

Acceptance and Commitment Therapy (ACT) in reducing self-stigma of people with mental illness: Proof-of-concept trial

Amanda C. M. Li Cherry L. Y. Lin Winnie W. S. Mak
DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

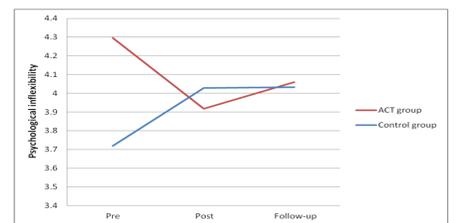
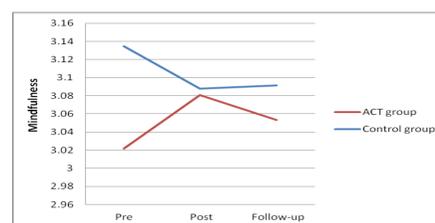
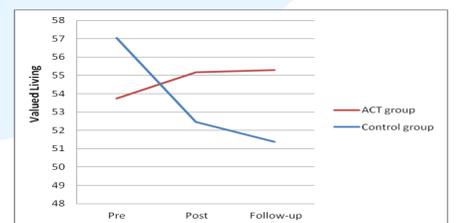
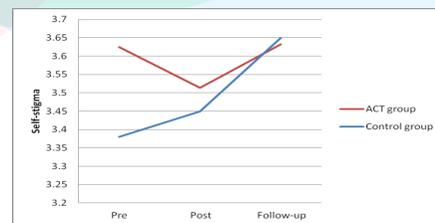
The psychological well-being of people in recovery has long been adversely affected by self-stigma. The present study aimed at evaluating the effectiveness of Acceptance and Commitment Therapy (ACT) as a stigma reduction tool for people with mental illness. Given the focus of ACT on mindfulness and acceptance process as well as valued living and committed action process, we deem ACT may be a suitable approach to address self-stigma.

METHOD

- Thirty-nine people in recovery of mental illness (38.5% male; mean age=42.8; $SD=11.93$) were recruited to join the ACT group and another 39 people in recovery (53.8% male; mean age=44.5; $SD=9.61$) were assigned to the waitlist control group
- Participants in the ACT group attended 2-hour weekly workshops for 5 consecutive weeks.
 - They were invited to learn how to observe their self-stigma with a non-judgmental attitude
 - They also were invited to commit to a valued life as they detach themselves from the illness label
- Self-stigma, psychological inflexibility, valued living, and mindfulness were measured in both conditions at pre-, post- and 2-month follow-up

RESULTS

- The ACT group showed a small effect size in self-stigma, valued living and mindfulness comparing pre and post
- A small-to-medium effect size was observed for psychological flexibility comparing post and follow-up
- In the control group, an opposite trend was observed. However, given the small sample size, the changes did not reach statistical significance



DISCUSSION

- The present study suggested the potential salutary effect of ACT on self-stigma reduction
- An improving trend was observed for self-stigma, psychological inflexibility, valued living and mindfulness in the ACT group
- The benefits of ACT should be further tested in a randomized controlled trial with larger sample size

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Co-production of Acceptance and Commitment Therapy (ACT) as a medium in stigma reduction for people in recovery

Amanda C. M. Li

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY
THE CHINESE UNIVERSITY OF HONG KONG

Aim

This project aims to launch a mental health promotion program, based on Acceptance and Commitment Therapy (ACT), run by people in recovery to college students. It aims at promoting mental health in the university campus, reduce public stigma among college students and self-stigma among people in recovery.

Background

WHAT IS ACT? Acceptance and Commitment Therapy (ACT) is developed by Steven Hayes for people with mental disorders. ACT encompasses six components namely *acceptance*, *cognitive defusion*, *contact with present moment*, *observing self*, *value*, and *committed action*. ACT stands out from other therapies as it does not solely target at symptom reduction, rather, it focuses on helping individuals to live a meaningful and fulfilling life, to help individuals flourish.

HOW DOES ACT RELATE TO STIGMA? ACT can be used to combat self-stigma of people in recovery and enhance well-being for the general public. ACT is highly consistent with personal recovery as it is hope-based, strength-based, and person-centered. As peer-led work can further enhance recovery, people with lived experience will receive training on ACT and will provide services to other people in recovery as peers.

WHY IN HONG KONG? The concept of peer-led service is new to Hong Kong and peer support workers are newly introduced to the mental health system in 2011. It is still a novel approach to the general public. In the current project, the possibility of introducing peer-led service in college campus will be explored. In Hong Kong, the mental health of college students is reported to be constantly poor. College students in Hong Kong live a stressful life. They focus on how to be more competitive and overlook the important of mental health. They might not be able to cope with stress and realize their ability to contribute to the society. It is also difficult for them to live a productive and fruitful life. The absence of mental health might obstruct them to live to the fullest potential.

Program Description

[PREVIOUS STEPS] Previously, I, together with a clinical psychologist, have established the effectiveness of ACT as mental health promotion tool to college students. Batches of 3-session ACT mental health promotion program for college students were conducted from Sep 2013 to Mar 2014. Around 120 students were taught to be mindful about and accept various experiences. This is to increase the capacity and get them ready to live towards their values. They were encouraged to set values and progress towards them. It is evidenced that college students in the ACT group improved significantly on their psychological, social and emotional well-being at post-program, compared to wait-list control s.

[NEXT STEP] Having established the effectiveness of ACT program, people in recovery will be involved in the process of program development, delivery and evaluation in the next step in collaboration with clinical psychologists. We endeavor to empower people in recovery through participating in discussion, attending ACT training, and leading ACT groups. College students are invited to join the program led by trained people in recovery. Apart from improving mental health, participants can also have personal contact with people in recovery that can debunk the myths about mental illnesses. It is expected that stigma will be reduced through interaction in the 3 sessions. As evidenced by previous research, personal contact is one of the most effective methods to reduce public stigma. Besides, it would be a great leap to introduce peer-led programs to the university campus, to raise the awareness of mental health, that is relevant for everyone.

“*The current project hopes to bring the clinical field to reflect their role in mental health services. People in recovery are their own experts. It is a must to combat stigma in order to truly promote a socially inclusive environment. It is time to move on to a more **recovery-oriented, promotion-based and peer-led approach.***”

Caregiving-specific Worry and Affiliate Stigma among Caregivers of Children with Physical Disability

Gloria Y. K. Ma Winnie W. S. Mak

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

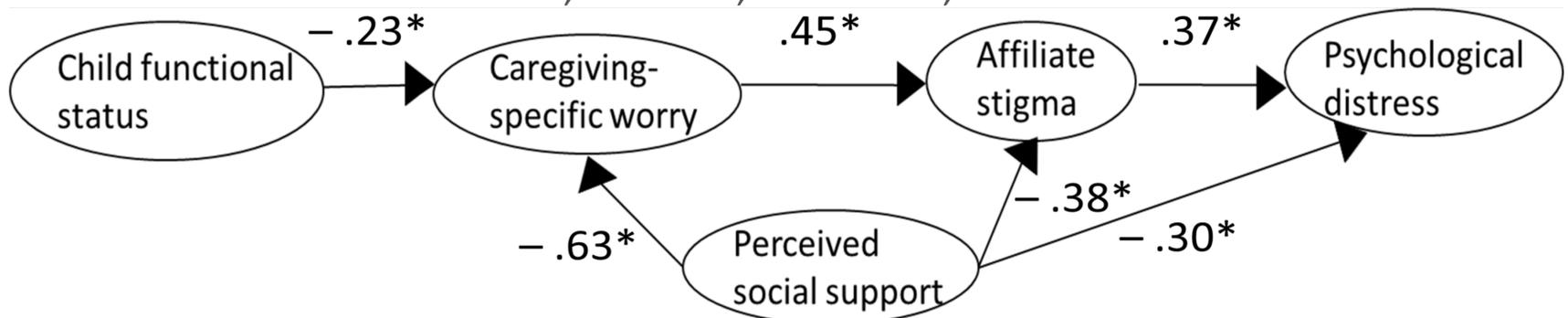
When children's functional limitation due to disability is high, more care and time would be required to take care of them. It constantly reminds caregivers of the different caregiving stressors, leading them to have incessant worry over caregiving-related issues. This may enhance the salience of their caregiver identity, particularly in Chinese society where parents are assumed to be responsible for nurturing their children for their entire life. It may prompt caregivers to internalize the negative beliefs about their children and caregiving, contributing to affiliate stigma and psychological distress. Social support could be an effective protective resource. The present study tested an integrated model on the relationships between functional status of children with physical disability, caregiving-specific worry, affiliate stigma, social support with psychological distress of their caregivers.

METHOD

131 caregivers (78.6% female; mean age=45.4, SD=6.83) in Hong Kong completed a self-report questionnaire on the functional status of their children with physical disability, caregiving-specific worry, affiliate stigma, perceived social support, and psychological distress. Structural equation modeling (SEM) was conducted to test the model on how the effect of the child functional status on the caregiver distress was mediated sequentially through worry and affiliate stigma, accounting the effect of social support on caregiving.

RESULTS

SEM showed an excellent model fit, CFI = .97, NNFI = .97, RMSEA = .05



Structural model with standardized path coefficients. * $p < .05$.

IMPLICATIONS FOR SUPPORT SERVICES FOR CAREGIVERS

Service providers should take into account the profile of the functional impairment of each child when designing support services for caregivers. Caregivers are encouraged to actively engage in social activities to diversify their self-identities, and involve in mutual support groups to provide peer support in dealing with lifespan developmental issues of their children. It may mitigate their worries and stigmatizing thoughts related to their caregiver role. Programs such as family-centered interventions are essential to establish family cohesiveness and harmony.

ACKNOWLEDGMENTS AND CONTACT

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To view the name card or contact the author, please scan the QR code on the right.

E-mail: gykma@psy.cuhk.edu.hk (Gloria Y. K. Ma)



Contact Author

Face Concern and Stigma: Investigating the Process of Stigma Internalization through a Cultural Lens

Randolph C. H. Chan Winnie W. S. Mak

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

- Stigma internalization is a cultural-specific process as people from different cultures may endorse varying stereotypes and prejudice towards stigmatized groups (Lam et al., 2010)
- In Chinese communities, people are especially concerned about loss of face, which renders them more vulnerable to self-stigmatization (Mak & Cheung, 2012; Yang et al., 2013)
 - Mianzi (i.e. social face) is lost when individuals fail to meet their social role expectation
 - Lian (i.e. moral face) is lost when societal and moral standards are transgressed
- The present study aimed to investigate how face concern influences self-stigma and mental health through the mediation of moral emotions (e.g., shame and guilt) and rumination.

METHOD

- A cross-sectional survey was administered to 199 people with drug dependence (91.3% male; mean age = 47.08, S.D. = 11.0) in Hong Kong
- They were assessed on their mianzi concern, lian concern, moral emotions, rumination, self-stigma and mental health
- Structural equation modeling (SEM) was conducted to examine how face concern affect the moral emotions and rumination, and in turn self-stigma and mental health

RESULTS

- Results showed a good fit of the hypothesized model, NNFI = .90, CFI = .92, RMSEA = .07
- Significant indirect effects of lian concern were shown on rumination ($\beta = .33, p < .05$), self-stigma ($\beta = .14, p < .05$) and mental health ($\beta = -.08, p < .05$)

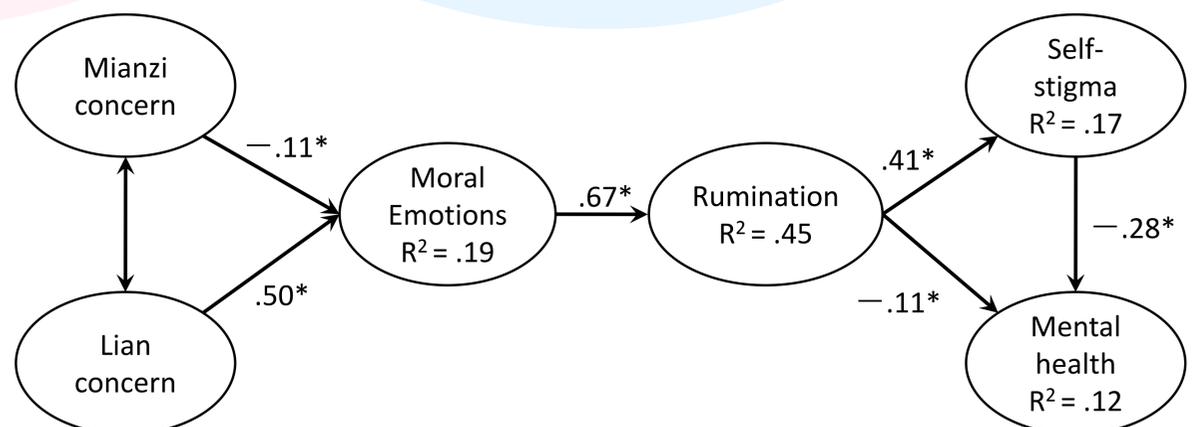


Figure 1. Structural model with standardized path coefficients.

Notes: * $p < 0.05$

DISCUSSION

- The present study was the first to investigate the underlying psychological mechanism of face concern on stigma internalization and mental health among people with drug dependence
- It sheds light on the impact of mianzi concern and lian concern on the manifestation of moral emotions and rumination, which in turn affects the endorsement of self-stigma and the maintenance of mental health
- Future stigma reduction interventions should take into account culturally salient factors in program design and delivery

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HIV-related Stigma as Mediators in Predicting Willingness to Tend People with HIV/AIDS among Hong Kong Nurses in Training

Rachael X. Cheng Chen Zhu Eddie S. K. Chong Jessie W. Y. Yiu Winnie W. S. Mak
DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

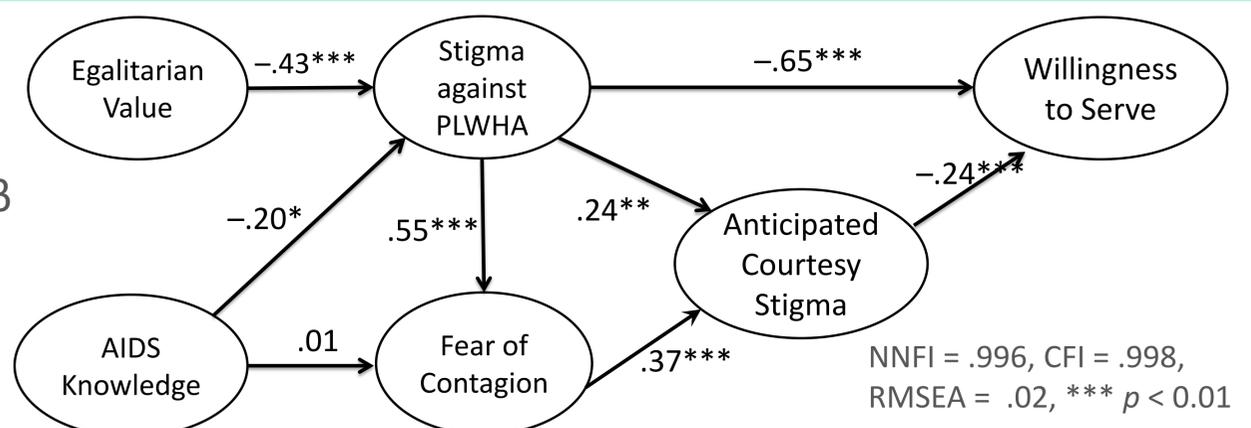
- People living with HIV (PLHIV) are subject to stigma and discrimination in health care settings, and frequently encounter health professionals' unwillingness to serve and care
- Courtesy stigma refers to stigma experienced by people who have association with those living with a stigmatizing condition. Family members and health care workers of PLHIV are common recipients of courtesy stigma
- Egalitarianism is a value orientation defined as adhering the democratic ideals of equality, social justice, and concern for the others' wellbeing
- The present study tested a hypothesized model where health care workers' willingness to serve PLHIV is influenced by their egalitarian value and knowledge of HIV/AIDS via the mediation of fear of contagion, stigma against PLHIV, and anticipated courtesy stigma

METHOD

- A cross-sectional survey was administered to 122 nursing students (78.7% female; mean age = 21.06, SD = 1.55) in Hong Kong
- They were assessed on their egalitarian value, knowledge of HIV/AIDS, stigmatizing attitudes against PLHIV, fear of contagion, anticipated courtesy stigma, and their willingness to serve
- Structural equation modeling (SEM) was conducted to examine how stigma against PLHIV, fear of contagion, and anticipated courtesy stigma mediated the effect of egalitarian value and HIV/AIDS knowledge on willingness

RESULTS

- Stigmatizing attitudes against PLHIV and fear of contagion were positively linked to anticipated courtesy stigma ($\beta = -0.24, p < .01$; $\beta = 0.37, p < .001$, respectively)



DISCUSSION

- The current study investigated how egalitarian value may impact stigma against PLHIV and to empirically test the relationships among factors related to stigma and willingness to serve PLHIV
- These findings shed light on effective ways to train health care workers and prepare them to serve PLHIV with respect and sensitivity

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How Self-stigma and Empowerment Mediate the Impact of Group Perception on Mental Health Recovery?

Randolph C. H. Chan Winnie W. S. Mak

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

- Strong group identification and positive sense of community among members of stigmatized groups exert beneficial effect on stigma resistance and empowerment (Crabtree et al., 2010; Rusch et al., 2009)
- Given that combating stigma and enhancing empowerment are always considered as pathways to mental health recovery (Chiu et al., 2010; SAMHSA, 2005), this study tested a hypothesized model in which the impact of group perception on recovery would be mediated by self-stigma and empowerment

METHOD

- 258 people in recovery of mental illness (55.8% male; mean age = 43.4, SD = 10.8) were recruited to complete a cross-sectional questionnaire
- They were assessed on their sense of community, group identification, group value, self-stigma, empowerment and recovery
- Structural equation modeling (SEM) was conducted to examine how self-stigma and empowerment mediate the impact of group perception on recovery

RESULTS

- The hypothesized model yielded an excellent model fit (CFI = .95, NNFI = .93, RMSEA = .08)
- Group identification and value as well as sense of community explained 13.6% variance of self-stigma and 52.4% variance of empowerment, and they in turn explained 64.2% variance of recovery

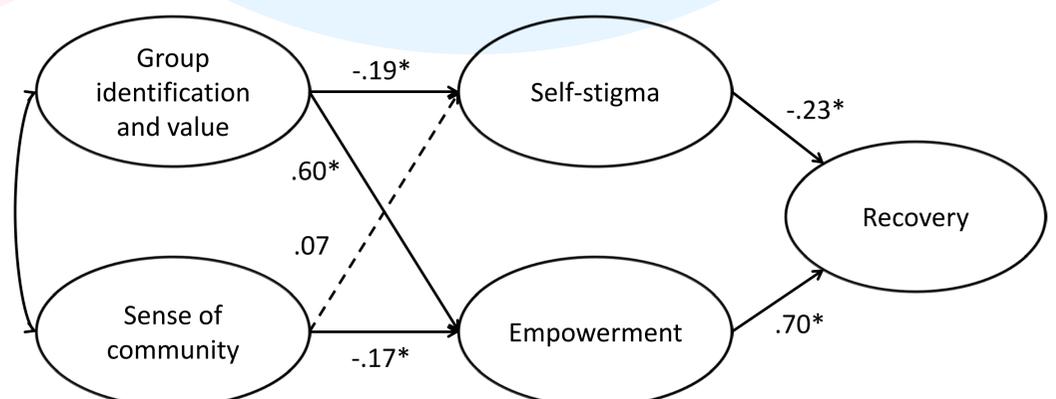


Figure 1. Structural model with standardized path coefficients.
Notes: * $p < 0.05$

DISCUSSION

- The present study extended the literature of group perception by exploring its potential salutary effect on recovery through the influences of reducing self-stigma and raising empowerment
- By cultivating service users' sense of belonging through informal peer support or through peer-led services, their self-stigmatization can potentially be mitigated, thereby facilitating their recovery

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Perceived Primal Threat of Mental Illness Impedes Recovery: The Effects of Self-Stigma, Self-Empowerment and Identity Salience

Ruirui Zhang Winnie W. S. Mak

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

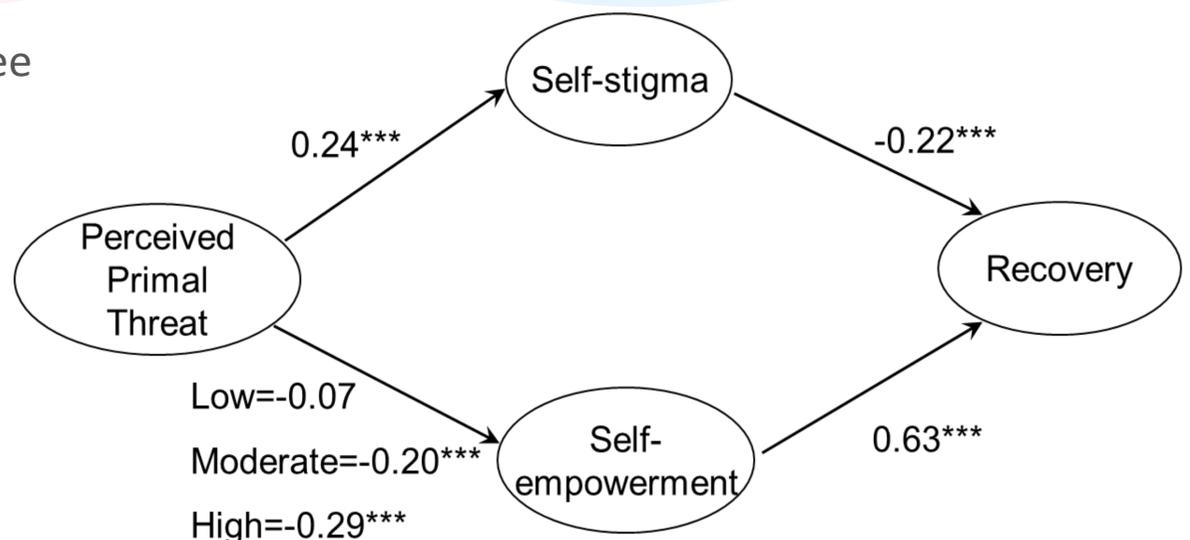
- Perceived primal threat = evaluations of threat against four “primal needs”: (1) self-preservation, (2) social integration, (3) personal identity and growth, and (4) personal worldview (Karademas et al., 2008)
- Individuals in recovery of mental illness may internalize stigma (self-stigma)
- Individuals may gain mastery and a sense of agency over their lives (self-empowerment)
- The impact of perceived primal threat on self-stigma and self-empowerment may vary depending on how salient the identity of “person with mental illness” is to the individuals
- This study aimed to examine the effect of perceived primal threat on recovery of mental illness through self-stigma and self-empowerment and the moderating role of identity salience

METHOD

- 371 individuals with mental illness were recruited in Hong Kong (50% male; mean age=43.47, SD=12.90)
- Assessed on their perceived primal threat, self-stigma, self-empowerment, identity salience and personal recovery
- Multi-sample structural equation modeling was conducted with group designation based on the score of identity salience

RESULTS

Structural model across three groups with unstandardized path coefficients



CFI=.96, TLI=.96, RMSEA=.06
*** $p < 0.001$

DISCUSSION

- Perceived primal threat can affect recovery through self-stigma and self-empowerment
- Recovery can be facilitated via reduced self-stigma and enhanced self-empowerment
- Identity salience may differentiate their sense of agency and the threshold of evoking empowerment in the presence of primal threat
- Enduring personal transformation to facilitate recovery as a developmental process with different phases

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Unpacking Impact of HIV/AIDS Stigma within Men Having Sex with Men (MSM) Community on Seropositive MSM's Mental Health in Hong Kong

Eddie S. K. Chong, Winnie W. S. Mak, Chen Zhu, Terrence C. Y. Tam, Rita W. Y. Chung

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

- Emerging evidence has suggested that seropositive MSM do not only face biased treatment from the general public but also from members of the MSM community (Smit et al., 2012)
- Internalized HIV stigma, serostatus disclosure concerns, and negative reactions towards HIV stigma were proposed to be intermediate factors for the relationship between perceived HIV stigma and mental health in people living with HIV (Berger, Ferrans, & Lashley, 2001; Earnshaw & Chaudoir, 2009)
- We examined the pathways by which HIV stigma within the MSM community impact the mental health of seropositive MSM in Hong Kong through the proposed intermediate factors

METHOD

- A cross-sectional survey was administered to 100 adult MSM who were on antiretroviral therapy in Hong Kong ($M_{age} = 39.2$, $S.D. = 9.67$)
- Data were collected between November 2009 and May 2010 during participants' visit at a HIV outpatient clinic
- Path analysis was conducted to test the hypothesized model

RESULTS

- Results showed a good fit of the hypothesized model, $TLI = 1.00$, $CFI = 1.00$, $SRMR = 0.04$
- Only the specific indirect effect via negative reactions towards HIV stigma within MSM community was significant (standardized effect = 0.08, $p < 0.05$)

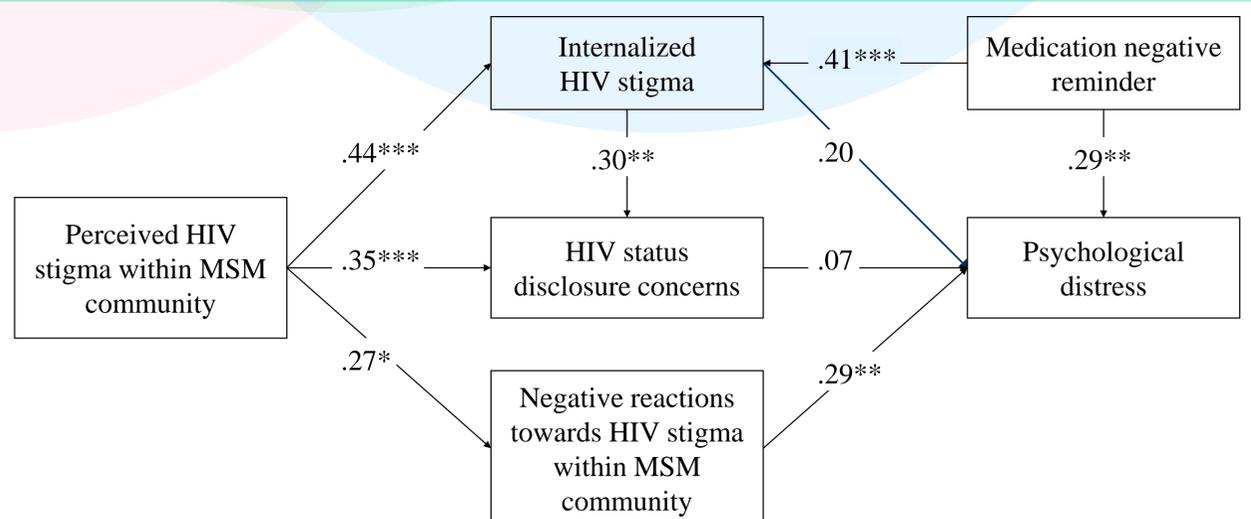


Figure 1. Path model with standardized coefficients.

Notes: * $p < 0.05$, $p < .01$, $p < .001$

DISCUSSION

- This study highlighted the importance of considering the intersection of stigmatized identities and the heterogeneity within stigmatized populations
- Our findings documented evidence for HIV stigma within the MSM community in Hong Kong and illustrated that the strongest intermediate factor for its relationship with seropositive MSM's mental health was their negative reactions triggered by such stigma
- Besides HIV stigma reduction in the larger MSM community, it is important to develop interventions that help seropositive MSM cope with in-group HIV stigma and cultivate skills to reduce the negative impact of stigma-related negative reactions on their mental health

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The Dilemma of Self-compassion among Lesbian, Gay, and Bisexual Individuals in Hong Kong

Eddie S. K. Chong, Winnie W. S. Mak, Yin Zhang, Ingrid H. Y. Pang
DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

- Biased treatment of sexual minorities is still rampant: Internalized stigma and its associated negative identity are common among sexual minorities in less accepting regions (Mak & Cheung, 2010). It is therefore important to identify effective coping strategies that help LGB individuals and communities manage sexual stigma.
- Self-compassion was suggested to be a useful emotion regulation strategy when individuals encounter adversities (Neff, 2003).
- This study aimed to investigate the hypothesized moderating effects of self-compassion and self-criticism on the relationships between dimensions of LGB experience and well-being.

METHOD

- Through Internet and venue-based sampling, we recruited 493 LGB individuals ($M_{age} = 23.48, SD = 2.97$).
- Participants completed an anonymous online survey in Chinese on self-compassion and self-criticism, stigma (experienced, internalized, and anticipated), LGB identity (concealment motivation, homonegativity, acceptance concern, and affirmation), and well-being (psychological, social, and life satisfaction).
- Self-compassion and self-criticism were hypothesized to be the moderators and we conducted a series of linear regressions for each pair of predictor (i.e., dimensions of LGB experience) and outcome (i.e., well-being).

RESULTS

- For models with experienced stigma as a predictor, self-compassion heightened the negative effect of experienced stigma on well-being ($\beta_s = -.08 - -.14, p < .05$).
- For models with life satisfaction as an outcome, self-compassion intensified the negative effect of different facets of stigma and aspects of negative LGB identity ($\beta_s = -.11 - -.17, p < .05$).
- Self-compassion was found to buffer the negative effect of self-criticism on social well-being and life satisfaction ($\beta_s = .08 - .12, p < .05$); and reinforced the positive effect of affirmation on life satisfaction ($\beta = .08, p < .05$).

DISCUSSION

- Our findings inform the application of self-compassion as a coping strategy for stigma management among LGB individuals.
- If an LGB individual strives to fulfill the societal expectation (e.g., of being heterosexual) and to be compassionate and attentive to his/her own needs (e.g., of being his/her true self), conflicts may emerge. This may explain the magnifying effect of self-compassion.
- Future research may consider using experimental design or daily diary study to further understand the interactions between self-compassion and dimensions of LGB experience on well-being.

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Perceived affiliate stigma and moral emotions in self-stigmatization and mental health

Sherry X. Yang Winnie W. S. Mak

DIVERSITY & WELL-BEING LABORATORY, DEPARTMENT OF PSYCHOLOGY,
THE CHINESE UNIVERSITY OF HONG KONG

INTRODUCTION

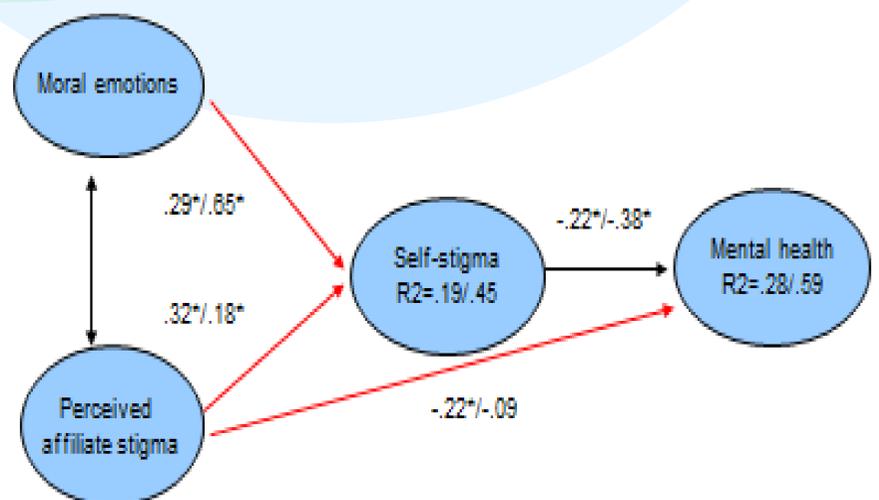
- Stigma has a ripple effect in the social ecological system as it impacts families and any individuals associated with the person who is stigmatized
- Perceived affiliate stigma refers to the indirect effect of stigma that individuals with stigma may have as they perceive the negative consequences that their associates may experience due to their spoiled identity
- Together with moral emotions (shame and guilt), it may exacerbate self-stigma and psychological distress among people with substance use problems (PSUP) and people living with HIV (PLHIV), who may be perceived to have moral transgressions by others

METHOD

- 199 PSUP (age = 47.08, SD = 10.10) and 291 PLHIV (age = 41.77, SD = 11.10) in Hong Kong completed self-report questionnaire on perceived affiliate stigma, moral emotions, self-stigma, and mental health
- The model was tested with multisampling structural equation modeling using EQS for Windows Version 6.1

RESULTS

- Results showed a good model fit across groups, $\chi^2(98)=275.79, p<.05, CFI=.94, NNFI=.92, RMSEA=.06$
- Self-stigma significantly mediated the relationship from perceived affiliate stigma to mental health ($\beta_{PSUP}=-.07; \beta_{PLHIV}=-.07$), from moral emotions to mental health ($\beta_{PSUP}=-.06; \beta_{PLHIV}=-.24, ps<.05$)
- Although sharing the same structure, differences in paths (in red) across groups were found



Structural model with standardized path coefficients (PSUP/PLHIV). * $p<.05$

DISCUSSION

- The present study investigated the importance of perceived affiliate stigma and moral emotions that may exacerbate individuals' stigma experience and further dampen their mental health
- The findings may be particularly important for Chinese who may place stronger emphasis on family cohesion and face concern. The study implicates the importance of understanding the collective effects of stigma on mental health within the social ecological system
- Stigma reduction programs should not only focus on the individuals but address the contextual and ecological factors that may shape the stigma experience

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