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## Occupational Stigma Communication: The Anticipatory Socialization of Sex Educators

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### ABSTRACT

Controversies about sex education have complex, yet often overlooked, occupational implications related to stigma for teachers. In this study, we interviewed 26 future sex educators in their last year of certification about how their anticipatory socialization experiences spoke to the management of potential occupational stigma. Our analysis revealed two stigma management communication (SMC) strategies future sex educators learned, strategies we term cooperation and opportunism, and identified the ways in which those strategies were responses to stigma content cues of responsibility and peril, respectively. We contend that the interactivity of stigma communication is an important site for the theorizing of as-yet-unidentified SMC strategies, strategies that can be enlisted in a diversity of health education and healthcare contexts.

Sex education in U.S. public schools remains controversial even though it has existed—in one form or another—for the last century (Jensen, 2010). Controversies over sex education endure because they reflect disputed definitions of normative sexual behavior and the appropriate scope of sex education curricula (Hampton, 2008; Sutherland, Araia, & Finkelstein, 2011). Previous research has examined the political rhetoric of these debates and the impact of such rhetoric on the efficacy of sexual health instruction (Gardner, 2011; Williams, 2011). However, the impact these controversies have on the recruitment, retention, and training of sex education teachers is often overlooked, despite the fact that motivated, informed teaching is necessary for the establishment of effective sex-education programs (Kirby, Laris, & Roller, 2007).

A poignant example of the implications that such controversy can have for teachers' careers unfolded recently in Wisconsin as state legislators argued their way through a three-year succession of sex-education policy changes. The *Healthy Youth Act*, which passed in 2010 and was then repealed in 2012, would have supported the expansion of previous abstinence-only curricula by incorporating “medically accurate and age-appropriate information about reproduction and contraception” (SIECUS, 2012). After the act was signed into law, a county attorney general threatened to indict teachers who met these new curricular requirements on criminal charges for contributing to the delinquency of minors (Baker, 2012). The attorney general's reasoning was in line with other historical and contemporary public sex-education opponents who have argued that teaching about sex will “trigger sexual chaos” among students (Irvine, 2002, p. 4). This warning illustrates how the vicissitudes of ongoing

controversies and changing legislative environments may function to stigmatize those imparted with the job of educating students about sexual health.

Indeed, public discourse suggests that sex education teachers face stigmas framing them as immoral, irresponsible, and/or inappropriate (Grossman, 2009; Reisman, 2010). Often these labels emerge from the idea that talking about sex in a classroom of children is a criminally lewd act of performative speech (Butler, 1997). This brand of occupational stigmatization may be especially difficult to manage in this case as most individuals who teach sex education in the United States are hired to take on other primary professional responsibilities such as teaching physical education, science, or any number of other classroom topics (Landry, Singh, & Darroch, 2000). In this respect, the anticipatory socialization that future sex educators receive related specifically to teaching sex education (which encompasses activities such as certification trainings completed in preparation for organizational identity; Jablin, 2001) is one of the only opportunities that they have to learn how to identify and manage such stigma and thereby meet the unique demands of their multifaceted careers. In the present study, we explore if and how the potential for stigma is communicated during sex educators' anticipatory socialization and explicate the stigma management strategies sex educators-in-training garner therein.

This analysis brings two theoretical perspectives on stigma communication into a relationship of interactivity and responsivity. These perspectives include Smith's (2007) work on stigma content cues (i.e., symbols that justify stigmatization) and Meisenbach's (2010) theorizing of stigma management communication (SMC) strategies (i.e., communicative

methods for negotiating stigmatization). Guiding this work are research questions concerning the communicative role that stigma content cues play in the process of learning SMC strategies, as well as the specific SMC strategies explicated for negotiating occupational stigma during anticipatory socialization. Semi-structured interviews with 26 sex-educators-in-training revealed that the communication of stigma content cues functions argumentatively to set parameters for the relevance of subsequently deployed SMC strategies. Participants in our sample learned strategies of what we term cooperation and opportunism, strategies that were delineated during their anticipatory socialization experiences via the stigma content cues of responsibility and peril, respectively. We illustrate this process by, first, delineating the responsive relationship between stigma content cues and SMC strategies. Then, we outline study procedures and describe the study's findings in light of the communication of content cues during anticipatory socialization and the demarcation of the corresponding SMC strategies. Finally, we consider how the proposed framework, as well as the specific strategies that emerged from the data, may inform continued research on occupational stigma in health contexts. On the whole, we contend that charting this theoretical intersection through the lens of sex education training contributes to the study of stigma communication by conceptualizing the discursive links between those who create (and/or encounter and warn others about) stigmatizing messages through content cues and those who engage with those messages to manage stigmatized career identities.

## Theoretical framework

Previous theorizing about stigma reveals that the process of marking individuals for the purposes of excluding them from a community is an inherent feature of human organizing and health management (Smith & Hipper, 2010). Research on the ties between stigma and occupational identities has involved an investigation of the concept of dirty work (Drew, Mills, & Gassaway, 2007) and its experience among sex workers (de Marneffe, 2009), HIV/AIDS and addiction caregivers (Poole Martinez, 2007), truck drivers (Mills, 2007), and domestic laborers (Anderson, 2000). This scholarship frames occupational stigma as communicatively constructed and located in specific socio-historical contexts. These tenets facilitate and invite broader theorizing about the communicative anticipation and management of stigma within occupational structures, a process that often begins to unfold within sites of anticipatory socialization.

## Anticipatory socialization

Jablin (2001) has defined anticipatory socialization as the beginning of a developmental process through which individuals learn about organizational membership and develop expectations about participation before joining. In the context of professional and occupational membership, anticipatory socialization transpires under a range of guises from career counseling, internships, and educational classes to company recruitment and trainings. Each of these opportunities for socialization has the

potential to benefit participants by offering them more realistic perceptions of their future work, fostering traits associated with job-related success, and training individuals in practices that will be required of them on-the-job (Dailey, 2016; Farag & Elias, 2016; Kim, Cable, & Kim, 2005). In addition, recent scholarship has singled out anticipatory socialization experiences as potentially effective sites for countering the circulation of stigmatizing occupational discourses and otherwise guiding future employees toward the management of such stigma (Jeacle, 2008). To be sure, success in a stigmatized occupation demands that individuals become fluent in the process of identifying stigmatizing discourse and enacting communicative strategies for negotiating such discourse, a process that—we argue—can be constructively conceptualized through the interaction of Smith's (2007) theory of stigma content cues and Meisenbach's (2010) theory of stigma management communication strategies.

## Stigma content cues

In Smith's (2007) theory of stigma content cues, stigma is framed as communicatively constructed through messages that rely on four categories of content cues. Content cues are symbols that “gain attention quickly, encourage stereotyping and perceived entitativity of a stigmatized group, and provide reasons and emotional reactions for barring access of stigmatized groups from society to protect the community” (pp. 467–468).

These categories of content cues include: (a) marking an individual or group as stigmatized, (b) assigning group labels, (c) locating responsibility for the stigma, and (d) articulating the perils a stigma can have for a community. Marks, as a content cue for stigma, function as heuristics for the rapid assignment of discredit. Labeling stigmatized individuals expresses the discrediting mark communicatively and enables the discursive construction of inter-group separation (Vickers, 2011). Responsibility for a stigma is rooted in perceptions of whether a stigmatized individual chooses the stigma or acquires it by accident, heritage, or ignorance (Bresnahan, Silk, & Zhuang, 2013). Finally, stigma content cues of peril focus on the dangers that a stigmatized individual or group brings to the in-group (Gabor & Buzzanell, 2012). These four stigma content cues conceptualize the communicative enterprises involved in assigning stigma and illuminate how stigmatizing messages circulate in discourse communities.

## Stigma management communication strategies

In contrast to Smith's (2007) theory, Meisenbach's (2010) “comprehensive theoretical frame” of SMC strategies focuses not on stigmatizing messages as they are communicated and circulated but rather on the communication strategies deployed by individuals who are facing stigmatization (p. 268). Her approach to stigma communication highlights how individuals who are the targets of stigmatizing messages communicatively co-create stigma's meanings and implications. The SMC strategy schema is categorized in a two by two matrix that crosses acceptance or challenge of stigma's application to self with acceptance or challenge of public understanding of stigma, which results in four distinct categories.

The first strategy in this typology, “accept public understanding of stigma” and “accept that stigma applies to self,” includes apologizing for the stigma, using humor to diffuse tension about a stigma, and silent acceptance of stigmatization (Meisenbach, 2010, p. 278). The second group of strategies is employed when individuals “accept public understanding of stigma” yet “challenge that stigma applies to self” (p. 278). These strategies include hiding, denying, or shifting the stigma to others, avoiding situations in which a stigma may become visible, and discontinuing a stigmatized behavior. Thirdly, the SMC strategies typology conceptualizes how communicators “challenge a public understanding of stigma” and “accept that stigma as it applies to self” by refusing accountability for stigma-associated harm and by reducing stigma offensiveness (p. 278). Finally, this framework contends that stigma can be managed by “challeng[ing] public understanding of stigma” and “challeng[ing] that stigma applies to self” through strategies such as denying the stigma, revealing logical fallacies inherent in the stigma, or ignoring attempts at stigmatization (p. 278). On the whole, then, this lens offers a clearly demarcated yet fluid model for deciphering the diverse ways in which individuals respond to and manage stigma communicatively. What this lens does not offer, however, is an explicit link to the exigencies, such as stigma content cues, that demand such a response in the first place.

### **Stigma content cues and management strategies: An interactive relationship**

Our research contends that Smith’s (2007) and Meisenbach’s (2010) perspectives on stigma communication—when brought into dialogue with each other—form an interactive, mutually reinforcing relationship in that the communication of specific types of stigma content cues sets the stage for which SMC strategies are constructed as available for subsequent stigma management. In the case at hand, we draw from our interview data to argue that acquiring an understanding of the relevant stigma content cues and matching them to the appropriate SMC strategy is a process central to the anticipatory socialization of those in training for stigmatized occupations. Theorizing the ways in which that process unfolds is the aim of the subsequent analysis, which is guided by the following research questions:

**RQ1:** What communicative role do stigma content cues play in the process of learning stigma management strategies?

**RQ2:** What strategies do sex-educators-in-training learn for negotiating occupational stigma during their anticipatory socialization?

## **Methods**

### **Recruitment**

We began recruitment for this study after receiving Institutional Review Board approval. Participants were recruited as part of a larger study on sex education training programs in a midwestern state in the United States. As a starting point for our recruitment efforts, we reviewed the

state’s listings of undergraduate degree programs that offered the certifications necessary to teach sexual health courses in secondary schools. We contacted the administrators or department heads of these programs and asked them to distribute our recruitment message to qualified student populations. To be eligible for our study, students needed to be in their final year of coursework before graduation and on-track to receive state-required certification to teach sexual health. These eligibility criteria ensured that participants had completed much of their training, including student-teaching experiences, and would have encountered the majority of the messages from their anticipatory socialization experience. Students interested in participating were asked to contact us by e-mail, at which point we arranged either a face-to-face or phone interview, depending on the participant’s preferences and availability.

### **Participants**

Twenty-six undergraduate students in their final year of both becoming educators and becoming certified to teach sex education participated in this study. Students were enrolled in six different accredited institutions of higher education in the same midwestern state. These institutions included large state universities, a large state university’s regional campus, smaller private colleges, and a small Catholic college. Each of these institutions was accredited by the state Department of Education to grant the certifications required to become a sex education instructor in a public school. At the time of the interviews, this midwestern state had adopted an abstinence-only curriculum as the legal standard for sexual health education.

Participants ranged from 21 to 53 years of age ( $M = 23.44$ ,  $SD = 6.47$ ) and included 17 women and 9 men. When asked to identify their racial or ethnic background, 96% of our sample identified as White, and 4% identified as Black or African American. These proportions reflect the population of the state in which this research was conducted. All participants were in the final year of their undergraduate studies, and 73% ( $n = 19$ ) planned to pursue employment as educators immediately after graduation, with the remainder planning on attending graduate school, pursuing other health-related work, or undecided about their plans.

### **Data collection**

All interviews were conducted by one of the study’s authors. Several strategies were implemented to ensure a degree of consistency across interviewers. These included group practice and role-play sessions with the interview protocol prior to study implementation and debriefing conferences after the interviews transpired. Some of the participants were in the process of completing student-teaching experiences and, therefore, conducting the interviews over the telephone allowed the researchers to reach a potentially more representative and/or diverse group of participants. Interviewing continued until a degree of theoretical saturation was achieved in which strategies and ideas from previous interviews were repeated—sometimes almost verbatim—in subsequent interviews (MacQuarrie, 2010).

The interviewers conducted the interviews by introducing participants to the purpose and scope of the research, the topics to be covered in the interview, and the voluntary and anonymous nature of the study. All individuals who scheduled an interview agreed to go ahead with the interview after this explanation. The interviewers then requested basic demographic information about each participant and inquired about the participant's post-graduation plans. Drawing from anticipatory socialization research (Jablin, 2001), the interviewers asked questions about participants' educational and training experiences in connection with their sex-education certification. Participants were also asked to supply suggestions for improving their training. At the end of the interview, interviewers asked participants to reflect on their own sex education during primary and secondary school and their choice to pursue sex-educator certification. Following their interviews, participants received a \$20 gift card. The interviews ranged between 14 and 42 minutes in length, with the average interview lasting approximately 24 minutes ( $M = 24.42$ ,  $SD = 6.44$ ). The interviews were audio-recorded and then transcribed by the authors.

### Data analysis

We grounded our analysis of the data in emergent, constant comparative techniques (Corbin & Strauss, 2008). Each interview was theorized as an individual case, which was then layered into an inter-textual composite as the interviewing proceeded. After each interview ended, the interviewing researcher wrote and circulated a memo documenting her initial thoughts and impressions about the interview. Our orientation toward these data began with these interview memos and developed during research team discussions about emergent strategies and concepts that were identified during data collection (Lincoln & Guba, 1985).

As data collection neared completion, we were guided by interview content to focus on key sensitizing concepts. Corbin and Strauss (2008) described sensitivity toward data as "the knowledge and experience" that researchers bring to their interactions with the data (p. 33). This sensitivity led us toward the concept of stigma communication as a possible theoretical construct for guiding analysis as occupational stigma was mentioned explicitly and implicitly in the data. We drew from research on stigma communication to identify the strategies future sex educators reported learning during their anticipatory socialization experiences. This process involved creation of the theoretical framework and research questions that guided the thematic analysis of responses. All participants are referred to by pseudonyms.

## Results

Future sex educators in our sample learned strategies of cooperation and opportunism—strategies that were delineated by the stigma content cues they encountered during their anticipatory socialization experiences—to manage their professional identities. In the following analysis, we link these two SMC strategies to the stigma content cues that set the perimeters for the adoption of those strategies. For each strategy, we provide a definition, theorize the stigma content cue to which the SMC strategy is a relevant response, and then illustrate this relationship with examples from participants' experiences. Table 1 summarizes these findings.

### Strategies of cooperation

#### Definition

Twenty of the 26 participants in our study reported learning about what we term strategies of cooperation, a SMC approach that we locate in Meisenbach's (2010) category of "accept public understanding of stigma" but "challenge that stigma applies to self" (p. 278). Strategies of cooperation entail communicating with potential stigmatizers to gain a better understanding of stigma construction and then employing that information to avoid stigmatization personally. Sex-educators-in-training learned in their anticipatory socialization experiences that this often meant studying the standards for sex education in the community and school in which they work and then following those standards as closely as possible. This approach may appear straightforward at first: future sex educators are taught to learn the rules and then to follow them. However, since sex educators' occupational stigma is often tied to variable understandings and interpretations of sexual issues and pedagogical practices, cooperation can involve navigating a great deal of ambiguity and doing so from behind a backdrop of responsibility content cues.

#### Responsibility as stigma content cue

The SMC strategy of cooperation is revealed through our data to be a viable response to stigma communication using content cues about responsibility. Smith (2007) defined responsibility content cues as stigma communication based on the idea that individuals choose and have some control over a stigmatized condition because of a character flaw or weak morality. In the context of sex education, participants' interviews suggested that content cues about responsibility emerged from arguments concerning a teacher's *choice* of expertise (e.g., only those with flawed characters would choose a career that required them to talk to children about sex) and the topics teachers *decided* to cover

**Table 1.** Stigma content cue-stigma management communication strategy interaction.

<i>Strategies in future sex educators' talk</i>	<i>Stigma Management Communication strategy</i>	<i>Stigma Content Clue</i>
<b>Cooperation:</b> learn rules and follow them	Accept stigma meaning, challenge application to self	Responsibility
<b>Opportunism:</b> learn rules and transcend them	Challenge stigma meaning, accept application to self	Peril

during classes (e.g., those who decided to teach students how to use condoms are immoral). Lucy—a 21-year-old woman studying at a mid-sized public university—spoke to these cues, noting that “I’m very concerned about what parents are going to think when we are teaching the kids about sex.” She anticipated that what she was required to do for her job could be interpreted as a sign of deviancy by those in the community. She and other participants in our sample described how they were taught that re-assigning responsibility for curricular decisions to authorities like school board members, principals, or even parents, and thereby framing themselves as cooperating with the tasks set out for them by those individuals, was one viable way to manage these moments of potential stigmatization. By allowing teachers to frame their actions as cooperative with authority and thus outside their realm of responsibility, the SMC strategy of cooperation gave them a starting point for challenging some of the occupational stigmas that they might encounter.

### *Cooperation strategies responding to responsibility cues*

Participants recounted three ways in which they had learned to enact cooperative strategies during their anticipatory socialization experiences, all of which functioned as implicit responses to stigma content cues of responsibility. The first method involved ensuring that their practices in the classroom aligned clearly and unfailingly with constructed policies set by school board members and administrators. Amy, a 23-year-old woman studying at a large public university, reported learning that:

before you teach sex ed in your health class you have to go through the administration and ask, “what are your policies?” And whatever their policies, you had better stick to it... If you go out teaching something that you are not supported in, it could be a bad route for you to go down.

Amy’s instructors encouraged her to make choices in content and teaching style that marked her as in-line with and guided by higher-ups. In this way, they suggested that her cooperation would reveal her as disconnected from—and not directly responsible for—the implications of that specific content. Other participants were also encouraged not only to learn the policies set out by administrators but also to interact directly with administrators about those policies to make sure that they had interpreted them correctly. For instance, Pat—a 53-year-old woman studying at a mid-sized public university—recalled that, while taking her certification classes, her professors “talked about working with administration at schools to follow the rules of teaching sexual education.” This technique functioned both to model cooperation explicitly and to provide ample proof of teachers’ lack of personal responsibility in the decision-making process.

In addition to learning and following administrative policies, a second strategy of cooperation that future sex educators recounted learning during their anticipatory socialization experiences involved using only approved materials in the classroom. For example, Beth—a 22-year-old woman studying

at a large public university—explained that, during her student-teaching experience, she shadowed a teacher who:

shows [students] the whole, a whole video of a childbirth, so she says she gets into it. If it’s in the book, she says, she teaches it, ‘cause why would they give her the textbook if she was not allowed to go over it? Which would be a good defense if she were put in a controversial situation, [with someone else] saying why’d you teach this to the class?

In relaying this exchange, Beth recalled how she learned that appealing to the materiality of approved films, textbooks, and supplies provided an effective defensive strategy for a teacher whose pedagogical judgment or practice was challenged in some way. If for instance a parent became angry about the inclusion of the childbirth video in class, the teacher could employ this strategy as a relevant, strategically destigmatizing response, which would likely involve the assertion that the video was included not because the teacher personally selected it but because administrators assigned it. This framing would situate the teacher as potentially accepting of the legitimacy of the parent’s objection (thereby cooperating with the parent at an ideological level and the administration at a material level) while still avoiding personally the responsibility for (and thus the stigma surrounding) the decision to teach that content.

A third method of cooperative interaction that participants recalled learning during the certification process involved seeking out direct approval for their course curricula from the parents of their students. Participants reported receiving instructions to communicate with parents through interactions during open-house nights, on school websites, and with permission slips and notices sent home with students. Paul, a 21-year-old man studying at a small, private college, described learning from his professors that “some parents don’t agree with how things are done, and so you’ve got to have the permission slips lined up.” In this case, the permission slip would offer parents the ability to opt their children out of the content at hand. Given that that content itself is, generally, dictated by higher-level administrators, this communication with parents offering them final say in what their children encounter during sex education class would situate sex education teachers as removed by at least two degrees from the stigma content cue of responsibility. They, personally, did not decide on the content offered, nor did they decide if individual students should be included. Rather, they simply cooperated with and followed the lead of those at every level of decision-making.

### *Strategies of opportunism*

#### *Definition*

Sixteen of the 26 participants in our study reported learning about what we term SMC strategies of opportunism during their anticipatory socialization experiences. We situate these strategies in Meisenbach’s (2010) category of “challeng[ing] the public understanding of stigma” and “accept[ing] that stigma as it applies to self” (p. 278). This method for navigating stigma encompasses appeals to transcendence in that stigma attributes are framed as a “means that lead to a valuable end” by “identifying [the stigma] with a higher purpose” (p. 283). Such strategies involve learning how a stigma is communicatively constituted in order to, then, identify

opportunities for stretching or exploiting discursive ambiguities through the application of alternative logics. In the context of sex education, sex-educators-in-training learned from their anticipatory socialization experiences to identify the valuable end and higher purpose of their occupational stigma as students' increased sexual health knowledge and subsequent sexual health and safety. Don—a man studying at a mid-sized public university—signaled the value that he put on the higher aims of his future profession, explaining that he would work to cover

as much information as I can while giving, being thorough about it and putting emphasis on it to the students so it's not just in one ear and out the other because, you never know, you might change some kid's life.

Given the potentially life-changing stakes involved, Don and a number of other participants were keen to provide students with comprehensive information about sex that was not technically permitted by state policy. In some cases, their professors and mentors instructed them in finding ways to reinterpret the dictates prescribing their teaching so as to both achieve that higher, positive goal (thereby accepting the stigma as it applies to self) and re-envision their public identities (thereby challenging public understanding of the stigmatized profession).

#### *Peril as stigma content cue*

The SMC strategy of opportunism is a viable response to stigma communication drawing from content cues about peril. Smith (2007) defined appeals to peril as emerging from content cues that “highlight the danger that a stigmatized group poses to the rest of the community” (p. 471). Such cues are often communicated implicitly through “nonverbal codes,” drawing from movies, music, and a variety of visual effects to frame certain individuals as especially suspicious or dangerous. In their anticipatory socialization experiences, sex-educators-in-training learned that peril-oriented content cues, when applied to their profession, tend to draw from the assumption that knowledge about sex increases students' interest in sexual activity, as well as the occurrence of sexually transmitted infections, adolescent pregnancies, abortions, and abuse. Lucy explained, “parents that I've seen think that once you talk about sex you are just putting it into the kids' minds. So the kids will think, ‘oh sex is okay.’” And Terry—a 22-year-old woman attending a mid-sized public university—noted that:

a lot of times when you're talking in schools they won't let you hand out free condoms or free dental dams or items that relate to sex in a way that people can use them, and they think that encourages sex.

Such reasoning concerning course content and materials generally also cues the argument that purveyors of sexual knowledge, especially those who target children and adolescents, pose threats that “people must take individual and collective action to avoid” (p. 471). In this framing, the definition of their job as secondary-school sex educators marks them as inherently hazardous to society.

#### *Opportunism strategies responding to peril cues*

The sex-educators-in-training in our sample described learning about ways to manage peril-oriented content cues by appealing to their job's higher purpose: educating students to protect themselves from infections, adolescent pregnancies, abortions, and unwanted sexual activity. In this way, they were encouraged to accept the stigma of sex educator as it applied to themselves, while also working to reframe the job of sex educator as one that teaches information about sex to young people for their benefit (rather than to their detriment). Amy, for one, agreed with this reframing of her future career, noting that she had “certain values and beliefs about a person's sexual education that they need to know,” the content of which went beyond the state's strict abstinence-only curricula (which approved discussion of topics such as condoms and contraception only in terms of failure rates). In order to accomplish the underlying goals of her job, then, Amy—like many of her professors and fellow participants—felt it was necessary to find ways to either, one, extend or, two, reinterpret the state's abstinence-only educational mandate through strategies of opportunism.

Extending the state's abstinence-only mandate was generally discussed in participants' anticipatory socialization experiences as tied to a student-oriented approach to pedagogy. Many participants recalled learning that if students directly asked them, as teachers, about a topic not covered in their abstinence-only curricula, they could answer it in full because the student—not the teacher—was guiding the discussion. For instance, Diane, a 23-year-old woman studying at a regional campus of a large public university, noted that one teacher she observed during her student-teaching experience reasoned that “if the kids ask about contraception, she told me, I will teach them about contraception, but she, as the teacher, would not bring it up.” Similarly, Lucy recalled a university professor who “told us pretty much that if kids ask questions we are allowed to answer them, but we are not allowed to talk about personal beliefs and stay away from those. And, definitely just staying close to the facts.” In both Diane and Lucy's cases, those tasked with training them to teach sex education identified student questions as an opportunity to extend their teachings beyond what they were strictly supposed to cover. This SMC strategy of opportunism was a response to stigma content cues about peril that suggest that talking about sex with students will increase their sexual activity or interest. Participant's professors and mentors reasoned that, if students themselves are generating the questions and therefore the topics included in class, teachers can argue that they are not introducing information about sex to students (and thereby defiling them with that information) but, rather, that that particular information about sex is already circulating among students. As Fred—a 23-year-old man attending a mid-sized public university—reasoned while thinking back over the lessons he garnered from his anticipatory socialization experiences, “just teaching abstinence, I mean, I kind of feel like it is a little late for that.” He and others had learned that, by waiting for students to lead the way with content questions derived from their own experiences, teachers could challenge, implicitly, the stigma concerning sex education and sex educators as perilous while still acting in ways that promoted their higher goals concerning student learning.

In several cases, participants described hearing about or witnessing this strategy enlisted even when genuine student questions were not forthcoming. For instance, Jen—a 21-year-old woman studying at a mid-sized public university—recalled how the teacher she shadowed for student teaching not only identified student questions as an opportunity to extend the state’s curriculum but also demonstrated how to create the opportunity of a student question. She explained how the teacher had:

a box in her classroom of condoms, spermicide, and all kinds of stuff that the kids had never even heard of, let alone seen, and she was not allowed to show her students that box unless they asked. If she showed them, she could get in trouble with the school board and her administrative staff. ... she would keep leading them [the students] into more questions until they straightforward asked what does it look like or how does this work? And then she would bring out her box.

Jen’s description of this practice reveals how the teacher she was working with engaged in a complex balance of preparation, prodding, and responsiveness to orchestrate this opportunity for curricular expansion. In some ways, this example straddles the line between extending the mandate via strategies of opportunism and reinterpreting it as the foundation for classroom discussion, a tactic that other participants in the sample also mentioned when recalling their anticipatory socialization experiences.

When guided by the transcendent goal of student health, some professors and teachers overseeing participant’s education encouraged them to reinterpret the abstinence-only policy not as a mandate but as a starting point for more comprehensive education. For instance, several participants attending the same large public university reported learning in a class about the legal definition of sex education approved by their state legislature. Beth explained that the initial class discussions interpreting this law led her and her classmates to believe that it prescribed an abstinence-only curriculum without exception. However, their professor offered them a reinterpretation of the law that justified a decidedly more comprehensive and inclusive curriculum. Beth recalled that the professor told the class that “there’s no limit to what you can teach as long as you teach abstinence.” Similarly Aaron—a 23-year-old man attending a mid-sized public university—recalled that his professor, a former junior high health teacher herself, encouraged sex-educators-in-training to “lead [their students] into [topic areas not endorsed by administrators] and then you can talk about it.” In this framing, abstinence was construed as more of a baseline for curricula than an endgoal. Students were encouraged to see the abstinence-only policy as something to, essentially, cross off their list of covered topics. Once they had done that, sex-educators-in-training were led to believe that they were free to teach (via careful orchestration) any number of other sexual health issues and that, in fact, it was part of their job to craft course content in this way. As Terry’s professor explained to her, such reinterpretation of standards is “part of being a teacher, learning how to have your students introduce the topics so you can talk about it. So I [Terry] feel like that is really important.” This reasoning highlighted the transcendent goal of sex education

—providing students with comprehensive information about sex—and made sense as a response to content cues of peril arguing that teachers who provide students with more information about sex encourage risky sexual behavior. The professors mentioned above challenged this cue in their teachings, suggesting that more information about sex is inherently better for young people in that exposure to and consideration of sexual information discourages risky sexual behavior. By adopting this assumption themselves (Terry, for instance, reiterated that she felt “like that is really important”) and then interpreting the abstinence-only mandate as a baseline rather than an endpoint in their teaching, sex-educators-in-training were socialized to reject the public stigma of peril and reframe themselves as furthering the profession’s higher aims.

## Discussion

The present study extends theoretical accounts of stigma communication by examining the communicative role that stigma content cues play in the process of learning stigma management strategies, and identifying the specific strategies that sex-educators-in-training learn for negotiating occupational stigma during their anticipatory socialization. Our data revealed that the identification of stigma content cues related to responsibility and peril seemed to, respectively, set the parameters for the major SMC strategies that participants reported learning. Cues that appealed to responsibility, and specifically the idea that sex educators are responsible for choosing what and how they teach, set the stage for sex educators to respond with strategies of cooperation. These strategies were enlisted to help future sex educators “accept public understanding of stigma” but “challenge that stigma applies to self” (Meisenback, 2010, p. 278). Sex-educators-in-training learned to, essentially, shift the burden of having chosen and implemented particular course content from themselves to those with whom they had cooperated, whether administrators, parents, or school-board members.

Stigma content cues appealing to peril, and specifically the idea that sex educators provide young people with too much information about sex and incite them to engage in risky sexual behaviors, foregrounded the enlistment of strategies of opportunism. This response was grounded in the transcendent occupational goal of protecting young people from negative health outcomes and situated future sex educators so as to “challenge the public understanding of stigma” but “accept that stigma applies to self” (Meisenback, 2010 p. 278). Those overseeing their anticipatory socialization experiences encouraged participants to contend that providing students with more information about sex—not less—was necessary to facilitate lower rates of STIs, adolescent pregnancies, abortions, and sexual abuse among their students. Thus, they were taught to identify or orchestrate specific opportunities to extend the mandated abstinence-only curriculum or entirely reinterpret the logic of the existing policy so that it was understood to put forth abstinence-education as the first lesson to be taught but not the only or the last.

In both of these cases, though, there are potential limits to how well these particular SMC strategies can respond to the content cues in question. For instance, although participants

could potentially shift the responsibility for their classroom content to others by highlighting their cooperation with—and deference to—those stakeholders, they could not shift the burden of their expertise as sex educators. By becoming certified to teach this content area, sex-educators-in-training established a certain degree of responsibility for the supposed harm that this strategy positioned them to accept. At the same time, there may be some concern that cooperation strategies devalue the expertise granted by the certification process in that they are grounded in the assumption that certified sex educators *should* follow the dictates of those who do not have such certification. In terms of strategies of opportunism, future sex educators learned that they could and should extend or reinterpret the policies set out for them by the state. They were encouraged to justify this negotiation by drawing from a transcendent vision for their occupation. Yet it remains unclear how well this justification would defend them from further stigmatization or legal action if they were challenged explicitly for flouting the law. In these cases, although SMC strategies functioned as reasonable responses to specific stigma content cues, they did not always respond exhaustively or even persuasively to those cues. The theoretical framework laid out here, then, demonstrates how occupational stigma is often advised and managed but does not necessarily offer the right, best, or most successful answers for such management.

In addition, the analytic framework that emerged over the course of this study's analysis is decidedly incomplete as it speaks to only two possible content clue-SMC strategy pairs. Future research will need to delineate and theorize as-yet-undefined SMC strategies that emerge from a range of scenarios including, but not limited to, anticipatory socialization experiences. For example, our participants' interviews illustrated SMC strategies from only two of Meisenbach's (2010) four categories. The remaining categories would seem to offer valuable starting points for developing an increasingly comprehensive theory of stigma management communication. In the context at hand, for instance, SMC strategies of challenging the legitimacy of the stigma by providing evidence to "discredit discreditors" (Meisenbach, 2010, p. 278) may prove relevant, especially in cases where sex educators are framed in extreme and unsubstantiated ways (i.e., child abusers; molesters).

Beyond the particular case of sex educators and sex education, this research offers a vibrant theoretical tool for the broader study of stigma communication in health-communication contexts. By bringing two theories of stigma communication into an interactive, response-oriented relationship, we frame the connection between stigma content cues and SMC strategies through the concept of relevance. From an argumentation perspective, relevance refers to the degree of coherence that ties together communicative exchanges between interlocutors (van Eemeren & Grootendorst, 2004). Relevance conceptually connects the theories of Smith (2007) and Meisenbach (2010) by indicating that SMC strategies need to be relevant to the content cues at play in specific interactions. Adding this relational dimension to the stigma communication framework contributes both clarity and added theoretical complexity. It brings clarity because it suggests that SMC strategies are chosen in the particular context

of stigma content cues. Potentially stigmatized individuals seem to make use of their knowledge of stigma content cues to choose appropriate SMC strategies in various situations. However, this relational element also illuminates an additional layer of communicative complexity by showing that the success of SMC strategy use is likely tied to an individual's understanding not only of the public understanding of stigma, as suggested in Meisenbach's (2010) framework, but to the particular content cues relevant to a particular stigma or stigma communication episode.

On the whole, this project is limited by its dependence upon recalled interactions about SMC strategies instead of recorded interactions. Future research is needed to assess how the stigma content cues-SMC strategies perspective plays out in real-time stigma management scenarios. In addition, our research site—a midwestern state in which abstinence-only curricula was mandated—also generated a limited trajectory upon which to theorize the framework proposed. Future research may uncover insights about SMC strategies used in states that do not mandate abstinence-only sex education. For instance, they may find that the link between strategies of opportunism and the goal of extending curricular information may not exist, or may involve a different goal, in a state that allows sex educators to teach about issues such as effective contraception use, abortion, or sex before marriage. Continued work along these lines will contribute valuable insight into the processes of stigmatization that shape the experiences of sex educators and others in stigmatized occupations.

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