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Navigating Research Trends in Support and Stigma: A Bibliometric Analysis and Future Research Agenda

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Abstract

Aim and Scope: Stigma has changed and evolved over time with the progress of knowledge and humanity. The negative outcomes of stigma, such as social isolation, exclusion, poor treatment adherence, and limited access to healthcare services, have garnered interest among research communities. The complex nature of stigma as a socially constructed phenomenon and its continuous evolution raises the need to track changes and fit future interventions. **Methods:** We synthesize extant research on stigma and support through a bibliometric analysis of 257 articles investigating the stigma phenomenon. The study contributes to a comprehensive understanding and helps the translation of research findings into action to drive social change and evidence-based policies. **Findings:** Our analysis revealed a growing interest in the domain in recent years. The results show six main directions of research: (1) stigma as a barrier, (2) cultural contexts of stigma, (3) perceived stigma and coping strategies, (4) stories of experiences of stigma, (5) action to mitigate stigma, and (6) community stigma. **Conclusions:** This study has theoretical and practical implications, in highlighting the multidimensionality of stigma and the need for multi-level policies to raise awareness among communities.

Keywords: Support, stigma, health, review, future agenda

Introduction

The confirmation of a health diagnosis often leads to uncertainties, fear, and loss, causing self-regarding attitudes that can impact interpersonal relationships and healthcare treatment outcomes. People suffering from different health conditions may experience difficulties getting understood by others, followed by a lack of information and resources to deal with their diagnosis (Munro et al. 2022). This can be the beginning of a vulnerable position in society. Stigmatization, as a social determinant of health, derives from institutional and community norms that identify certain characteristics or conditions as undesirable. Moreover, technological advancement and social media usage can exert an effect on how stigma is experienced, and this can be both positive and negative.

This work contributes to the social marketing domain, which embodies the application of marketing to social causes. It focuses on two of the many changes aimed by social marketing; the changes in places where people live, work, and interact to “facilitate the adoption of desirable behaviors, inhibit undesirable behaviors and enhance well-being”; and changes in the political allocation of resources to “ensure quality of access and opportunity in society” (Donovan & Henley 2010, p. 17). The domain is complex and adopts perspectives and principles from several disciplines including psychology, sociology, communication sciences, politics, health sciences, etc. (Brennan & Brady 2011). Given these assumptions, social marketing is best considered within a broad context of social change.

A good amount of research on stigma interests the social sciences, as it affects human behavior and relationships. Therefore, stigma is investigated in communication and media studies, social work, education, healthcare, etc. The most important work on stigma remains the work by Erving Goffman. Goffman's theory explains stigma as the negative social reaction towards an individual's attribute, which can lead to societal rejection and can spoil normal identity (Goffman 1963).

Existing research has emphasized that an array of definitions exist for stigma, adding complexity and difficulty to its’ understanding (Link & Phelan 2001). Definitions start from considering stigma as an “attribute that makes a person different from others in a social category” (Goffman 1997 p. 133), to more complex definitions considering it a combination of interrelated components of: 1- distinguishing and labeling differences, 2- associating human differences with negative attributes, 3- separating “us” from “them” and 4-status loss and discrimination (Link & Phelan 2001). Several studies confirm the linkage between social support and stigma experienced by individuals (Chen et al. 2021). Social support is considered an important resource for individual empowerment and extant research suggests that support from others may be an important driver of the destigmatisation process, and alleviate help-seeking behaviors (Makris et al., 2021).

Another important consideration of stigma is that being a present phenomenon in every society, culturally constructed and evolving through time with the change and accumulation of knowledge, it must be continuously researched to keep track of changes and fit future interventions to these evolutionary perspectives (Earnshaw et al. 2022).

Most of the extant reviews have a concentric focus on stigma experiences and outcomes. While there is broad research in the domain (Scambler 2009), most reviews take a narrative approach that is heavily influenced by the authors' perceptions and personal preferences. Unfortunately, there is scarce scientific research aligned toward a comprehensive analysis of the academic domain. Additionally, there is a lack of alignment between researchers and policymakers, due to the complexity of translating research findings into evidence-based policies (Smith 2014; Wehrens et al. 2011). A synthesis of extant literature is necessary to consolidate and guide the way forward while encouraging better communication between researchers and policymakers and guiding future interventions (King et al. 2014).

The broad interest of research also takes rise from the complexity of the phenomenon and its intersectionality with other constructs in social sciences. Stigma experiences are commonly characterized at the personal level even though their causes and consequences extend beyond the person. At the individual level, stigma is researched in terms of self-stigma or internalized stigma, used interchangeably, focused on individuals' experiences of negative beliefs about themselves. In the interpersonal level, stigma is researched in terms of public stigma, expressed as verbal harassment, and/or physical assault of the individual (Link & Phelan 2001). The community level delves into the investigation of communities to understand their beliefs and community stigma expressions as society rejection and social exclusion. Overlapping stigmas have also attracted increased interest in understanding how the co-existence of health-related undesired attributes may overlap with existing stigmatized identities (Cluver & Orkin 2009). From a social marketing perspective, researchers consider the sociocultural context and the role that different stakeholders in the market have in the destigmatization process, as well as try to provide strategies to reduce stigma by means of social marketing (Yeh et al. 2017; Kirkwood & Stamm 2006).

Given the interdisciplinarity of social marketing research and the layered nature of the stigma concept, together with extant research calls for an investigation of stigma that logically synthesizes the concept and tracks changes over time, this article aims to investigate trends and patterns of literature and advance a future research agenda (Rao et al. 2019).

In the next section, we present and define the stigma concept and its interrelations with other concepts such as culture, society, etc. In the third section, we present the methods used to collect and analyze the literature on support and stigma. The state and the evolution of literature is then described, including an analysis of publications over years, publication outlets, influential works, authors, and thematic research patterns as relevant sub-fields in the domain. Following we consider and address a research agenda from the identification of unanswered questions and knowledge gaps, to inform future research efforts and guide the development of policies. The paper concludes with a discussion of implications from a theoretical, managerial, and policymakers' perspective.

Methods

Review questions

This article draws on a literature review approach which is often used to make sense of large and complex bodies of knowledge (Gaur & Kumar 2018), and therefore it becomes useful in the investigation of stigma in healthcare as a complex phenomenon. We performed a bibliometric-based analysis, which applies quantitative measures and indicators for science and technology based on bibliographic information (Van Leeuwen 2004).
We aim to answer the following research questions:

RQ1. How is support and stigma research evolving over time?
RQ2. What are the most frequently addressed research directions?
RQ3. What are the gaps in the body of knowledge to shape future research efforts and inform policies in the domain?

Study selection process

We apply the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) to perform the literature review process. Scopus was selected as the largest abstract and citation database, covering a broad range of publications from international publishers (Elsevier 2020). The following search string was used:

> ((“stigma*”) AND (“communit*”) AND (“social support*” OR “informational support*” OR “instrumental support*” OR “emotional support*”)).

The initial database screening resulted in a total of 1731 records. To select among the results, we considered a set of eligibility criteria. The search was limited to articles appearing in an academic source, concerning Social Sciences as a subject area, and published in English language. No time restriction was included in the eligibility criteria as we aim to investigate the evolution of the domain from inception. This process provided a set of 430 eligible records that were further screened to ensure the relevance of the studies. We considered reading titles, abstracts, and keywords to assess the relevance of the studies. When relevance was difficult to assess, full-text reading enabled a decision on the inclusion or exclusion of articles. This process resulted in 173 false positives. Therefore, a total of 257 documents were included in this review and used for the data analysis. The flow chart of the study selection process is presented in Figure 1.

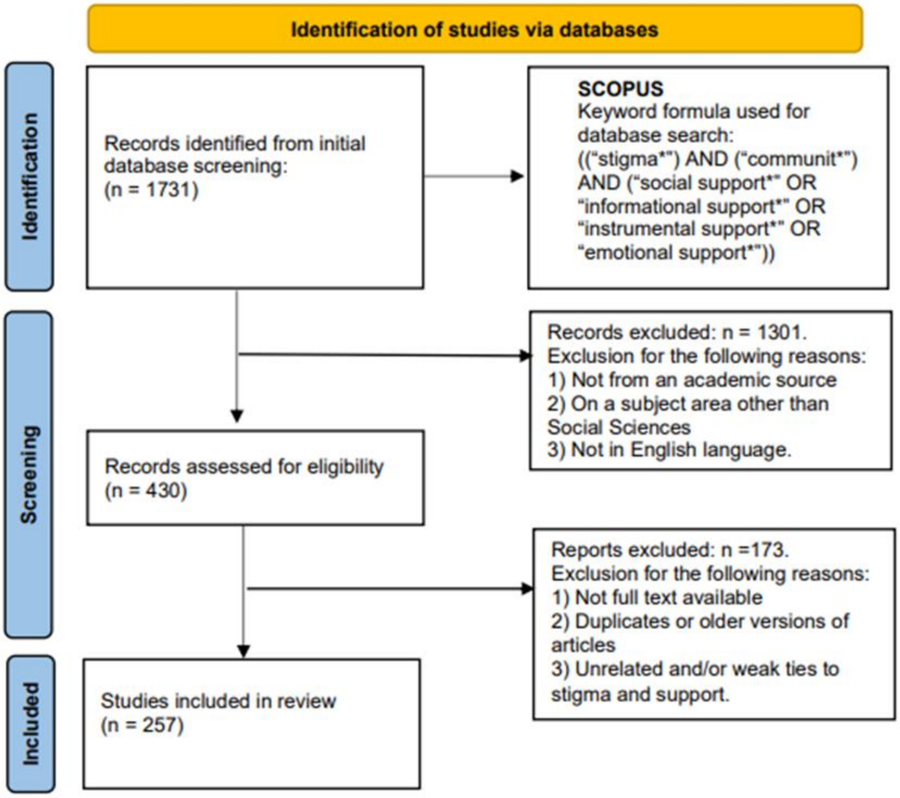

Figure 1. Flow chart of study selection

Results

Descriptive Analysis

We investigated the sample of 257 articles to understand the evolution of research in the domain and developed a chart of the publication trend over the years. As we can notice, approximately 60% of the articles in our sample have been published from the year 2015 till 2023.

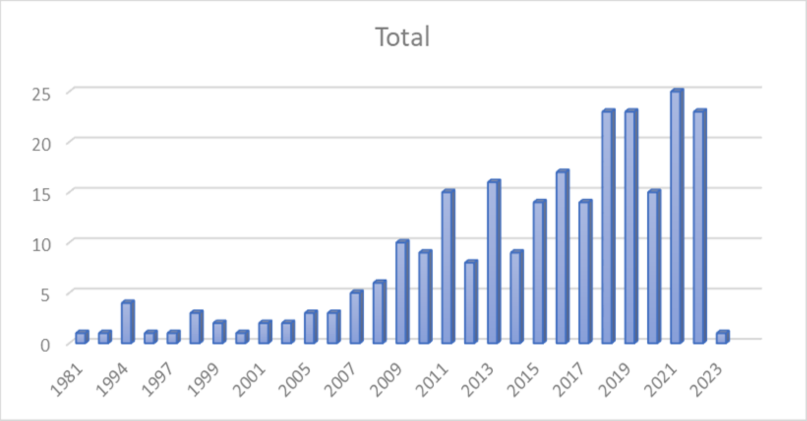

Figure 2. Publication over years

Table 1 presents the top contributing journals in our sample. We considered only journals with at least three publications. As it is evident from the table, the *AIDS Care – Psychological and Socio-Medical aspects of AIDS/HIV* is the top contributing journal with a total of 54 articles published in the domain, followed by *Social Science and Medicine* with 18 articles, *AIDS Education and Prevention* and *Community Mental Health Journal*, each with 12 articles, *Health and Social Care in the Community* with 8 articles, *Culture, Health and Sexuality* with 7 articles, and *Sahara J: Journal of Social Aspects of HIV/AIDS* with 6 articles. All the other journals in the sample account for 4 or fewer publications. It is important to notice that these 7 journals together account for more than 45% of the entire sample, as well as provide an understanding of the studies of stigma related to diseases such as AIDS/HIV and mental health as well as a range of sexually transmitted diseases. While we do not exclude the fact that a broader set of health conditions appears in the sample of stigma research, the prominence of the above-mentioned health conditions suggests an increased relevance of these conditions in unfolding the stigma phenomenon.

Table 1. Top contributing journals with at least two publications

Journal title	Articles
AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV	54
Social Science and Medicine	18
AIDS Education and Prevention	12
Community Mental Health Journal	12
Health and Social Care in the Community	8
Culture, Health and Sexuality	7
Sahara J	6
Others	
Dementia	4
Health Promotion International	
Journal of Health Communication	
Social Psychiatry and Psychiatric Epidemiology	
American Journal of Community Psychology	3
American Journal of Men's Health	
Health Communication	
Journal of Community and Applied Social Psychology	
Qualitative Report	

Network Analysis

To gain insights into the relationships between the documents in our sample, we developed a visualization of the bibliographic coupling of documents (see Figure 3) using VOSviewer, a tool for visualizing bibliometric networks. The software is widely used in exploring relationships among articles, citations, or respective keywords used in these articles. Through a number of functionalities, it helps understand networks connected by co-authorship, co-occurrence, bibliographic coupling, or co-citation. For this specific analysis, we used a bibliographic coupling map. Bibliographic coupling finds frequent use as a measure of similarity among documents and it considers the number of times a document is cited by two target documents (Kessler 1963). This distance-based approach to visualize bibliometric networks aids in assigning the nodes in the network to a cluster (van Eck & Waltman 2014). From a total of 257 items, we kept only the largest set of interconnected items in the visualization, which resulted in 232 documents. We considered an attraction parameter of 2, a repulsion parameter of 1, and a resolution of 0.6. The 232 documents were assigned to six clusters.

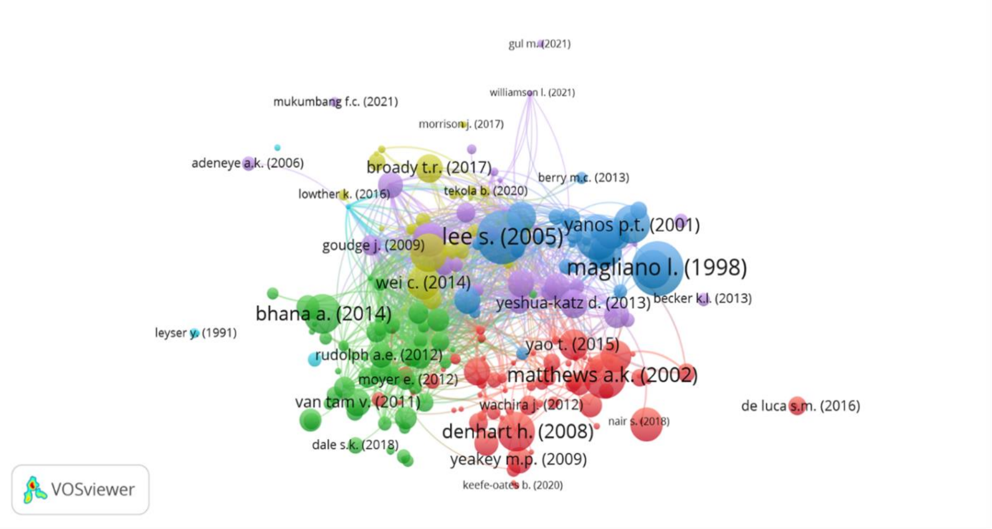

Figure 3. Network visualization of bibliographic coupling of documents

Stigma as a barrier (Red cluster)

This is the biggest cluster in terms of number of items included, with 72 items. Going through the contents of the items included in this cluster, we can evidence that it includes articles that investigate stigma as a barrier to healthcare-seeking behaviors, barriers to treatment adherence in investigations of factors of adherence, illness disclosure, and care access.

The article by Ahmed et al. (2018) finds that disease-related stigma is a barrier to the status disclosure of people living with HIV. In the same line are also the findings of Arend (2005) that investigates overlapping stigmas, and finds an important barrier in status disclosure and the perception of available support networks. Again, the study of Barry et al. (2018) focuses on overlapping stigmas to find that they are not only a barrier to treatment, but also a barrier to HIV prevention and the development of supportive social networks.

Fear of stigma is also a barrier to higher education for students with learning disabilities as suggested in the study by Denhart (2008). The study of Busza et al. (2018) suggests that fear of stigma affects also the delivery of community-based support; De Luca et al. (2016) find stigma as a barrier to mental health care service utilization which is further reinforced by the study of Alhomaizi et al. (2018).

Cultural contexts of stigma (Green cluster)

This cluster consists of a total of 53 items. It investigates specific minorities (i.e., sexual minorities, ethnic minorities, etc.), and different cultures (African culture, Indian culture, etc.). Several articles of this cluster investigate overlapping stigmas in different geographical areas (i.e., HIV-related stigma and homosexuality stigma), making a point to stigma as a socially constructed concept.

The article by Chan and Mak (2019) finds that due to the cultural context and common beliefs, sexual minorities living with HIV in China face stigmatizing attitudes also within the gay community, contributing to peer isolation. Körner (2007) in his study explains the effect of cultural background in disease disclosure as related to the perceived stigma in that cultural context.

Next, Lin et al. (2010) suggest that the perception of stigma is culturally constructed and deeply varies in different contexts. The cultural factors are present also in the study of Tomori et al. (2014) where the authors unveil the importance of socio-economic and sociocultural factors in the retention of HIV care and treatment services in Tanzania. To continue, other studies included in this cluster focus on cultural adaptations of existing measures of stigma. This is the case in the study of Pantelic et al. (2018) which develops a cross-cultural adaptation of the existing HIV stigma scale, or the study of Pardo et al. (2017) that adapts an existing evidence-informed intervention to be used in the Thai context in addressing the needs of the HIV positive youth, and the study of Vlassoff, Weiss and Rao (2013) that describes a question module to assess community stigma specific for the rural India.

Perceived stigma and coping strategies (Blue cluster)

This cluster consists of a total of 33 items. It includes articles that investigate how stigma is experienced by people living with specific health conditions and their need for help and support.

The study of Breet, Kagee and Seedat (2014) suggests the designing and implementation of interventions that increase the perceived social support and decrease the perceived HIV-related stigma, as an effective strategy for coping with the disease. Heslin et al. (2012) in their study describe the responses to stigma among sober living home residents and highlight their role in challenging the personal tragedy approach and empowering individuals to develop valued identities in their communities.

Craig, Austi,n and Alessi (2013) offer useful recommendations for better meeting the needs of sexual minority youth related to mental health and stress management through positive affirmative practices and cognitive behavioral therapy. Social support and community connectedness are found as effective strategies for stigma management also in the study of Pflum et al. (2015), as well as tailored social media use is found to exert a protective role against stigma and to enhance mental health outcomes in the study of Chong et al. (2015).

Stories of experiences of stigma (Yellow cluster)

This cluster consists of a total of 33 items. It includes articles that investigate how stigma is experienced by people living with specific health conditions and expressions of need for help and support.

The study of Broady, Stoyles, and Morse (2017) finds four domains of stigmatizing experiences such as 1) lack of knowledge, 2) judgment, 3) rejection,and 4) lack of support, as well as reports the existence of stigma in four contexts as school, public, family and friends. The experiences of stigma are investigated also in the studies of Cardon and Marshall (2021) exploring the experiences of parents raising a child with autism spectrum disorder, and Coleman, Peterson and Walker (2022) who try to understand the experiences of stigma in relation to social support among people living with epilepsy.

Next, Khvorostyanov and Yeshua-Katz (2020) unveil the types and expressions of surrogacy stigma in Russia and find that women experience stigma due to the fact that surrogacy is in contradiction to the basic traditional concepts of family, motherhood and gender roles. On the other hand, Stutterheim et al. (2022) investigate trends in HIV stigma and find a decrease in stigma among friends, family, acquaintances, workplace and in the financial services sector, while media remains the main space with a high prevalence of expressing stigmatizing messages.

Action to mitigate stigma (Purple cluster)

This cluster consists of a total of 33 items. It includes articles that investigate and report on delivering interventions to facilitate the psychological and social effects of stigma, such as health promotion, new care delivery models, cyberspaces and new perspectives of empowerment, etc.

The study of Becker (2013) explains the extent to which digital communication technology can fulfill the need for a safe and secure place where stigmatized individuals can share experiences and aid in validation and encouragement of the stigmatized. Clarke et al. (2020) investigate ways of reshaping dementia care and suggest relational care through cooperative endeavour (cooperative communication, cooperative action and cooperative care that promote inclusion).

The study of Gul and Aqeel (2021), investigating stigma and shame in substance use disorder, suggests the combination of acceptance and commitment therapy with the standard treatment as an effective strategy for improving the quality of life of this group of patients. On the other hand, Mukumbang (2021) suggests that differentiated service delivery models and patient-centred treatment are associated with higher engagement and improved support, and can be successfully used to reduce the perceived stigma. Two other studies take a different perspective and investigate online negative enabling support groups to uncover their role in undermining recovery and nurturing negative behaviors (Chang & Bazarova 2016), as well as address the negative enabling support group as a challenge and threat for increased stigma (Haas et al. 2011).

Community stigma (Light blue cluster)

This is the last cluster emerging from the analysis. Being relatively close to other clusters, we find intertwined results and similar topics. The cluster consists of a total of 5 items that investigate insufficient community support, community-consumerism, religious communities and online health communities' role on stigma and quality outcomes of the stigmatized (i.e., in terms of quality of life, quality of care, support, etc.).

Alsabah and Vittrup (2017) investigate the negative effects of insufficient support systems on and reveal greater stress and social isolation of mothers of children with disabilities. Next, the study of Bilgrei (2019) explores the social organization of risk within online drug-related communities in order to understand how forums influence the notion of risk among participants and their role in being informed, responsible and empowered.

On the other hand, Leyser and Dekel (1991) in their investigation of religious Israel families with disabled children suggest relief services, parent training programs and stronger support networks may decrease the perceived stress. Lastly in this cluster, the study of Vigilant, Heitkamp and Heitkamp (2022) investigated online sexual health communities to understand the structures of help-seeking requests and found that online community plays an important role in alleviating stigma related to sexually transmitted infections.

It is important to highlight that some of the clusters are intertwined and we cannot gain a pure division between them, as is the case with the purple cluster (action to mitigate stigma) and the blue cluster (perceived stigma and coping strategies). In both clusters, we may find studies investigating coping and empowerment strategies, even though we may find a distinction in the level of action, where most articles on the action to mitigate stigma are focused on the community level. The same is present in the green cluster (cultural contexts of stigma) and red cluster (stigma as a barrier), and so on. As previously anticipated in literature, this can be partly explained by the fact that stigma is a multidimensional concept and the "stigma complex" is an interrelation of units that constitute a system, shaped by culture and society structure (Pescosolido & Martin 2015). Therefore, the social relationships from which this phenomenon arises are the result of a set of values, beliefs, and formal institutions that interact together to set the frame for acceptance. Moreover, as shown in Figure 4 where the articles were distributed across years per each of the six clusters, and the size of the bubble represents the number of articles, it is clear that the domain is consolidated considering that in most of our clusters articles are published regularly almost every year (i.e., cluster 1, cluster 2, etc.), while the last cluster can be suggested as emerging due to its publication trend.

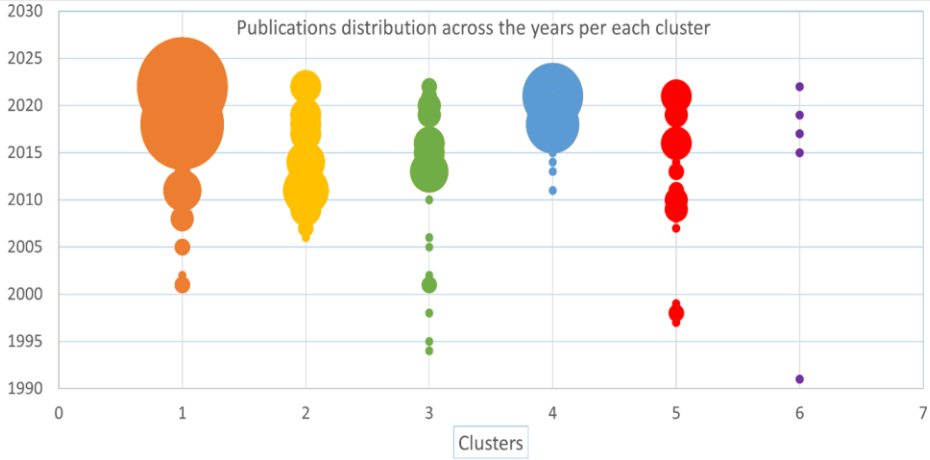

Figure 4. Distribution of articles across years per each cluster

Considering the findings of the clusters resulting from the bibliographic coupling we address gaps, policy insights and future research directions (see Table 2).

To inform future policies, the current study calls for multi-dimensional and collaborative efforts to reduce stigma. As research suggests, collaboration of stigmatized individuals, communities, doctors, etc. can enable a better understanding of their needs and experiences, and improve care-seeking behaviors, adherence to medical advice, and social inclusion in the community (Ahmed et al. 2018; Alhomaizi et al. 2018).

Addressing the relevance of culturally specific stigma dynamics in measurement processes is another important aspect (Vlassoff et al. 2013). As stigma is a socially constructed phenomenon, there is a need to address culturally specific measures that can better reflect a perspective of quantification closer to the different realities (i.e., Western and Eastern measures).

Yet, policies should address the importance of health promotion and community education. The development of patient-led advocacy strategies, the availability of a network for peer support, helping individuals cope with their stigma and strategies of combining patient-available resources of support, with community workers and healthcare systems efforts, are useful intervention initiatives to prevent and/or reduce stigmatization (Mikołajczak et al. 2022). Moreover, the creation of suitable strategies for evaluating health promotion should guide practitioners and policymakers on the improvement of outcomes and influence resources allocated to stigma-reduction strategies and their implementation.

Furthermore, a reassessment of current policies will facilitate a more comprehensive investigation of their efficacy. In line with changes over time in scenarios, and the need to address grand societal challenges and foster the transformation of complex socio-technical systems (Borrás & Schwaag Serger 2022), there is a need for re-adaptation of policies. Evidence-based research in the domain can inform the re-adaptation of policies. Considering the advancement of technology, new and innovative strategies can address the challenges of people living with stigmatizing conditions.

Extant research suggests that learning about specific stigmatized statuses from sharing stories of stigmatized individuals is an effective strategy for stigma reduction and can be used to address future efforts (Zigron & Bronstein 2019).

Table 2. Gaps, policy insights, and future research directions

Cluster	suggested research QUESTIONS	knowledge gaps	insights for policymakers
Stigma as a barrier	How to reduce stigma at the patient and community levels and increase confidentiality where stigma persists? How to develop a collaborative community-based approach in creating awareness and enhance understanding of gender discrimination and stigma at a macro level?	Empirical research to investigate individual, society norms, values, and beliefs, in interrelation with societal structures, institutional regulations and healthcare systems.	Multidimensional and collaborative efforts to reduce stigmatization.
Cultural contexts of stigma	What is the nature and components of social stigma and what is the role of perceived social support in psychological well-being in Eastern societies? How to test and adapt a question module for assessing community stigma towards HIV in rural India to other settings as well, using culturally specific examples?	A distinction between measures of stigma in Western and Eastern societies; collectivist and individualistic cultures, etc.	Culture-specific measures of stigma and interventions that fit different cultural scenarios.
Perceived stigma and coping strategies	How to emphasize the person rather than the illness when planning and adapting services for a specific disease category? How to reengage and promote a positive sense of self while considering the heterogeneousness of individuals within a specific disease category?	Empowering patients and communities in managing and coping with stigma.	Promotion and education of communities, developing a network of support.
Stories of experiences of stigma	How reports of stigmatizing experiences among carers reflect a pathway of stigmatization generalizable to broader populations?	Grounded theory approach required in investigating the	Evidence-based policies

	How to include wide geographical and socio-economic backgrounds into the investigation of stigma?	experiences and expressions of stigma.	
Action to mitigate stigma	What is the role of forms of new media as a communication channel in understanding stigma and addressing interventions? What is the role of gender and age in exploring and understanding how stigma may hinder care?	Need for more interventionist research, transformative customer research, experimental studies to test interventions, etc.	Policies for transformative change on the understanding of stigma among communities and reduce its negative effects.
Community stigma	How to develop stigma reduction interventions aimed at the community level which support the role of families in providing care and support for the individual?	Best practices from stigma reduction interventions	Development of community-specific strategies.

Discussion

This article reviews the evolution and structure of literature on health-related stigma and support, trying to shed light on the complex concept of stigma. Using bibliometric methods, we extracted and analyzed a total of 257 articles published in the domain. Through a two-step analysis, this study demonstrates the evolution of research and identifies patterns in the structure of the domain.

The findings emerging from this review demonstrate the increased attention over time, confirming the domain's potential to further develop the body of knowledge. This is due in part to changes in society's historical span, given that stigma is a socially constructed phenomenon (Ikizer et al. 2018), as well as changes in technology and the possibilities and difficulties related. Therefore, it is our understanding, that the increased attention in the domain is justified by the need to demonstrate how societal, technological, and institutional changes together with the human development process can shape the way health-related stigma is perceived and expressed across countries and patient categories. This adds to the literature on stigma suggesting a need to carefully investigate the phenomenon in times of societal, technological, and institutional changes.

Considering the knowledge structure of the domain, research is mainly concentrated in six directions, such as: 1) stigma as a barrier, 2) cultural contexts of stigma, 3) perceived stigma and coping strategies, 4) stories of experiences of stigma, 5) action to mitigate stigma, and 6) community stigma, which are highly intertwined among them. Another important consideration is related to expanding the discourse on the multidimensionality of stigma (Pescosolido & Martin 2015), and the need to consider holistic investigations of the phenomenon that better fit the interrelations between the units that contribute to the “stigma complex”.

Social marketers can improve the effectiveness of their campaign strategies by understanding these complex interrelations and implementing strategies that create changes in the environment, ranging from lower-level educational campaigns targeting undesirable behaviors to driving social mobilization and dialogue among various interest groups. Furthermore, there is a need to shift the focus to the policymakers whose decisions structure the environment in which people act and to ensure an environment that enables social inclusion. In this light, the study calls for advocacy, as an important tool to the policy change, and the use of media channels to strategically address messages to the targeted audience.

Aiming a contribute with a future research agenda and policy insights, the findings of this study suggest shortcomings, gaps, and unanswered questions (Table 2). The suggestions include a focus on using different methodological and research approaches, as the domain can benefit from methods providing rich evaluative evidence (McGill et al. 2021). Moreover, future research should consider and address the multidimensionality of stigma, developing measures of stigma specific to different cultural contexts (Olafsdottir & Pescosolido 2011), and focusing on under-investigated topics ranging from investigations of best practices of stigma reduction interventions to segmentation studies, and empirical research to investigate individual, society norms, values, and beliefs, in interrelation with societal structures, institutional regulations and healthcare systems, etc.

Conclusions

This review of the literature evidences the importance of "support and stigma" domain studies in multidimensional research. The results provide insights into the state of the art, the evolution of the phenomenon of stigma over the years, and the need to track changes and fit future research to the developmental trends of society. Stigma, as a socially constructed phenomenon, subject to changes over time and within cultures, presents a complex phenomenon. Therefore, its investigation should be addressed with a multilevel approach (Pescosolido & Martin 2015).

From a theoretical perspective, the findings of this study answer the need for a deep analysis that provides insights into the evolution of the phenomenon over the years. Moreover, it adds to the debate on the multidimensionality of stigma suggesting that research can benefit from borrowing theories from different disciplines, such as sociology, psychology, public policy, etc. Taking advantage of the intersection and complementarity of different disciplines can enable a better description of the stigma construct.

Next, the findings of this study contribute to the literature on support, highlighting the role it plays in mitigating the negative effects of stigma and driving the destigmatization process. In line with the literature, strategies of empowerment can help in the destigmatisation of devalued identities (Matson-Barkat et al. 2022).

From a marketing perspective, considering the scarce research in understanding the role of tailored communication strategies in the destigmatisation process among communities (Matson-Barkat et al. 2022), the current study enhances the potential of the latter in driving support, empowerment, and social inclusion of individuals. It helps to shape the transformation of stigmatized identities through the development of networks (Ndichu & Rittenburg 2021) that empower individuals to disclose their identities and ask for help when needed, as a fundamental human right.

From a managerial perspective, these findings should be a call for action to mitigate stigma and address the need for patient empowerment, community involvement, and proper policy interventions. It can serve to the expansion of public awareness of stigma, useful in stimulating mobilization and action (Heijnders & Van Der Meij 2006). The findings of this study should be considered for the development of multilevel policy and as a potential for fueling social change coming from a better understanding of the phenomenon of stigma. Moreover, they can inform the allocation of resources and the development of country-level regulations in combating stigma. A collaborative approach is required to identify stigmatizing attitudes, assess the level of stigma within different contexts and finally intervene in order to increase the potential societal benefits of research and bridge the research-practice gap (Ozanne et al. 2017).

Drawing on exchange theory, social marketers should acknowledge the indirect costs that people pay, including time and psychological discomfort linked with behavioral change, and must provide valuable benefits for the efforts (Grier & Bryant 2005). When it comes to audience segmentation, different groups of individuals should be pursued differently based on their needs, their expectations and the setting where the action takes place. Lastly, constant monitoring of action should enable social marketers to understand the achievement of change in behaviors and adjust interventions accordingly (Grier & Bryant 2005; Kirkwood & Stamm 2006).

Yet, this study is not exhaustive of the literature, and its findings should be considered in light of its' limitations. The main limitation of this research is the investigation of stigma and support making use of a single database. Therefore, publications that are not present in the Scopus database have not been considered in our analysis. Therefore, the development of another review with other search terms, oand ther eligibility criteria and making use of other databases, can provide different results from those here reported.

Conflict of Interest: The authors reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

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