Self-Compassion Moderates the Relationship of Perceived Public and Anticipated Self-Stigma of Seeking Help.

4 authors:

Patrick J Heath
Iowa State University
14 PUBLICATIONS 54 CITATIONS
SEE PROFILE

Rachel E. Brenner
Iowa State University
14 PUBLICATIONS 52 CITATIONS
SEE PROFILE

Daniel G. Lannin
Illinois State University
19 PUBLICATIONS 124 CITATIONS
SEE PROFILE

David L. Vogel
Iowa State University
108 PUBLICATIONS 4,369 CITATIONS
SEE PROFILE

Some of the authors of this publication are also working on these related projects:

Influence of Personal Values on Help-Seeking Beliefs View project

Stigma, culture, and seeking psychological help View project
Self-Compassion Moderates the Relationship of Perceived Public and Anticipated Self-Stigma of Seeking Help

Patrick J. Heath, Rachel E. Brenner, Daniel G. Lannin, and David L. Vogel


CITATION
BRIEF REPORT

Self-Compassion Moderates the Relationship of Perceived Public and Anticipated Self-Stigma of Seeking Help

Patrick J. Heath, Rachel E. Brenner, Daniel G. Lannin, and David L. Vogel
Iowa State University

Help-seeking stigma is considered a major barrier that keeps people from seeking out psychological help. Self-compassion, or the act of treating oneself with kindness and non-judgment, is a possible protective factor that could be associated with diminished stigma. However, this possibility has yet to be studied. The present research (N = 369) examined whether a self-compassionate attitude toward oneself reduced the tendency for individuals to internalize perceived public stigma associated with seeking psychological help. It was predicted that self-compassion would moderate the effect of perceived public stigma on anticipated self-stigma of seeking help. Multiple regression results supported this hypothesis; among individuals endorsing greater perceived public stigma, those with high self-compassion reported lower anticipated self-stigma compared with those with low self-compassion. This suggests that self-compassion may buffer the negative effects of perceived public stigma on anticipated self-stigma by providing psychological resilience. These findings have important implications for the development of novel and effective approaches for reducing the negative psychological impact of stigma.

Keywords: self-stigma, help seeking, self-compassion, public stigma, mental health

The stigma of seeking psychological help is a major barrier that prevents individuals from seeking help for mental health concerns (Lannin, Vogel, Brenner, Abraham, & Heath, 2016). The extant literature distinguishes between two types of help-seeking stigma: public stigma and self-stigma (Vogel, Wade, & Haake, 2006). Public stigma of seeking help corresponds to the perception that others in society endorse negative stereotypes toward someone who seeks help from a mental health professional (Komiya, Good, & Sherrod, 2000). In turn, self-stigma of seeking help refers to the anticipation that these negative stereotypes will apply to her or himself (i.e., “I am a failure for seeking help”) should they seek or consider seeking help. Self-stigma is thought to occur when individuals internalize perceptions of society’s stigmatizing views to themselves (Vogel, Bitman, Hammer, & Wade, 2013), and is associated with lower self-esteem, less positive attitudes toward counseling, and lower intentions to seek help for psychological concerns (Lannin, Vogel, Brenner, & Tucker, 2015). However, some individuals do not self-stigmatize, suggesting there are underlying factors that enable these individuals to either reduce their self-stigmatizing beliefs or to resist internalizing societal messages. Identifying and understanding sources of resilience may provide insight into how best to mitigate the negative effects of stigma.

Self-compassion involves viewing oneself with kindness and nonjudgment in the face of personal suffering, perceived failure, or feelings of inadequacy (Neff, 2003), and may be one resilience factor related to lower self-stigma. For example, self-compassion is particularly effective at lowering defensiveness and self-
blame (Terry & Leary, 2011), and protects individuals from negative external evaluations (Leary, Tate, Adams, Batts Allen, & Hancock, 2007), key components of stigma. However, although self-compassion has been identified as an important factor for the promotion of physical-health-related behavior (Terry & Leary, 2011), its potential benefits have yet to be examined in the context of psychological health behaviors. For example, should an individual view the act of seeking help through an accepting and nonjudgmental lens, they may generally be less likely to endorse stigmatizing beliefs about themselves. Additionally, by acknowledging that everyone experiences challenges and needs help sometimes, self-compassionate individuals may still perceive that society stigmatizes help seeking without allowing this knowledge to impact the way they view themselves should they seek help. That is, self-compassion may buffer the internalization of perceived public stigma as self-stigma.

Given the potential for self-compassion-based interventions to promote health behaviors (Terry & Leary, 2011), it is important to identify whether self-compassion can serve as either a direct or moderating factor in regard to anticipated help-seeking self-stigma. Because this has yet to be assessed, this study examines whether self-compassion (a) directly predicts lower anticipated help-seeking self-stigma, and (b) moderates the relationship between perceived public stigma and anticipated self-stigma. Higher levels of self-compassion are expected to (a) predict lower anticipated self-stigma, and (b) moderate (i.e., buffer) the relationship between perceived public and anticipated self-stigma. Higher scores of self-compassion will report a smaller relationship between perceived public and anticipated self-stigma than those reporting lower levels of self-compassion.

Method

Participants and Procedures

Participants consisted of 369 undergraduate students from a large Midwestern university ($M_{age} = 19.3$ years; $SD = 1.7$). Participants were predominantly female (51.5%) and European American (81.0%); Asian American or Pacific Islander, 5.4%; Latino/Latina American, 5.4%; African American, 1.9%; Multiracial American, 1.9%; “other” or no response, 4.4%). Additionally, 83 participants (22.5%) indicated having previously sought help from a mental health professional (“e.g., psychologist, psychiatrist, social worker, counselor”).

University human subject approval was obtained prior to data collection. Participants completed an online survey in exchange for course credit. All participants provided informed consent before completing measures of perceived public stigma, self-stigma, self-compassion, and demographic information.

Measures

**Perceived public stigma.** Perceptions of societal stigma of seeking help was measured using the five-item Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000), with items such as “It is advisable for a person to hide from people that he/she has seen a psychologist” (Komiya et al., 2000, p. 140). Participants rate items on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. Composite scores are created by averaging the scores from the five items. Higher scores reflect greater perceptions of societal stigma. The SSRPH has been associated with negative help-seeking attitudes and greater self-stigma of seeking help (Vogel et al., 2006). Internal consistency has been demonstrated in previous studies ($\alpha = .75$; Lannin et al., 2015), similar to the current sample ($\alpha = .73$).

**Anticipated self-stigma.** Anticipated self-stigma was measured using the 10-item Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006), with items such as “It would make me feel inferior to ask a therapist for help” (Vogel et al., 2006, p. 328). Items are rated on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. Composite scores are calculated by reverse coding five items, and then averaging the values for all 10 items. Higher scores indicate greater anticipated self-stigma. The SSOSH has been associated with more anticipated risks of disclosing in therapy, and worse help-seeking attitudes (Vogel et al., 2006). The SSOSH has demonstrated internal consistency ($\alpha = .86–.90$) and 2-month test–retest reliability (.72) in undergraduate samples (Vogel et al., 2006), similar to this sample ($\alpha = .89$).
**Self-compassion.** Self-compassion was measured using the 26-item Self-Compassion Scale (SCS; Neff, 2003), with items such as “I’m kind to myself when I’m experiencing suffering.” Items are rated on a 5-point Likert scale from 1 = almost never to 5 = almost always. Thirteen items are reverse scored, and a composite value is created by averaging all items. Higher scores indicate higher self-compassion. The SCS has been associated with higher self-esteem and perceptions of social connectedness, and with lower levels of self-criticism, depression, and anxiety (Neff, 2003). The SCS has demonstrated internal consistency (α = .92) and 3-week test–retest reliability (r = .93) in undergraduate samples (Neff, 2003), with similar internal consistency in this sample (α = .93).

**Results**

Preliminary statistical analyses indicated that perceived public stigma (M = 2.14, SD = .49) was positively correlated with anticipated self-stigma (M = 2.63, SD = .72; r = .51, p < .001). Self-compassion (M = 2.91, SD = .65) was negatively correlated with both anticipated self-stigma (r = –.30, p < .001) and perceived public stigma (r = –.14, p < .01).

To test whether self-compassion moderated the relationship between perceived public stigma and anticipated self-stigma, a hierarchical regression analysis was conducted with anticipated self-stigma as the dependent variable. All variables were standardized, and perceived public stigma and self-compassion were first entered as predictors, followed by a Perceived Public Stigma × Self-Compassion interaction term. The interaction term was created by multiplying the standardized values of perceived public stigma and self-compassion (Frazier, Tix, & Barron, 2004). Because previous use of psychological help has been linked to self-stigma, we also included previous help seeking from a mental health professional as a covariate (see Table 1). As expected, previous help sought predicted less anticipated self-stigma (B = –.18, t(364) = –4.14, p < .001), perceived public stigma predicted greater anticipated self-stigma (B = .45, t(364) = 10.38, p < .001, and self-compassion predicted lower anticipated self-stigma (B = –.28, t(364) = –6.38, p < .001. Also, as hypothesized, self-compassion moderated the relationship between perceived public stigma and anticipated self-stigma (B = –.10, t(364) = –2.26, p < .05. The nature of the interaction effect indicated that for those endorsing greater self-compassion, the relationship (i.e., slope) between perceived public and anticipated self-stigma was weaker than for those reporting low self-compassion. This suggests that self-compassion buffers the relationship between perceived public and anticipated self-stigma of seeking psychological help.

**Discussion**

This study is the first to examine an important factor of psychological resilience—self-compassion—and help-seeking stigma, expanding

---

**Table 1**

Hierarchical Regression Analysis of Perceived Public Stigma and Self-Compassion on Anticipated Self-Stigma of Seeking Help (N = 369)

<table>
<thead>
<tr>
<th>Predictor Term</th>
<th>R²</th>
<th>R²adj</th>
<th>ΔR²</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous help</td>
<td>.36***</td>
<td>.35</td>
<td>—</td>
<td>−.45</td>
<td>.11</td>
<td>−.19***</td>
</tr>
<tr>
<td>Perceived Public Stigma</td>
<td>.45</td>
<td>.04</td>
<td>.45***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>−.27</td>
<td>.04</td>
<td>−.27***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td>.37</td>
<td>.36</td>
<td>.01*</td>
<td>−.43</td>
<td>.10</td>
<td>−.18***</td>
</tr>
<tr>
<td>Previous help</td>
<td>.43</td>
<td>.04</td>
<td>.45***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Public Stigma</td>
<td>−.28</td>
<td>.04</td>
<td>−.28***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>−.09</td>
<td>.04</td>
<td>−.10*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Public Stigma × Self-Compassion</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. Overall model: F(4, 353) = 51.05, p < .001. All continuous predictor variable scores standardized before analyses conducted. SE = Standard Error; Self-Stigma = Self-Stigma of Seeking Help Scale; Perceived Public Stigma = Social Stigma of Receiving Psychological Help Scale; Self-Compassion = Self-Compassion Scale.  
*p < .05.  **p < .001.
the burgeoning self-compassion literature by demonstrating the benefits of self-compassion in a psychological help-seeking context. Results indicated that self-compassion was directly associated with lower anticipated self-stigma, which is consistent with previous research showing that individuals with greater self-compassion are less likely to be self-critical (Neff, 2003). These results also show a small, though potentially important, buffering effect of self-compassion on the relationship between perceived public stigma and anticipated self-stigma. Although a self-compassionate individual might perceive that society stigmatizes seeking help (e.g., “People view those who seek help as weak”), they may be less likely to apply these messages to themselves in a self-critical manner (e.g., “But, I am not weak if I seek help”). This is consistent with self-compassion theory and previous research on self-worth, which finds that greater self-worth protects against the detrimental impact of negative evaluations (Lannin, Guyll, Vogel, & Madon, 2013; Leary et al., 2007; Neff, 2003).

Given that self-compassion both directly predicts lower anticipated self-stigma and buffers the relationship between perceived public and anticipated self-stigma, it may be important to develop and test interventions that encourage greater self-compassion, which may offer novel and effective approaches for reducing stigma. In fact, focusing on self-compassion, rather than directly targeting stigma, may be particularly useful given the mixed findings from stigma education programs (Mittal, Sullivan, Chekuri, Allee, & Corrigan, 2012), and the possibility of intervention rebound effects that may increase stigma (Corrigan, 2004). Self-compassion interventions include writing exercises, self- and other-guided meditations, and simple daily practices like repeating self-compassionate phrases to oneself throughout the day (see Neff & Germer, 2013). Such self-compassion exercises have been shown to be effective in increasing self-compassion in community samples (Neff & Germer, 2013) and in school settings (Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016). In particular, infusing self-compassion-based activities in school settings could serve an important preventative role, helping to alleviate stigma at an early age. Alternatively, adding self-compassion activities to current outreach programs may be another method to promote psychological help seeking.

Experimentally testing the efficacy of self-compassion interventions targeting stigma would also address a limitation of the current study—its use of a cross-sectional design—which does not allow for causal inferences. This could also be addressed by longitudinally examining the relationships between the present study’s variables. Additionally, this study utilized a sample of predominantly European American undergraduate students, and future research would benefit from more diverse samples (e.g., age, location, education, race/ethnicity, sexual orientation). In addition, although the model applies to individuals regardless of their help-seeking history, future research could examine whether these relationships generalize across different clinical populations. We might expect more pronounced effects in clinical samples where stigmatizing labels are more personally relevant, though this needs to be directly tested.

Despite these limitations, the present study has important implications for the prevention and reduction of self-stigma of seeking psychological help. These results support the need for further research examining the benefits of adopting a more compassionate stance toward oneself on reducing the negative pitfalls of perceived public stigma on one’s own anticipated perceptions of sense of self-worth (i.e., self-stigma).

References


SELF-COMPASSION HELP-SEEKING STIGMA

Received February 10, 2016
Revision received September 24, 2016
Accepted October 7, 2016