along with some students at the school, utilized service dogs to manage their disability, so they created the PowerPoint to advocate both for themself and the students with service dogs at the school. When explaining why they choose to educate others, Participant 22 recognized that not all handlers feel comfortable educating the public or even have the ability to do so. They explained, “I’m able to [educate]. I don’t have a problem doing it, so I see it as a gift. If I can educate as many people as I can, maybe [other handlers] won’t have the problems like they do” (Participant 22).

Communal Coping through Accepting Advocacy from Community

In addition to communally coping with their shared stigma by fulfilling responsibilities to the service dog handler community, handlers also communally coped by reflecting on how other community members advocate for them. In other words, this theme was characterized by how handlers felt supported by their community. For example, when Participant 27 was new to being a service dog handler, they experienced a lot of uncertainty about the changes happening in their life. Through social media, this handler got the chance to connect with other handlers with invisible disabilities who have gone through the same process. Participant 27 said, “I got inspired by learning from other handlers because, as a new handler myself, I didn’t know what I was doing in the slightest.” This participant went on to describe that she felt more supported by other handlers than anyone else in her life. Another participant recognized the impact of this online support by saying, “I’m not the only one who is having problems. It makes me feel better knowing that I’m not the only one, and it makes me feel like it’s okay. We’re going to be okay” (Participant 17).

Summary of Results

This study was guided by the following research questions:

RQ1: How do invisibly disabled handlers perceive the public's expectations of what a service dog handler should be?

RQ2: How do invisibly disabled handlers communicatively construct their identities in public to match or counter that expectation?

RQ3: How do invisibly disabled service dog handlers experience stigma?

RQ4: How do invisibly disabled service dog handlers normalize their experiences to manage or reduce the stigma they experience?

Handlers' accounts of their experiences with the public gave way to conversations about how they experience stigma. The service dog handlers with invisible disabilities that participated in this study perceived that the public viewed them as being fake service dog handlers and questioned the legitimacy of their disability, due to the lack of visibility of their disability. These handlers understood this to be true based on previous stigmatizing communication from the public, stigmatizing accounts from other handlers, or stigmatizing stories through the media. To counteract this, handlers who participated in this study engaged in self-policing of both their own behavior and behaviors of those within the service dog handler community to try and prevent or reduce the stigma that they collectively experience. In this way, handlers aimed to counter the public's understanding of what disability with a service dog looks like.

In addition, participants discussed that the stigmatization from their violation of public expectations of disability resulted in the handlers' experience of the public's microaggressions and abuse, ignorance or lack of understanding, or seemingly affirming communication. These experiences with the public communicated to handlers that the public did not understand that disabilities that utilize service dogs do not have to be visible.

In order to manage or reduce their experience of stigma, handlers discussed how they processed and coped with these stigmatizing interactions. Participants engaged in dialectical decision-making, where they weighed the costs of self-preservation with the costs of self-advocacy. Handlers also tried to justify why the stigma against service dog handlers exists, whether due to behavior they deemed as contributing to the stigma from legitimate service dog handlers or based on the existence of fake service dogs.

To normalize their experiences as a way of managing or reducing the stigma they experience, participants engaged in communal coping. They emphasized ways that they communally cope by advocating for their community, such as educating the public on both a micro and macro scale. In addition, they talked about how other members of the service dog handler community have advocated for them in similar ways.

CHAPTER FIVE. DISCUSSION

The goal of this study was to give voice to service dog handlers with invisible disabilities. Interviews with 35 members of this community depicted how service dog handlers experienced stigma from the public, processed and coped with the stigma, and crafted a collective identity around stigma. When interacting with the public, they experience stigma because of lack of visibility of their disability. They also endured microaggressions and abuse, faced ignorance or lack of understanding, and coped with seemingly affirming experiences from the public. When processing and coping with these stigmatized experiences, participants engaged in dialectical decision-making to determine the decision to either engage in self-advocacy or self-preservation. Handlers also coped by making justifications about the existence of the stigma. Lastly, handlers crafted community around their stigma by enacting community identity through communal coping with stigma, either through advocating for the community or accepting advocacy from the community. Several themes yielded from the interviews warranted in-depth discussion as they shed insights on future theoretical and practical advancement, such as how to broaden the definition of communal coping, how rumination acts as a stigma management strategy, and how concertive control acts as communal stigma management.

Redefining Communal Coping

The findings of this study suggested a broader definition of communal coping. The bulk of existing literature sets forth communal coping as communication that takes place in interpersonal relationships where only one member of the relationship is directly impacted by the adversity, such as in families (Afifi et al., 2006; Basinger, 2020), parent-child relationships (Amaro, 2020), and romantic relationships (Helgeson et al., 2018). The results of this study, however, suggest a broader definition of communal coping that involves interactions in a group formed around shared experiences. The participants of this study coped in a community that transcends geographical or relational boundaries; their community was defined by shared experience and the enactment of a shared identity.

Current literature in communal coping discusses coping with adversity within romantic partners (Helgeson et al., 2018) and families (Afifi et al., 2006; Bassinger, 2020). This literature discusses communal coping in terms of interpersonal relationships, where one member is directly affected by the adversity, and the other members include romantic partners or family members (Afifi et al., 2006; Bassinger, 2020; Helgeson et al., 2018). Together, they define the problem as shared and take actions to cope with the adversity together (Helgeson et al., 2018). Most of the contexts studied as sites of communal coping involve people coping with adversity, but little research has understood how people cope with the adversity of stigma. This study suggests that communal coping can happen not only between individuals with close relationships, but in a shared-experience community. The community of service dog handlers studied here is unique because they all share the same adversity, which is the stigma they experience, and they also define the problem as shared and take actions to manage the stigma towards their community. This shared experience coalesced into a shared identity that created a bonded community across distances. Enacting the shared identity of this community became the mechanism of coping. Perhaps the most salient moments of community identity enactment described by participants were related to advocacy and public education. When faced with abusive or microaggressive comments, participants regularly chose not the easier path of self-preservation, but advocating. The act of advocacy, while self-beneficial, was undertaken with an eye toward improving public understanding of invisible disability and service dogs for others from the community. Exploration of how stigmatized groups engage in communal coping can serve to strengthen the literature in both stigma management theory (Meisenbach, 2010) and communal coping (Burgoon, 1993).

Where existing research on communal coping has treated the phenomenon in terms of relational exchanges that assist the person experiencing adversity through dialogue, the results of this study suggest communal coping can also occur in online spaces where exchanges are often one-sided. The data reflects that handlers use communal coping with other handlers to create spaces of voice where handlers can reflect on the stigmas that impact the community of service dog handlers. Based on interviews with handlers, it is evident that these spaces of voice mostly occur on social media and in online social support groups. These spaces of voice give way to a new definition of community that is not defined by geographic bounds or interpersonal relationships, but by a shared stigmatized identity. After all, these handlers actively define their community as containing any and all service dog handlers, even ones that they do not have an interpersonal relationship with.

The service dog handlers with invisible disabilities who participated in this study use communal coping as catharsis, a way to manage the stigma that they experience as a community. Although all service dog handlers with invisible disabilities that shared their stories each face the stigmas of their identities as service dog handlers and people with invisible disabilities, each handler has their own unique experience with stigmatization, which is no doubt impacted by their other intersectional identities.

Rumination as Stigma Management

As this study works to redefine communal coping, this study also proposed rumination as a possible strategy used to cope with stigma. As handlers communally coped with other handlers about the stigma they experience, they ruminated as they talked to each other about their stigmatizing experiences. The presentation of this strategy as a coping skill amongst this population may be related to the nature of the spaces of coping that define this community (e.g., online spaces). Where traditional considerations of rumination have involved relational communication with family, friends, or other close individuals, participants in this study expressed a catharsis in ruminating on their shared experiences with interpersonal strangers.

Literature on rumination argues that rumination can lead to greater depressive symptoms and predict the onset of major depressive episodes (Just & Alloy, 1997; Kuehner & Weber, 1999; Nolen-Koeksema, 2000). Overall, this research defines rumination as having primarily negative impacts. However, this study posed a position contrary to the current understanding of rumination as negative. This study posits that rumination has the potential to be an effective coping strategy to achieve catharsis, as evidenced by the accounts of service dog handlers with invisible disabilities communally coping with stigma. Participants recollected on times when they have advocated for members of the service dog handler community. For example, Participant 15 discussed venting with other handlers in social media groups about struggles navigating public spaces, and Participant 17 recalled how talking about their stigmatizing experiences with other handlers has reminded them that, “I’m not the only one.” Based on the data, it is evident that handlers use rumination as a way to cope with the stigma they experience. Handlers also told stories of how they have advocated for their community by educating the public. In other words, handlers’ rumination with their community acted as a motivation for them to improve their experiences with the public and reduce the stigma they experience. Therefore, handlers experienced rumination having positive impacts, which is different than what previous research has shown.

Concertive Control as Communal Stigma Management

Participants in this study engaged in a form of community identity management that suggests that where a coping community is based on shared experience, clearly defining and maintaining that community identity takes on special significance. As the enactment of the community identity became a coping mechanism for the participants of this study, they acted to police the actions of other community members that fell outside community-constructed definitions of being a good service dog handler. Since the service dog handler community's communication is based on their shared experiences with stigma, members of the community had a stake in how much stigma is directed towards service dog handlers. As handlers communally coped with this stigma, they continuously defined the stigma as their shared problem and took actions to cope with it. Participants in this study described engaging in a form of concertive control (Tompkins & Cheney, 1985) as a means of managing stigma directed at all service dog handlers, and hence themselves. Through the process of concertive control (Tompkins & Cheney, 1985), handlers enforced a form of unobtrusive control, where handlers communicated the expectation among members of the community to uphold the goals of the community.

This process was most evident in participant justifications of stigma toward service dog handlers. As service dog handlers justified the stigma towards their community, they processed and coped with why they think the stigma towards them exists, and they thought about how the actions of service dog handlers contributed to this stigma. As handlers communally coped with this stigma, they also engaged in concertive control through self-policing. Handlers discussed policing themselves and other handlers on their dog's image and behavior in public (Participants 1, 20). This self-policing was an enactment of the community "good service dog handler" identity, and included the latent expectation that others in the community would also self-police.

Much like organizational communication literature in concertive control (Tompkins & Cheney, 1985), handlers treated communication with the public as something that had to be managed for the good of the community. In other words, handlers used concertive control to attempt to manage the stigma towards their community by engaging in concertive control by a self-imposed system of enacting and enforcing community identity norms. This finding suggests a nuanced understanding of stigma management, particularly amongst marginalized groups. Marginalized populations in particular have a vested interest in engaging in self-advocacy and educating community to control how others perceive people within the community, those who have service dogs and invisible disabilities. Therefore, handlers communally coped with other handlers by engaging in concertive control, which became a form of stigma management.

Limitations and Future Research

This study and its limitations suggest directions for future research. Exploration of how stigmatized groups engage in communal coping can serve to strengthen the literature in both stigma management theory (Meisenbach, 2010) and communal coping (Burgoon, 1993). Furthermore, limitations of the current study include narrow sampling criteria, lack of demographic information from participants, and the attainable methods of participant recruitment. This study only focused on the experiences of service dog handlers with invisible disabilities, in order to achieve an in-depth understanding of how they manage and communally cope with the stigma of their identities. A study with broader sampling criteria might yield broader results, and may shed further light on how other marginalized or disabled populations cope with stigma. This study also did not consider participants' demographic information as part of the analysis. Further consideration of participants' other marginalized identities that may influence public's perceptions of stigma toward individuals, such as age, gender identity, gender experience, and race, might impact the way that participants experience stigma. Therefore, handlers' intersectional identities might influence how they managed and communally coped with the public's stigma. In addition, methods of recruiting participants were limited due to COVID-19 restrictions. Therefore, the researcher mostly recruited participants through social media and personal contacts. COVID-19 restrictions also limited participants to those who could engage in remote communication. Future research might expand beyond these interview techniques.

Further, the findings of this study suggest additional directions of future research into more marginalized populations to understand how they manage and communally cope with their stigmatized identities. For instance, research on sounding “Black” describes how vocality is racialized and stigmatized in the United States (Newland, 2014). In addition, research that originated in linguistics recognizes how people change the way that they communicate in order to conform to or pass as an identity stereotype (Gardner-Chloros, 2009). Similar to service dog handlers who are asked “Are you blind?” (Participant 10), this research exemplifies how people communicatively manage stigma in order to cope with violations of the public’s expectations. At the heart of these communication contexts is stigma management, which is impacted by the decision to either conform or violate expectations. Therefore, stigma management theory (Meisenbach, 2010) and expectancy violations theory (Burgoon, 1993) deserve more research in marginalized groups to broaden the applications of the theories.

In addition, future research is needed to give voice to people with disabilities who have intersectional stigmatized identities. For example, people who have multiple traditionally stigmatized identities, such as race and disability, gender identity and disability, or sexuality and disability, have unique experiences with stigma that are not discussed in this study. These layers of stigma make it doubly difficult to manage stigma. Research on these populations can give voice to these populations’ experiences with stigma management, in addition to understanding how these populations violate expectations of what the public knows of disability. It is likely that these multiple stigmatized identities make stigma management more difficult, since their stigma lives in an intersectional space.

As these populations cope with their unique stigma, it is of researcher interest to study how these populations can be sites for communal coping. Due to the marginalization of their stigma, the public is less likely to understand how to give empathy to them. Like service dog handlers with invisible disabilities, there is a special bond between members of a group who share the same stigmatized identities. Interviews with these handlers recognize that the public rarely understands how to interact with handlers and their service dogs in a way that the handler deems supportive. Therefore, these handlers connect with other people who do understand their experience with stigma, other service dog handlers. In this way, handlers create community to help them cope with stigma and expectancy violations. In the future, more research should study how communal coping occurs in marginalized, stigmatized populations to give voice to this population and extend the theory of communal coping and its applications (Afifi et al., 2006; Lyons et al., 1998).

Conclusion

This study examined how marginalized communities engaged in communal coping as a form of stigma management. This redefining of communal coping has theoretical implications for the development of communal coping literature (Afifi et al., 2006; Lyons et al., 1998). As handlers communally coped with their shared stigma, they ruminated about the stigma with one another, which drove them to manage the stigma towards them. Handlers also worked to manage the public image of service dog handlers, both by policing the behavior of themselves and of other handlers, to have some control over the public's stigmatizing perceptions of them. These handlers' accounts of their communal coping with stigmatizing experiences brings to light how marginalized populations that violate public expectations not only experience stigma, but also communally cope with other members of their community to advocate for themselves.

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Appendix A

Interview Protocol

- Minor demographics at the beginning of the interview will be collected including:
    - Tell me a little bit about your service dog.
    - What is your dog trained to do?
- What do you think people in public think whenever they see you?
- Tell me about your experiences in public establishments (stores, restaurants, etc.).
- Tell me about your social media presence. What kind of interactions do you have?
- Have you had any negative experiences as a service dog handler? Examples?
- Given your experiences, how do you manage public perceptions?
- How do you educate or share with others about your service dog?
- Have you seen other invisibly disabled service dog handlers share their experiences to try and normalize being a handler with an invisible disability? Do you think they will be able to interview with me?
- What are some questions that I have not asked that I should have?

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Research and Teaching Assistant Summer 2018—Present

- Conduct communication studies and experiments under Dr. Jie Zhuang using quantitative and qualitative analysis in health and social influence research
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TCU Center of Career and Professional Development, Fort Worth, TX

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- Planned and ran events hosted by the Center for students and employers
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- Advised students on resume reviews, cover letters, LinkedIn profiles, and interview preparation
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Intro to University Life (UNLF) at TCU, Fort Worth, TX

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