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Regional update

Self-stigma in depressive patients: Association of cognitive schemata, depression, and self-esteem☆

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ABSTRACT

Many empirical studies have indicated that various psychosocial and psychiatric variables are correlated with levels of self-stigma. Treatment methods for reducing self-stigma have been investigated in recent years, especially those examining the relationship between negative cognitive schemata and self-stigma. This study examined the relationship of self-stigma with cognitive schemata, depression, and self-esteem in depressive patients. Furthermore, structural equation modeling (SEM) was conducted to evaluate three hypothetical models. Study participants were 110 patients with depression (54 men, 56 women; mean age = 45.65 years, SD = 12.68; 83 diagnosed with mood disorders; 22 with neurotic, stress-related, or somatoform disorders; and 5 with other disorders) attending a psychiatric service. Outcomes were measured using the Japanese versions of the Devaluation-Discrimination Scale, Dysfunctional Attitude Scale, Center for Epidemiologic Studies Depression Scale, and Rosenberg's Self Esteem Scale. The analysis indicated a better fit of the model that assumed self-stigma as mediator, suggesting that cognitive schemata influence self-stigma, while self-stigma affects depression and self-esteem. The tested models using SEM indicated that (1) self-stigma has the potential to mediate the relationship between cognitive schemata and depression, and (2) depression and self-stigma have a similar influence on self-esteem. Although low self-esteem is considered one of the symptoms of depression, when we aim to recover self-esteem, we do not only observe improvement in depressive symptoms; thus, approaches that focus on the reduction of self-stigma are probably valid.

1. Introduction

The stigma associated with mental disorders is a global public health problem. There is substantial evidence regarding public stigma that confirms the effectiveness of anti-stigmatization programs (Corrigan et al., 2012; Evans-Lacko et al., 2013; World Psychiatric Association, 2002). Furthermore, some people with mental disorders internalize stereotypes leading to self-stigma.

Self-stigma has recently been cited as a major public health concern, contributing to decreased treatment adherence and lower self-esteem and self-efficacy (Corrigan et al., 2006; Fung et al., 2008; Link et al., 2001; Sirey et al., 2001). Livingston and Boyd (2010) investigated the experiences and adverse consequences of self-stigma for people with mental disorders. Their article provides a systematic review and meta-analysis of the extant research investigating the empirical relationship between self-stigma and range of sociodemographic, psychosocial, and psychiatric variables for people who live with mental illness. The meta-analysis revealed that especially high levels of self-stigma were associated with poorer self-esteem ($r = -0.55$) and psychiatric symptom severity ($r = 0.41$). In their systematic review, almost half of the participants were diagnosed with a mood or anxiety disorder, and almost 40% of the participants were diagnosed with a schizophrenia spectrum disorder. This suggests that the majority of studies initially investigated self-stigma in relation to schizophrenia, but recent studies have also focused on mood or anxiety disorders. The relationship between severe depressive symptoms and self-stigma has been further investigated in recent years (Pyne et al., 2004; Yen et al., 2005).

Treatment methods for reducing self-stigma have been investigated in recent years, especially those examining the relationship between negative cognitive bias and self-stigma.

☆ In self-stigma studies, similar terms are used (e.g., "self-stigma," "perceived stigma," "internalized stigma"). In a narrow sense, each term has a different definition. The term "self-stigma" represents an inclusive concept.

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Watson et al. (2007) proposed a cognitive process model explaining how negative self-beliefs may lead to self-stigmatization. Stereotype awareness is at the beginning of the process and is a necessary but not sufficient component of self-stigma.

According to the model (Watson et al., 2007), stereotype agreement occurs when an individual endorses the common public stereotypes, such as, "people with mental illness are weak." This process specifically becomes self-stigmatizing with the addition of stereotype self-concurrence, in which an individual applies the culturally internalized beliefs to him or herself, such as, "I am weak because I have a mental illness." This, in turn, decreases self-esteem and self-efficacy. A person's self-esteem and self-efficacy are diminished because of concurrent negative belief. Similarly, Corrigan and Calabrese (2005) indicated that both negative statements and negative cognitive self-schemas increase self-stigma. These studies suggest that focusing on changing negative beliefs using a cognitive behavioral approach can effectively reduce self-stigma. Therefore, a number of practical interventions have been based on cognitive behavioral therapy (CBT; Fung et al., 2011; Knight et al., 2006; Macinnes and Lewis, 2008; Mittal et al., 2012; Shimotsu et al., 2014; Yanos et al., 2011). These interventions included individuals diagnosed not only with schizophrenia spectrum disorder but also with non-schizophrenic disorders. Researchers observed positive effects of these programs such as reduced self-stigma and improvements in self-esteem. However, the mechanism by which these factors relate to each other has not been demonstrated. Especially in the case of depressive patients, evidence suggests a relationship between depression severity and self-stigma (Pyne et al., 2004; Yen et al., 2005), and improved cognitive schemata may affect both depression and self-stigma. Moreover Shimotsu et al. (2014) suggested that self-stigma has the potential to mediate the relationship between improvements in cognition and emotional symptoms. Considering that low self-esteem represents one of the depressive symptoms, when self-esteem was improved by the program, it becomes difficult to distinguish the effects of improved depression and of decreased self-stigma.

Based on previous studies (Pyne et al., 2004; Shimotsu et al., 2014; Watson et al., 2007), the current study hypothesized a model comprising self-stigma, cognitive schemata, depression, and self-esteem, and examined the applicability of the model to depressive patients. The hypothetical model suggests that self-stigma and depression affect self-esteem, and cognitive schemata affect self-stigma and depression. Based on previous studies, three hypothetical models are compared (Fig. 1). Model 1: Cognitive schemata affect self-stigma and depression, and both factors affect self-esteem independently. Model 2: Cognitive schemata affect depression, and self-stigma is affected by depression (Pyne et al., 2004; Yen et al., 2005). Model 3: Self-stigma is a mediator between cognitive schemata and depression (Shimotsu et al., 2014).

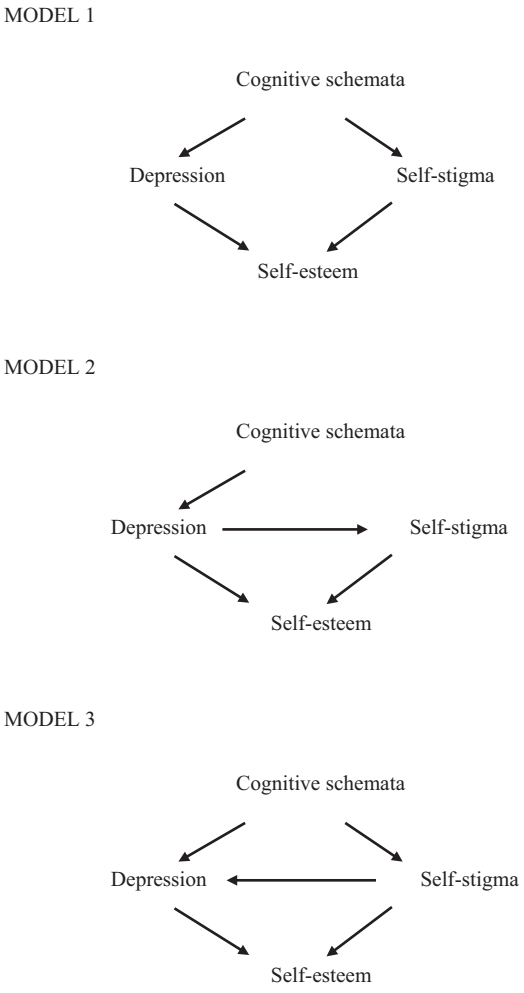

Fig. 1. Three hypothesized models.

2. Materials and methods

2.1. Participants and procedures

Participants consisted of 110 outpatients (54 men, 56 women; mean age = 45.65 years, *SD* = 12.68) at a mental health clinic in Miyazaki Prefecture and Saitama Prefecture, Japan. Primary physicians had diagnosed the participants with the following conditions according to the International Classification of Diseases, 10th Revision (ICD-10; WHO, 1992): mood disorders ($n = 83$); neurotic, stress-related, and somatoform disorders ($n = 22$); and other disorders ($n = 5$). The patients' demographic information is shown in Table 1.

The inclusion criteria for the study were a diagnosis of depression and/or having depression. The exclusion criteria were diagnosis of personality disorders and developmental disorders. Patients who were eligible for the study were told that their participation in the study was strictly voluntary and would have no influence the current or future relationships with their primary physicians. Both written and oral informed consent was obtained from all participants. After completing the questionnaires, participants received a gift card of 1000 Yen. This research was approved by the Kobe Yamate University Ethics Board.

2.2. Measures

2.2.1. Devaluation-discrimination scale (DDS)

Self-stigma was assessed using a Japanese version of the DDS (Link, 1987; Link et al., 1989; Shimotsu et al., 2006). The DDS is the most frequently used scale for assessing internalized self-stigma related to mental illness (Livingston and Boyd, 2010). Questions are designed to identify the extent of the patient's belief that most people devalue and discriminate against those with mental illness (perceived devaluation-discrimination). The scale comprises 12 items, each measured on a 4-point Likert scale, with higher scores representing more severe self-stigma. This scale has been translated into Japanese and validated by Shimotsu et al. (2006). Its psychometric properties (internal consistency: $\alpha = 0.85$, $\theta = 0.85$) have been shown to be good (Shimotsu et al., 2006).