



Internalized mental illness stigma and subjective well-being: The mediating role of psychological well-being



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ABSTRACT

This study examines the relationships between internalized stigma, psychological well-being, and subjective well-being in a sample of people with mental illness. We conducted a cross-sectional study with 213 outpatients from the Spanish public social care network. The results showed that (a) internalized stigma was significantly negatively correlated with psychological well-being and subjective well-being (affect balance and life satisfaction) (all correlations are significant with at least $p < 0.05$; most with $p < 0.001$), (b) the two types of well-being were significantly positively correlated and regressions models were significant and (all correlations are at least $p < 0.01$, and regression models are also significant), (c) the effect of internalized stigma on affect balance and life satisfaction was mediated by psychological well-being. The component of internalized stigma most consistently associated with both types of well-being was alienation (life satisfaction: $B = -0.35$, $p = 0.001$; affect balance: $B = -0.38$, $p = 0.001$). These findings should be confirmed in future longitudinal or experimental research. On the basis of these results we recommend that interventions to combat self-stigma aim to reduce feelings of alienation and improve self-acceptance and other aspects of positive psychological functioning.

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1. Introduction

1.1. The stigma of mental illness

Social stigma is one of the most important difficulties faced by people with mental illness (PWMI) (European Commission Health & Consumer Protection Directorate-General, 2005; World Health Organization, 2005; Muñoz et al., 2013). Stigma leads to exclusion and discrimination which affect access to housing, healthcare, employment and social activities for PWMI, adding to the problems that people with severe and persistent mental illness often have in these areas (Corrigan and Watson, 2002; Magallares, 2011). Stigma also affects the well-being and behavior of PWMI. Stigmatizing experiences have been associated with lower psychological well-being, lower life satisfaction and a lower probability of seeking help from mental health services (Markowitz, 1998; Link et al., 2001; Corrigan, 2004).

Experiencing stigma can also lead to internalization of stigma. This is the process of endorsing negative stereotypes of PWMI and applying them to themselves, and the resulting psychological

distress, social withdrawal, secrecy and reduction in sense of self-worth (Ritsher et al., 2003; Livingston and Boyd, 2010; Bos et al., 2013). There is evidence that internalized stigma has numerous negative effects on the well-being of PWMI. It has been associated with low self-esteem and low self-efficacy (Ritsher et al., 2003; Ritsher and Phelan, 2004; Corrigan et al., 2006; Yanos et al., 2008; Bos et al., 2009), depressive symptoms and negative symptoms (Ritsher and Phelan, 2004; Yanos et al., 2008; Lysaker et al., 2009), lack of hope and greater use of avoidant coping strategies (Yanos et al., 2008), poor social functioning (Muñoz et al., 2011); and low scores on measures of empowerment and recovery orientation (Ritsher et al., 2003).

1.2. Subjective well-being and psychological well-being

Since the emergence of positive psychology well-being has received increasing attention in psychological research (Sheldon and King, 2001). Ryan and Deci (2001) argued that there are two aspects to well-being: hedonic or subjective well-being and eudemonic or psychological well-being. Hedonic well-being relates primarily to happiness, which is based on a person's affective and cognitive evaluations of his or her own life (Diener et al., 2003). The affective evaluation is comprised by two measures: the presence of positive mood and absence of negative mood, which can be summarized as 'affect balance' (Bradburn, 1969). The cognitive

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evaluation represents what we call life satisfaction and can be measured as a global variable (Diener et al., 1985) or in terms of satisfaction with specific life domains (Baker and Intagliata, 1982). Eudemonic psychologists argue, however, that it does not follow that someone who claims to be happy – as most people do – is psychologically well (Ryff, 1989). The eudemonic approach to well-being emphasizes meaning and self-realization; defining well-being in terms of effective psychological functioning (Ryan and Deci, 2001). Ryff's multidimensional model of psychological well-being is one of the most integrative eudemonic models; it includes six aspects of psychological actualization: self-acceptance, relations with others, autonomy, environmental mastery, personal growth and purpose in life (Ryff, 1989; Ryff and Keyes, 1995).

The distinction between subjective well-being and psychological well-being is empirical as well as theoretical. Keyes et al. (2002) found that, although both types of well-being were highly correlated, their constituent components loaded on two different factors. This finding was later replicated in China (Biaobin et al., 2004), and in the UK (Linley et al., 2009).

Some authors have suggested that subjective well-being might be a consequence of living well (Ryan et al., 2006; Sanjuán, 2011). Sanjuán (2011) suggested that experiencing autonomy and personal growth and having positive relationships with others and a purpose in life could increase positive feelings and improve satisfaction with life.

As stated above there is evidence that internalized stigma is related to various measures of psychological well-being. Ritscher and Phelan (2004) found that in a sample of psychiatric outpatients internalized stigma score predicted depressive symptoms at a four-year follow-up and that alienation also negatively predicted self-esteem. Associations between internalized stigma and depressive symptoms and low self-esteem were also found in a cross-sectional study which also found a negative association between internalized stigmas and self-efficacy (Corrigan et al., 2006). A meta-analysis found that internalized stigma was associated with a low life satisfaction, low perceived social support and low scores on measures of empowerment and hope (Livingston and Boyd, 2010). Although the relationship of positive and negative moods with internalized stigma has not previously been tested, affect balance was shown to be negatively associated with social experience of stigma and perceived discrimination (Kahng and Mowbray, 2004; Magallares et al., 2013; Pérez-Garín et al., in press).

In short, internalized stigma has been shown to have a generally detrimental effect on well-being, and psychological well-being appears to be causally related to subjective well-being (affect balance and life satisfaction). On this basis we hypothesized that psychological well-being mediated the relationship between the internalization of stigma and subjective well-being. Drawing on previous empirical findings on well-being and internalized stigma we propose a pathway in which internalized stigma has a negative impact on psychological well-being which, in turn, has a negative impact on affect balance and life satisfaction.

We formulated the following specific hypotheses, Hypothesis 1: the various components of internalized stigma are negatively associated with subjective well-being (affect balance and life satisfaction); Hypothesis 2: internalized stigma is negatively associated with psychological well-being; Hypothesis 3: psychological well-being is positively associated with subjective well-being and Hypothesis 4: psychological well-being mediates the relationship between internalized stigma and subjective well-being.

A longitudinal study demonstrated that the various aspects of stigma have different effects on depressive symptoms and self-esteem (Ritscher and Phelan, 2004). In this study the more 'internal' components of self-stigma (particularly alienation) were the strongest predictors of self-esteem and depressive symptoms,

whereas discrimination experiences were not predictors of either. The authors argued that this was consistent with the notion that internalization is the most psychologically harmful aspect of stigma (Ritscher and Phelan, 2004). We expected to find similar relationships between the components of self-stigma and psychological well-being and subjective well-being. In order to provide more information and guide future interventions to combat stigma we decided to analyze the various facets of internalized stigma and psychological well-being separately. On the basis of Ritscher and Phelan's (2004) results, we predicted negative associations between both psychological and subjective well-being and alienation (Hypothesis 5), stereotype endorsement (Hypothesis 6), and social withdrawal (Hypothesis 7).

Feeling inferior, different and thus set apart from others seems to play an important role in the stigmatization process. The finding that alienation reduces self-esteem and increases depressive symptoms hints at the existence of a vicious cycle involving alienation and psychological distress (Ritscher and Phelan, 2004). Ritscher and Phelan (2004) found that the factor most consistently associated with negative psychological outcomes was alienation so we expected that alienation would be strongly negatively associated with both types of well-being.

2. Method

2.1. Participants

The sample comprised 213 users of Spanish public social care services for PWMI. Participants were recruited from 19 centers located in Madrid ($n=170$), Catalonia ($n=35$) and the Balearic Islands ($n=8$). It was an incidental sample, as, in order to make it as representative as possible of the population of PWMI, we tried to balance the number of female and male participants (the majority clients in these centers are men), and the number of participants in each of three age groups (20–35 years; 36–50 years; 51–65 years). We also tried to ensure that least 10 participants were recruited from each center. Most of the participants were men ($n=126$); 85 were women and 2 participants did not report their gender. All participants were over 18 years old (M age=43.04 years, $SD=10.65$). Over half the sample (64.8%) had a main diagnosis of 'schizophrenia, schizotypal disorders or delusional disorder', 11.7% were reported to have 'mood disorders', another 11.7% had 'personality disorders', 2.8% had 'neurotic disorders', 1.4% were marked as having 'other' disorders. The main diagnosis for the remaining 7.5% of participants was not reported (socio-demographic and clinical data were provided by workers in the centers on the basis of information in the patients' files; all the participants had been diagnosed by a psychiatrist from the public health care system).

2.2. Measures

The *Internalized Stigma of Mental Illness scale* (ISMI; Ritscher et al., 2003) is one of the most commonly used measures of internalized stigma (Livingston and Boyd, 2010). It is a 29-item instrument that measures five different aspects of internalized stigma. The *Alienation* subscale assesses the extent to which the respondent feels that he or she is not a full member of society because of his or her mental illness. In our sample the Alienation subscale had good internal consistency ($\alpha=0.83$) The *Stereotype Endorsement* subscale ($\alpha=0.76$ in our sample) measures agreement with common stereotypes of PWMI. *Discrimination Experience* ($\alpha=0.84$ in our study) is intended to capture the respondent's perception of how others interact with him or her. *Social Withdrawal* ($\alpha=0.86$) assesses the extent to which the respondent

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