



## Cultural model of self-stigma among Chinese with substance use problems



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### ARTICLE INFO

#### Article history:

Received 27 February 2015  
Received in revised form 10 July 2015  
Accepted 17 August 2015  
Available online 22 August 2015

#### Keywords:

Chinese  
Substance use  
Self-stigma  
Face concern  
Moral emotions  
Mental health

### ABSTRACT

**Background:** Substance use is regarded as one of the most stigmatizing conditions worldwide. To achieve recovery, individuals with substance use problems must learn to cope with stigma. Despite the potential importance of cultural factors in the internalization process of stigma, few studies have incorporated culturally salient factors in understanding self-stigma. We responded to this gap in the literature by investigating a mechanism of self-stigma that focused on a cultural value salient to the Chinese—face concern. Specifically, we hypothesized that two types of face concern (*mianzi* concern and *lian* concern) would affect self-stigma and mental health through self-conscious moral emotions and rumination.

**Methods:** A total of 199 Hong Kong Chinese adults with substance use problems completed standardized questionnaires.

**Results:** Test of the proposed model using structural equation modeling showed excellent fit to the data. The findings support the role of face concern in affecting self-stigma and mental health among Chinese with substance use problems. In particular, the findings showed significant indirect effects of *lian* concern on rumination, self-stigma, and mental health via moral emotions.

**Conclusions:** The present study provides preliminary empirical support for the importance of cultural factors in the internalization process of stigma and the maintenance of mental health among individuals with substance use problems.

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## 1. Introduction

### 1.1. Research on substance use stigma

Public stigma entails the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination (Link and Phelan, 2001). It represents the endorsement of a set of prejudicial attitudes, emotional responses, discriminatory behaviors, and biased social structures by a sizeable group in society toward members of a subgroup (Corrigan and Watson, 2002). Self-stigma refers to the internalized stigma that individuals may have toward themselves as a result of their minority status (Mak and Cheung, 2010). It occurs when members of a devalued group, being aware of prejudice, stereotypes, and discrimination targeted against them, endorse and internalize such feelings, beliefs, and behaviors toward themselves (Corrigan and Watson, 2002).

According to a global study that ranked the degree of stigma encountered by people with different stigmatizing conditions, drug

addiction ranked the highest among 14 different countries (Room et al., 2001). China was one of them. Substance use is often linked with other stigmatized health conditions, such as HIV/AIDS, hepatitis C virus, and social problems (Dean and Poremba, 1983; Dean and Rud, 1984; Room, 2005; Habib and Adorjany, 2003). Furthermore, the criminalization of substance use behaviors appears to legitimize moral condemnation. These social stereotypes and processes work together to exacerbate substance use stigma. Additionally, the pervasiveness of public stigma is sometimes internalized by those living with a stigmatizing condition (Corrigan and Watson, 2002).

A considerable body of research has shown that self-stigma has a deleterious effect on the stigmatized individual's self-concept and the way they view their lives and relations with others (e.g., Corrigan and Penn, 1999; Dovidio et al., 2000; Mak and Cheung, 2010; Mak et al., 2007). For instance, individuals with substance use problems (ISUP) may withdraw and isolate themselves (Ahern et al., 2007), withdraw from substance use treatment (Brener et al., 2010), or increase other risky behaviors (Simmonds and Coomber, 2009). Despite the detrimental impact of substance use self-stigma on mental health (e.g., Ahern et al., 2007; Simmonds and Coomber, 2009), research on this topic is scarce (Luoma et al., 2008). Moreover, few studies have linked stigma to its culture-specific roots or

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investigated the impact of culturally salient factors on stigma (e.g., Mak and Cheung, 2012; Yang et al., 2013). To fill the gap in our knowledge, in the present study we investigated a cultural model of substance use self-stigma that takes into account a cultural value salient to the Chinese, namely, face concern.

### 1.2. Face concern: Mianzi versus lian

Face concern is the “desire to enhance, to maintain, and to avoid losing face in relation to significant others in social activities” (Bao et al., 2003, pp. 736–737). Hu (1944) made a now-classic and critical distinction between the two types of face concern in Chinese societies: *mianzi* and *lian*. *Mianzi* refers to social face, which represents personal prestige or reputation achieved through success or performance in specific social roles. Within the Confucian culture in the Chinese communities, *mianzi* is lost when individuals fail to reach the standard expected from their social roles. *Lian*, on the other hand, represents moral face, which is a baseline of integrity that one must uphold in order to be accepted in society. *Lian* is lost when standards of morality are transgressed. Whereas *mianzi* concern involves mostly external sanctions, *lian* concern involves both internal and external sanctions. In short, face concern denotes the need to preserve or enhance one’s social reputation and standards of morality. As an effective social sanction, face loss not only deprives a person of their social capital but also corrupts their relational identity (Yang et al., 2007; Yang and Kleinman, 2008).

### 1.3. Face concern and self-stigma

In a collective society where self-identity is largely defined by social relationships, face concern is highly relevant to the development of self-stigma. However, not everyone is affected by face loss in the same way. Individuals vary in their levels of face concern. Those with a higher level of social face (*mianzi*) concern, for example, are expected to be more sensitive to social scrutiny, and thus are more vulnerable to self-stigmatization. In support of this view, Mak and Cheung (2012) found that strong social face (*mianzi*) concern was associated with the internalization of psychiatric stigma among caregivers of people with mental illness.

Compared with social face (*mianzi*), moral face (*lian*) is arguably even more relevant to self-stigmatization because it is essential for one to become an upright member of society (Cheng, 1986). The consequences of losing *lian* can be dire, including being categorized as an outcast (Earley, 1997) and potential abandonment (Li et al., 2004). Furthermore, when *lian* is lost, it becomes difficult for one to take any reputable social position in society, thus affecting *mianzi* as well. People with greater moral face (*lian*) concern tend to be more conscious of their moral standing in society, and thus are expected to be more easily and profoundly influenced by the negative impact of losing *lian* when they violate social norms.

### 1.4. Self-conscious moral emotions as a mediating mechanism

Shame and guilt are self-conscious moral emotions that involve self-evaluation or self-punishment in the event of transgressions. Empirical findings (Lau et al., 1997; Bedford, 2004) have shown that losing face co-occurs with the self-conscious moral emotions of shame and guilt. As a social-relational emotion (Leary, 2000), shame constitutes a direct response to disapproval or criticism from others (Benedict, 1946). The “disapproval” or “criticism”, which follows one’s failure to meet society’s standard, can come in the form of negative evaluation from others (Gibbons, 1990), loss of interpersonal relationships (Leary, 2000), and/or loss of social status (Gilbert, 1997). Such social consequences represent a loss of personal prestige or reputation and thus a loss of *mianzi*. In other words, a loss of *mianzi* is associated with the experience of shame

(Lewis, 1995). Moreover, due to the overarching connectedness in Chinese societies, it is expected that the Chinese would experience shameful feelings for a longer period of time upon losing *mianzi* when compared with Westerners (Cardon, 2006).

While losing *mianzi* is associated with feelings of shame, losing *lian* is associated with feelings of guilt. By definition, guilt is a reaction to violating internalized social norms, that is, a *lian*-losing situation (Benedict, 1946). Chu (1983) found that even just the threat of face loss could result in guilt. Moreover, guilt is felt regardless of one’s capabilities to fulfill moral obligations, which, given the strong interpersonal bonding in China, include duties to one’s family (Bedford, 1994) and obligations of reciprocity (Yang and Kleinman, 2008). When a person fails to fulfill these moral obligations, s/he feels guilty not only for her/his own personal failure but also for the possibility of having damaged her/his family’s reputation. Given the close connection between face concern and moral emotions, it is possible that moral emotions act as a mediating mechanism that links face concern with self-stigma.

### 1.5. Rumination as a mediating mechanism

Signified by recurring and persistent thoughts that enter one’s consciousness unintentionally (Nolen-Hoeksema, 1987), rumination is a psychological process that has been linked to moral emotions. For example, rumination was found to be associated with one’s frequency of shameful feelings (Gilbert et al., 2005). Given the association between moral emotions and rumination, it is possible that rumination serves as a mediating mechanism that links moral emotions with self-stigma. In addition, when individuals experience shame and guilt as a result of their stigmatized status, rumination could result in psychological distress and impaired mental well-being (Lyubomirsky and Nolen-Hoeksema, 1993, 1995). Consistent with this idea, rumination has been shown to heighten a person’s vulnerability toward experiencing major depression episodes (Nolen-Hoeksema et al., 1993). Supporting the idea that rumination may also serve as a mediating mechanism that links moral emotions with mental well-being, a study that investigated the association between shame and depression found rumination to be a significant mediator (Orth et al., 2006).

### 1.6. Self-stigma and mental well-being

Not surprisingly, self-stigma is related to mental health (see Mak et al., 2007 for a meta-analytic review). Consistent with this idea, self-stigma was found to lower a person’s self-esteem and self-efficacy (Corrigan and Watson, 2002; Link et al., 2001), reduce life satisfaction and social adaptation (Perlick et al., 2001; Rosenfield, 1997), and disrupt overall well-being and social networks (Wahl, 1999).

### 1.7. Study aims

In the present study, we aimed to investigate a cultural mechanism of self-stigma that focuses on the Chinese cultural value of face concern. Specifically, we hypothesized that the two types of face concern (*mianzi* concern and *lian* concern) would affect self-stigma and mental health through moral emotions, followed by rumination. In the proposed model, we expected both *mianzi* concern and *lian* concern to be positively related to the two moral emotions (shame and guilt). In turn, we expected these moral emotions to heighten rumination, which would result in a higher level of self-stigma and a lower level of mental health. We expected to see both direct and indirect (via self-stigma) effects of rumination on mental health. We also expected to see a significant correlation between the two types of face concern. However, due to the tremendous importance of *lian* in attaining social acceptance

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