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Self-stigma, alcohol use disorder, information behaviour: a theoretical and conceptual synthesis

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Abstract

Introduction. This study explores how self-stigma influences the information behaviour of individuals living with alcohol use disorder by integrating Goffman's theory of stigma and impression management with Chatman's theories of information poverty and small worlds. It examines how secrecy, selective disclosure, and bounded trust shape information seeking, sharing, and avoidance in stigmatised contexts.

Method. A conceptual and theoretical synthesis approach was used, drawing from sociological and information behaviour literature to identify points of intersection between stigma, identity management, and information control.

Analysis. The analysis highlights how individuals with alcohol use disorder construct trusted small worlds where insider trust is high, but information exchange remains limited. Within these worlds, secrecy and selective engagement with information function as protective strategies rather than mere barriers.

Results. The study introduces the adapted concept of *information insularity*—a self-protective form of information control where individuals create informational islands to maintain safety, identity, and belonging.

Conclusion. Findings suggest the need for stigma-sensitive and anonymous information systems that foster trust while expanding access to credible, evidence-based resources. Theoretically, this work reframes self-stigma as an informational condition and contributes to understanding how social vulnerability shapes everyday information behaviour.

Introduction

Alcohol use disorder is a chronic medical condition characterised by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. Recovery from alcohol use disorder involves a complex, ongoing process that may include formal treatment, peer support groups, behavioural therapies, and behavioural changes over time. However, individuals in recovery face significant challenges in accessing and managing the information necessary for treatment decisions, relapse prevention, and social reintegration. These challenges are compounded by the pervasive stigma surrounding alcohol use disorder, which can lead to social isolation and barriers to seeking help or knowledge.

Stigma is an attribute reflective of a tainted and devalued identity caused by a deviation from the norm (Goffman, 1963). Alcohol use disorder is among the most stigmatised health conditions globally. People with alcohol use disorder, and those with substance use disorders more broadly, are often blamed for their condition (Corrigan et al., 2009; Cheetham et al., 2022) and face a social environment characterised by secrecy, fear of disclosure, and negative societal judgements. Importantly, this burden can persist even after misuse has ended, a factor that Ginspoon (2018), identifies as a distinguishing feature of addiction compared to other medical conditions.

These factors directly influence how individuals seek, avoid, and share information. Stigma is pervasive and present throughout the pre-, during, and post recovery journey (for those who attain sobriety). While research in information science has examined marginalised groups' information behaviour, for instance, parents of individuals with disabilities (Gibson & Martin, 2019; Chatman, 1995), limited attention has been paid to alcohol use disorder specifically. It is equally important to note, though not within the scope of this work, that stigmatisation for people with alcohol use disorder is further compounded by other intersectional factors like race, sexual orientation, economic status.

Goffman's (1963) theory of stigma management provides a foundational understanding of how individuals negotiate discredited or discreditable identities in everyday life. His framework highlights how people manage information about themselves to avoid social rejection, often engaging in concealment, secrecy, or selective disclosure. These strategies resonate strongly with patterns observed in information behaviour, particularly when individuals perceive that seeking information could expose them to judgment or loss of status.

Chatman's work on information poverty offers a complementary perspective by situating information behaviour within the boundaries of social norms and trust. Chatman (1996, 1999) demonstrated that people living in marginalised or closed social environments often restrict their information seeking to insiders and avoid external sources perceived as risky or irrelevant. Her theories illuminate how social norms, fear of exposure, and self-protective behaviours can limit access to potentially beneficial information, a dynamic that closely parallels the experiences of individuals facing stigma due to alcohol use disorder.

By synthesising Goffman's stigma management theory with Chatman's information poverty theory. This paper conceptualises stigma as a defining context for information behaviour. This theoretical synthesis contributes to information behaviour research by offering a framework that links the management of stigma with the experience of information poverty, thereby deepening our understanding of the informational dimensions of living with alcohol use disorder.

Objectives

The objectives of this paper are to:

1. theoretically connect self-stigma with Chatman's constructs of information poverty,
2. explain how self-stigma gives rise to *insider* and *outsider* small worlds and how these shape trust, disclosure, and information engagement among individuals with alcohol use disorder, and
3. identify and conceptualise *stigma-shaped information behaviour*, including selective trust, information avoidance, and anonymized information seeking, as they manifest in the context of alcohol use disorder.

Literature review and theoretical foundation

Stigma and information behaviour in alcohol use disorder

The National Institute on Alcohol Abuse and Alcoholism (2025) defines stigma as 'negative beliefs about individuals or groups based on characteristics that may set them apart from others, such as mental health conditions including alcohol use disorder (AUD)' (para. 2). It is a form of prejudice (Bathje & Marston, 2014), the consequences of which might be severe, leading to avoidance of treatment and help seeking (National Institute on Alcohol Abuse and Alcoholism, 2025; Docksey et al., 2022), social isolation and ostracism (Prizeman, Weinstein & McCabe, 2023), loss of self-esteem (National Institute on Alcohol Abuse and Alcoholism, 2025), and disempowerment and discrimination (Bathje & Marston, 2014) among others. The concept of stigma thus appears to connote a socially conferred identity by otherness in society, further leading to social inequalities.

Stigma has been categorised into three interrelated types: structural or institutionalised stigma, public stigma, and self-stigma (Cheetham et al., 2022; Corrigan, Larson, et al., 2009). Structural stigma is embedded in institutional policies, laws, and funding structures that limit access to comprehensive and evidence-based treatment (McCulloch & Scrivano, 2023), for alcohol-related problems. The historical separation of alcohol and substance use treatment from general health care, combined with limited trained professionals and hospital-focused detoxification, has fragmented care and reinforced perceptions that individuals with alcohol use disorder are less deserving than other patients. Policies favouring punitive or abstinence-only approaches over harm reduction further exacerbate these inequities, contributing to missed diagnoses, preventable health complications, and barriers to effective treatment (Nelson et al., 2017). Moreover, public stigma, reflected in widespread negative stereotypes and discriminatory attitudes, positions people with alcohol use disorder as morally weak, irresponsible, or personally at fault for their condition (Na et al., 2022; McCulloch & Scrivano, 2023). Russel et al. (2023) and Bosworth et al. (2025) noted that such representations are perpetuated through media narratives that frame alcohol dependence as a behavioural failure rather than a medical or social issue, reinforcing societal prejudice and discouraging empathy or support for treatment access. Together, structural and public stigma establish a reinforcing cycle that legitimises discriminatory treatment practices (Cheetham et al., 2022), sustains social exclusion, and exacerbates health inequities (Bolster-Foucault et al., 2021), and operates outside the locus of control of these individuals.

Previous studies confirm that stigma significantly shapes help-seeking, social avoidance, and both public and self-stigma responses among individuals with alcohol use disorder. Research in Denmark found that stigma and shame were major barriers to formal treatment seeking, especially among heavier drinkers (Finn, Mejlidal & Nielsen, 2023). Another large survey linked

higher levels of stigma with lower preferences for both formal and informal help-seeking, indicating that stigma influences individuals' decisions about where and how to seek information (Finn, Mejidal & Nielsen, 2023). Population-level reviews further show that people with alcohol use disorder face higher public stigma and social distance than many other mental health conditions (Kilian et al., 2021). Qualitative work on online mutual aid communities highlights how anonymity and peer support shape engagement with recovery information and identity negotiation (Chambers et al., 2017). Cross-cultural studies also illustrate that stigma contributes to avoidance and social distancing behaviours, reinforcing the relevance of socially bounded information practices (Yang et al., 2025). Given its enduring psychological and behavioural effects, self-stigma constitutes a critical component of the broader stigma framework, both reflecting and perpetuating the structural and public forces that constrain recovery for individuals living with alcohol use disorder (National Academies of Sciences, Division of Behavioural, Social Sciences, Board on Behavioural, Sensory Sciences, & Committee on the Science of Changing Behavioural Health Social Norms, 2016).

Moreover, self-stigma, the internalisation of societal prejudice and negative stereotypes, represents a deeply personal and psychologically damaging dimension of stigma (Corrigan, Larson & Rusch, 2009) for individuals with alcohol use disorder. When individuals internalise beliefs that they are devalued, flawed, or undeserving, they often experience diminished self-worth, shame, and hopelessness, which can significantly deter help-seeking and engagement with treatment services (Chaudoir et al., 2014). Self-stigma may lead individuals to conceal their condition, withdraw socially, or discontinue therapy prematurely, thereby reinforcing a cycle of isolation and relapse (Corrigan, Larson & Rusch 2009). Empirical evidence links self-stigma among people with alcohol use disorder to poorer mental health outcomes, including heightened depression, anxiety, and reduced quality of life (Cheetham et al., 2022).

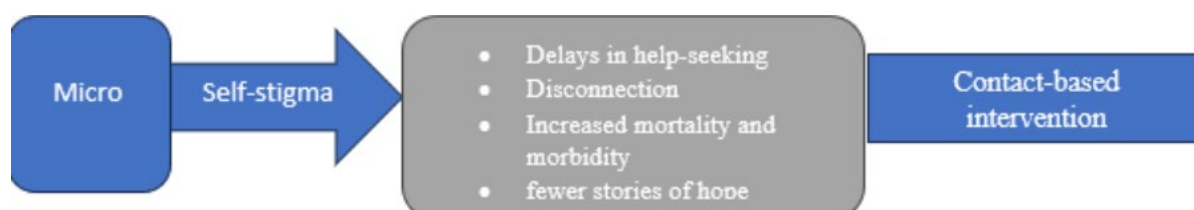


Figure 1. Micro-level, source, impact, and strategies to reduce stigma. Adapted from Cheetham et al., (2022).

Self-stigma emerges when public devaluation becomes self-directed, producing shame, guilt, and a diminished sense of personal worth. These internalised emotions profoundly shape individuals' information behaviours, that is, how they seek, access, avoid, interpret, and use information related to their condition. According to Wilson's model of information behaviour (Wilson, 1981 in Wilson, 1997), information seeking is often motivated by a perceived need, but is constrained by intervening variables such as personal, social, and environmental barriers. For individuals experiencing self-stigma, these constraints manifest as avoidance of health information, reluctance to disclose alcohol-related problems, and mistrust of professional sources (Romo & Obiol, 2023). The anticipation of being judged or labelled can suppress motivation to seek information about treatment or recovery options, leading to delays in help-seeking and the perpetuation of misinformation.

Information seeking is therefore not an automatic response to the existence of an information need (Wilson, 1997). Other factors, including the perceived importance of satisfying the need, accessibility of information sources, economic constraints (Wilson, 2006), and stigma,

can mediate whether individuals act on their information needs. In this context, self-stigma functions not only as a psychological barrier but also as an informational one, influencing both the recognition of information needs and the strategies individuals employ to address them. This issue is particularly significant given that active information seeking has been widely recognised as a critical determinant of health behaviours in the literature on health information behaviour (Mirzaei et al., 2021; Zimmerman & Shaw, 2020; Weaver et al., 2010; Lambert & Loiselle, 2007).

Several information behaviour frameworks could potentially be applied to the study of health-related information practices, including Wilson's (1997) model of information behaviour and sense-making approaches. However, these frameworks are less well suited to capturing the social regulation of information interaction and engagement under conditions of stigma. Chatman's theory of information poverty is uniquely concerned with secrecy, perceived risk, and socially bounded trust, while Goffman's theory of stigma explicates the identity management processes that produce concealment and selective disclosure. Together, these theories offer a complementary lens for understanding how self-stigma constrains information behaviour in the context of alcohol use disorder.

Goffman's theory of stigma and information behaviour

Erving Goffman (1963) conceptualised stigma as a socially constructed process in which certain attributes or behaviours mark an individual as 'spoiled', creating challenges in social interactions and identity management. He distinguished between visible (discredited) stigmas and concealable (discreditable) stigmas. Individuals, such as people with alcohol use disorder, bearing a discreditable stigma often engage in impression management—strategically controlling information about themselves to present a favourable identity and avoid social devaluation. This process may involve hiding, passing, or selectively disclosing stigmatised traits to mitigate the risk of judgment or exclusion (Goffman, 1963).

Furthermore, Goffman categorised stigma into three types: physical deformities, blemishes of individual character, and tribal stigma. Physical deformities denote visible bodily differences; blemishes of individual character include perceived weaknesses such as addiction, mental disorder, and moral failings and so forth, categories highly relevant to those living with alcohol use disorder; and tribal stigma which refers to a form of devaluation stemming from membership in marginalised social group (Goffman, 1963). While it is important to acknowledge the full scope of Goffman's conceptualisation, this paper specifically focuses on what some people perceive as blemishes of individual character, given its direct relevance to self-stigma. Future research could adopt an intersectional approach to examine how physical and tribal stigmas interact with individual character stigma to influence identity, disclosure, and information behaviour.

The interplay between stigma, 'spoiled' identity, and impression management has direct implications for information behaviour. Individuals with alcohol use disorder may carefully regulate disclosure of their condition, avoiding formal healthcare sources or limiting discussions to trusted peers to protect their social image. This selective engagement with information mirrors Goffman's notion of maintaining a socially acceptable identity, demonstrating how stigma not only affects interpersonal interactions but also shapes access to knowledge, help-seeking behaviour, and participation in recovery processes.

Although Goffman's work on stigma is often cited in media and sociology studies, it is equally applicable to library and information science because it provides a framework to understand how self-stigma shapes information behaviour. His concepts help explain why individuals selectively seek, share, or conceal information, particularly in marginalised or stigmatised

contexts such as alcohol use disorder, where managing social identity is closely tied to information behaviour.

Chatman's theory of information poverty and self-stigma in alcohol use disorder

Lingel and Boyd (2013) observed that within health information behaviour scholarship, the concept of information poverty is particularly significant in contexts shaped by stigma, as it defines and reinforces the boundaries between insiders and outsiders. Chatman (2000) described an impoverished information world as one in which individuals either cannot or choose not to seek out sources that could assist them. Instead, they adopt secretive and self-protective behaviours to conceal their information needs from others who might otherwise provide support. Such individuals may distrust information from external or 'outsider' sources and instead rely on strategies of secrecy or selective sharing to maintain a sense of control over their everyday lives. This dynamic reinforces a boundary of privilege in which insiders, those within the stigmatised community, are seen as possessing unique insight into their shared experiences, while outsiders remain unable to fully understand the social and informational contexts of those living with stigma.

This highlights the distinction between the actual availability of information and the perceived richness or scarcity of informational resources. Individuals experiencing stigma or marginalisation may perceive their informational environment as impoverished, even if resources exist, because trust, social norms, and fear of judgment shape their engagement with information (Ligel & Boyd, 2013; Lannin et al., 2016). Within the framework of information poverty, such perceptions create real constraints: individuals may avoid seeking information from formal or external sources, rely solely on familiar peers, and selectively share or withhold knowledge to manage social risk. The insider concept further clarifies this dynamic, as marginalised individuals often inhabit tightly bounded networks where information circulates within trusted circles. This is reinforced by one of Chatman's (1996, 2000) propositions that information poverty can be a self-protective behaviour that is used in response to social norms. While these trusted insiders offer safety and social validation, they can reinforce perceptions of scarcity by limiting exposure to external, potentially valuable information. In this sense, information poverty is as much about perceived accessibility and trustworthiness as it is about objective availability, demonstrating how self-stigma and insider-outsider dynamics shape the flow, control, and use of information. Within this framework, individuals facing self-stigma due to alcohol use disorder inhabit an information environment where seeking information is constrained by fear of judgment or exposure. Information-seeking behaviour is therefore not merely a response to an information need (Wilson, 1997), but is shaped by social, psychological, and structural factors that can restrict engagement with formal sources.

Thus, individuals with alcohol use disorder often rely on trusted peers or small networks for information, selectively disclosing only what is deemed safe (Lannin et al., 2016). This corroborates the findings of the study by Bronstein (2014), which showed that information poverty was experienced through users' strong preference for insider knowledge, particularly insights drawn from others with similar lived experiences. This selective disclosure serves as a form of impression management, protecting their social identity and minimising the risk of further stigma. However, these practices can reinforce information poverty, limiting access to credible, evidence-based information about treatment and recovery, and perpetuating misconceptions or delayed help-seeking (Mikolajczak-Degrauwe et al., 2023). The interplay between self-stigma and restricted information access highlights how psychological barriers translate into tangible limitations on knowledge acquisition.

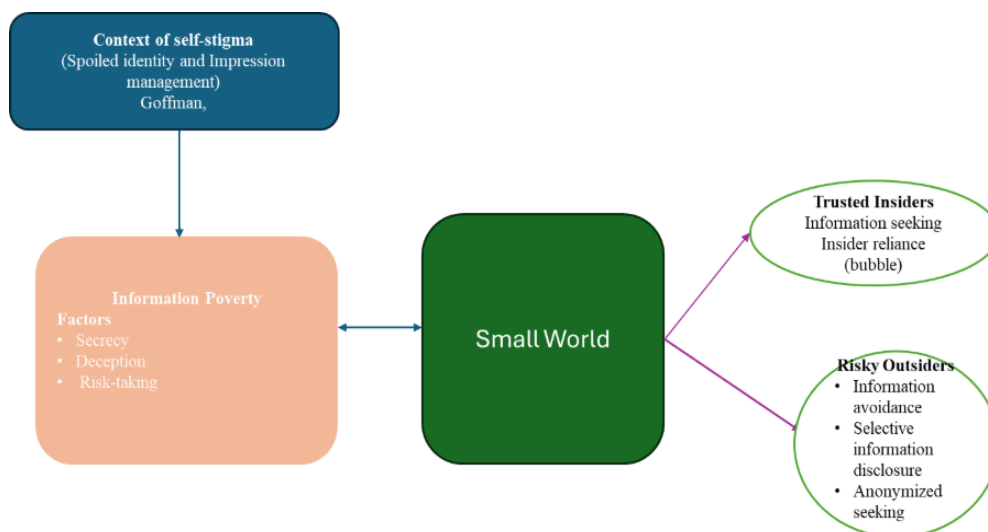


Figure 2. Conceptual synthesis of Goffman's stigma management and Chatman's information poverty theories.

Method

This study employs a conceptual and theoretical synthesis approach to explore how self-stigma influences information behaviour among individuals with alcohol use disorder. Rather than relying on empirical data, the analysis integrates insights from Goffman's (1963) stigma management theory and Chatman's (1996, 1999) information poverty theory alongside relevant literature in behavioural addiction and information science.

The selection of these theories is grounded in their complementary focus on secrecy, social norms, discrimination and trust concepts essential to understanding information behaviour in stigmatised contexts. While Goffman's framework originates from sociology, it provides critical insight into how individuals manage 'spoiled identities' through concealment, selective disclosure, and impression management, behaviours that directly affect information seeking and sharing. Chatman's theories, on the other hand, are foundational within library and information science and explain how marginalised groups experience information poverty due to secrecy, risk aversion, and distrust of outsiders. Integrating these perspectives enables a nuanced understanding of how stigma creates both structural and psychological barriers to information access and use.

Analytical framework

Using interpretive reasoning, this study compares the constructs of secrecy, deception, trust, and risk across both theories to identify areas of conceptual overlap and divergence. Through this synthesis, the study develops the concept of information insularity, which describes how individuals create bounded and protective information environments as a form of identity and risk management.

By emphasising theoretical integration over empirical testing, this approach contributes to health information behaviour research by framing self-stigma as an informational condition and offering a conceptual foundation for designing stigma-sensitive, trust-based information systems that promote safer and more inclusive engagement with information.

Theoretical synthesis/ implications/contribution

This synthesis brings together Goffman's (1963) theory of stigma management with Chatman's (1996) information poverty. It explores how self-stigma influences the information behaviour of people living with alcohol use disorder. Although this study is conceptual, existing empirical research supports the plausibility of the proposed framework. Qualitative studies of individuals with alcohol use disorder document reliance on peer-based information sources and avoidance of formal healthcare due to anticipated stigma (e.g., Romo & Obiol, 2023). Research on online recovery communities similarly shows that anonymity fosters engagement while limiting exposure to diverse perspectives (Brooks et al., 2017). These findings illustrate how information poverty and small-world reliance manifest in practice.

Secrecy, stigma, and information seeking

Goffman's (1963) idea of the 'spoiled identity' provides an important foundation for understanding how people manage stigma in everyday life. Individuals who see themselves as discredited or at risk of being discredited often control what they reveal and to whom, using strategies like concealment or selective disclosure to remain socially acceptable. For those with alcohol use disorder, revealing their condition or seeking treatment may lead to judgment or discrimination, making information seeking a socially risky act.

Chatman's (1996) theory of information poverty parallels this experience. She explained that people who face marginalisation often use secrecy, deception, and risk avoidance as strategies to protect themselves in environments they perceive as unsafe. In this sense, information poverty is not simply about lacking access; rather, it is about how social identity and safety shape what people are willing to know and share. When viewed alongside Goffman, these behaviours can be understood as protective and adaptive.

Trusted insiders and suspicious outsiders

Chatman's (1999) small world concept helps to explain how people build and maintain information networks within spaces of trust and shared experience. For individuals living with alcohol use disorder, these small worlds often include recovery groups, online peer communities, or close social circles where belonging and mutual understanding provide emotional safety (Brooks et al., 2017). Within these insider environments, information exchange tends to be selective, guided by shared norms, lived experiences, and a collective effort to manage stigma. While these trusted spaces support identity rebuilding and a sense of community, they can also limit access to professional, clinical, or evidence-based information, thereby reinforcing information poverty and what this study describes as information insularity.

From this perspective, small worlds both protect and confine. They reduce social and emotional risk by fostering trust, but their insularity can also narrow informational horizons. The intersection of Goffman's and Chatman's ideas reveals that information poverty is not only about lack of access; it is relational and perceptual, shaped by how people negotiate trust, visibility, and self-protection in response to stigma. In this insider-outsider tension, the 'trusted insider' becomes a gatekeeper of information, while 'outsiders' such as health professionals or unfamiliar sources are often viewed with suspicion or fear of judgement.

While similar dynamics may occur in other substance use contexts, the moral normalisation of alcohol use combined with the stigmatisation of 'problem drinking' intensifies impression management and secrecy in alcohol use disorder, making insider-outsider boundaries particularly salient compared to illicit substance use context.

Implications for theory

This synthesis deepens the theoretical understanding of information behaviour in stigmatised contexts by positioning self-stigma as an informational experience. It shows that seeking, sharing, and avoiding information are not simply cognitive or rational acts but are also social and moral performances shaped by identity and perceived social risk. In this way, it extends existing frameworks (e.g., Wilson, 1997, 2006) by highlighting how emotional safety and social belonging condition engagement with information.

Furthermore, this insider–outsider perspective contributes to ongoing ISIC conversations about contextuality and everyday life information practices. It demonstrates that for stigmatised individuals, information behaviour emerges from lived experiences of exclusion, trust boundaries, and constant negotiations between visibility and concealment. Recognizing these dynamics allows information scholars to better theorise the role of stigma, secrecy, and belonging in shaping how people construct their informational worlds.

Implications for practice and design

In practice, understanding the insider–outsider divide projects the need for stigma-sensitive information environments. Health information systems, online recovery platforms, and public education campaigns should be designed to offer safety, trust, and anonymity for individuals with alcohol use disorder. Anonymous or pseudonymous features can help users with alcohol use disorder explore information systems without fear of exposure, while clear ethical and empathetic communication can reduce perceptions of risk.

At the same time, this synthesis recommends the development of digital and community-based spaces that preserve confidentiality and trust but gradually open pathways to authoritative, inclusive, and evidence-based content. Embedding expert knowledge within trusted peer contexts can help bridge the insider–outsider gap, mitigate misinformation, and promote healthier engagement with information.

Ultimately, in the end, seeing self-stigma as an information-related issue helps to change how we understand marginalised users. They should not be viewed as passive receivers of information but as active individuals who carefully navigate complex moral and emotional situations. This understanding encourages information researchers, system designers, and practitioners to create systems that respect users' real-life experiences while providing safer and more supportive ways to access and share information.

By conceptualising information insularity as an adaptive response to stigma rather than a deficit, this framework offers actionable guidance for designing information environments that respect users' need for control while expanding access to supportive, evidence-informed resources.

Conceptual contribution

Based on the foregoing synthesis, I propose *information insularity* as an emerging concept for exploration within health information behaviour scholarship. Insularity has been widely explored across various disciplines, including economics (Deidda, 2016); biology (Drake et al., 2002); and cultural studies (Farrell, 2014). In this context, insularity can be understood as a social-psychological and informational state shaped by stigma, identity and control. It develops when individuals or groups construct bounded 'information islands' grounded in shared lived experiences and collective identities, often in response to social exclusion or the imposition of a 'spoiled identity' (Goffman, 1963). Within these islands, information is filtered, circulated, and validated internally, while information from outsiders is viewed with suspicion or rejected outright.

Information insularity is therefore conceptualised as an information control mechanism, it describes how people build bounded ‘information islands’ based on their shared experience and identities, a way individuals manage exposure, trust, and risk in environments where disclosure carries moral or social consequences. It reflects a deliberate attempt to preserve psychological safety and self-integrity by limiting engagement with information perceived as stigmatising or threatening. For individuals with alcohol use disorder, for instance, insularity may manifest in reliance on peer-based information networks or recovery communities, where shared understanding and emotional validation substitute for professional or public sources that may feel unsafe or judgmental.

This concept extends Chatman’s (1996, 1999) theories of information poverty by emphasising not only restricted access but also self-imposed boundaries as forms of informational resilience. Unlike traditional notions of information deprivation, information insularity acknowledges agency, the active construction of protective information worlds that both shield and constrain. Theoretically, it invites scholars to examine how stigma, identity, and emotional safety interact to shape not just what information people seek, but what information they allow themselves to encounter.

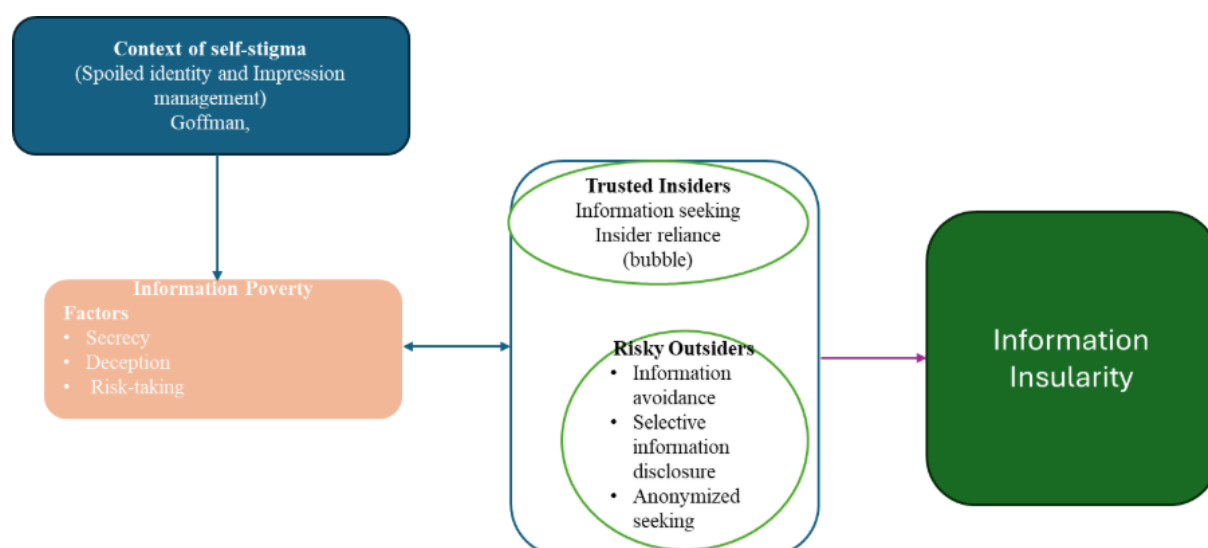


Figure 3. Conceptual synthesis and extension.

Figure 3 depicts information insularity as the outcome of a recursive process in which self-stigma, information poverty, and small worlds continuously reinforce one another. The process begins with self-stigma, understood through Goffman’s concept of spoiled identity, which heightens individuals’ sensitivity to social judgment and perceived risks of disclosure. As information seeking and sharing become associated with potential identity threats, individuals anticipate negative social consequences and respond through secrecy, selective disclosure, and avoidance. These responses mark the emergence of information poverty in Chatman’s sense—not as a lack of available information, but as socially and emotionally constrained access to information.

Information poverty, in turn, shapes how individuals with alcohol use disorder classify their information environments into *trusted insiders* and *risky outsiders*. Within trusted insider small world such as peer recovery groups or anonymous online communities, shared experience and norms reduce emotional risk and enable limited information exchange or create an informational bubble. By contrast, outsider contexts, including healthcare institutions or workplaces, are

perceived as threatening and are managed through selective disclosure, anonymised seeking, or avoidance. Crucially, this differentiation does not resolve information poverty; rather, it reinforces it. Reliance on insiders narrows informational horizons, while avoidance of outsiders restricts access to formal, diverse and validated information sources, feeding back into the very conditions of secrecy and risk perception that define information poverty.

Over time, this recursive loop stabilises into information insularity, where information practices are internally coherent but externally bounded. Information insularity thus emerges not from a single decision or barrier, but from the ongoing interaction between stigma-driven risk assessment and small-world reliance. While this condition serves a protective function by preserving emotional safety and identity, it may also limit opportunities for broader information engagement. By making this feedback loop explicit, Figure 3 emphasises that information insularity is a dynamic and adaptive information control system shaped by self-stigma.

Suggestions for future studies

During the process of developing this work, several areas for further study emerged, which also highlight the need to subject this theoretical synthesis to empirical testing and validation.

Future studies, particularly those employing qualitative approaches, could empirically explore how self-stigma influences or determines the information behaviour of individuals with alcohol use disorder. Such research would provide valuable empirical evidence to inform the integration of existing theories and support the development of a comprehensive model for further testing.

Additionally, examining stigma from an intersectional perspective would allow researchers to understand how various social and personal variables interact to shape human-information interactions within the context of addictive behaviours.

Conclusion

This study brings together Goffman's theory of stigma and impression management with Chatman's theories of information poverty and small worlds to deepen understanding of how self-stigma shapes the information behaviour of individuals living with alcohol use disorder. By highlighting how secrecy, selective disclosure, and bounded trust operate as adaptive strategies rather than mere deficits, this synthesis reframes information avoidance and concealment as socially and psychologically meaningful acts. It underscores that information poverty in stigmatised contexts is not solely a structural limitation but a lived negotiation of visibility, belonging, and moral safety.

Theoretically, this work contributes to information behaviour literature by introducing the concept of *information insularity*, a form of self-imposed informational boundary through which individuals protect themselves from stigma, judgment, or exposure. Information insularity extends Chatman's ideas by emphasizing agency within marginalisation: individuals are not only restricted by external structures but also actively construct informational 'islands' to maintain identity integrity and emotional safety. This perspective calls for broader recognition of how self-stigma, identity, and trust interact to shape both access to and engagement with information.

Practically, these insights have implications for the design of health information systems and interventions. To support individuals with alcohol use disorder and similar stigmatised conditions, information environments must prioritise anonymity, empathy, and credibility. Designing spaces that preserve trust and confidentiality while facilitating gradual exposure

to diverse, high-quality information can help counter misinformation and information bubbles. Such systems should acknowledge the user's need for control and discretion while encouraging safe expansion of their informational horizons.

Beyond general calls for anonymity and safety, this analysis demonstrates *where* and *how* information interventions should operate. Specifically, the framework shows that effective systems and services must engage with existing insider small worlds rather than bypass them. Embedding credible information within trusted peer environments and designing pathways that gently bridge insider and outsider worlds can mitigate information poverty without undermining users' need for identity protection.

In sum, this study advances both theoretical and practical understanding of information behaviour in stigmatised contexts. By situating self-stigma as an informational condition and proposing information insularity as a new analytical lens, it contributes to ongoing ISIC conversations on contextuality, vulnerability, and the everyday life information world.

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About the author

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