

Abstract of thesis entitled:

Self-Stigmatizing Thinking as Mental Habit in People with Mental Illness

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People with mental illness (PMI) may endorse and internalize public stigma directed against them and at times experience self-stigmatizing thinking. However, having self-stigmatizing thoughts per se does not necessarily lead to chronic psychological distress. Only when such thinking occurs frequently and automatically as a mental habit, this creates constant mental negotiation within the individuals, which may have deleterious effects on their mental health and recovery. Of note, the mental process should be distinguished from the mental content of self-stigmatizing thinking, assessed independently, and not be assumed to be homogeneous across all PMI. In a series of three studies, I conceptualized process aspects of self-stigmatizing thinking based on the mental habit paradigm.

Study 1 applied the construct of self-stigmatizing thinking habit in developing a new assessment tool, the Self-stigmatizing Thinking's Automaticity and Repetition (STAR), and validated the STAR and its short form in a community sample of 95 PMI. Almost half (42.1%) of the participants reported habitual self-stigmatizing thinking. More negative cognitive content of self-stigmatizing thinking, greater experiential avoidance, and lower mindfulness contributed to stronger self-stigmatizing thinking habit. The adverse effects of the mental habit included lower self-esteem, decreased subjective quality of life, and poorer recovery.

Study 2 investigated the possibility of a pattern of more automatic self-stigma-relevant associations among habitual self-stigmatizing thinkers. A set of Brief Implicit Association Tests was administered to PMI with strong ( $n=44$ ) and weak ( $n=50$ ) self-stigmatizing thinking habit to assess the three components of implicit self-stigma: implicit centrality of the mental illness

identity to the self, implicit attitudes toward mental illness, and implicit self-esteem. Greater implicit identity centrality, but not negative implicit attitudes toward mental illness and low implicit self-esteem, was predictive of stronger self-stigmatizing thinking habit. Implicit identity centrality also contributed to lower self-esteem and decreased subjective quality of life through self-stigmatizing thinking habit.

Study 3 examined the potential automatic attentional biases for self-stigmatizing information among habitual self-stigmatizing thinkers. An Emotional Stroop Task was administered to PMI with strong ( $n=46$ ) and weak ( $n=45$ ) self-stigmatizing thinking habit to assess response latencies in color-naming self-stigmatizing versus self-assurance versus non-affective words. The strong habit group was characterized by faster responses to the self-stigmatizing stimuli, reflecting their automatic attentional bias away from the emotional meaning of self-stigmatizing information and hence less interference effects on the color-naming task.

The construct of self-stigmatizing thinking habit offers new perspectives on self-stigma's theory, assessment, and intervention. As the deleterious effects of self-stigma on mental health are due doubly to the negative content and habitual manifestation of self-stigmatizing thoughts, the impact of self-stigma on PMI may be underestimated if it is based solely on traditional content-oriented measures. Existing self-stigma intervention programmes, which are cognitive content-oriented, should be improved by additionally targeting the dysfunctional coping mechanisms (i.e., experiential avoidance and the lack of mindfulness) and information-processing biases (i.e., automatic evaluation and attentional biases) involved in the mental habit. In mitigating self-stigmatizing thinking habit, practitioners may apply psychotherapies based on mindfulness and acceptance in order to enhance present-moment awareness and nonjudgmental acceptance of self-stigmatizing thoughts.

Keywords: automatic, experiential avoidance, Emotional Stroop, implicit, mindfulness, stigma

摘要： 精神病康復者認同和內化公眾對他們的污名思維會經驗自我污名的想法。然而，自我污名思維本身並不一定會導致慢性心理困擾。只有當自我污名經常和自動地出現，成為心理習慣，才會產生恆定的精神困擾。自我污名的心理過程應該區別於心理內容，獨立評估，和不被假定相同於所有康復者。本論文基於心理習慣範式概念化自我污名的過程。

研究一開發一項名為”自我污名的自動化和重複程度”的測量工具，並於 95 位康復者建立這工具與其短版的效度。共有百分之四十二點一的參加者報告自我污名習慣。較負面的自我污名內容、較強的負面經驗避免和較低的靜觀跟自我污名習慣有關。這習慣和較差的自尊、主觀生活質量和復元亦有關。

研究二測量自我污名相關概念的自動聯想模式。具有較強（人數 = 46）和較弱（人數 = 45）自我污名習慣的康復者接受一系列簡短內隱聯想測驗，評估內隱自我污名的三個部分：康復者身份對自我的內隱中心性，對精神病的內隱態度和內隱自尊。較強的身份中心性與自我污名習慣有關。內隱身份中心性也會通過自我污名習慣降低自尊和主觀生活質量。

研究三測量對自我污名相關概念的自動注意力。具有較強（人數 = 46）和較弱（人數 = 45）自我污名習慣的康復者接受一項情緒斯特魯普任務，評估他們為自我污名、自信與非情感的刺激命名顏色的反應潛伏期。強組對自我污名刺激的反應較快，反映他們對那些信息的情感含義有較少的自動注意力，因此對顏色命名任務有較少的干擾。

自我污名習慣的概念為自我污名的理論、評估和干預提供了新的觀點。由於自我污名對心理健康的影響是雙重由於負面內容和其慣性的出現，如只基於傳統、以內容為本的工具測量自我污名，其對康復者的影響有可能被低估。現有的干預計劃亦應加強針對與自我污名習慣有關的不良應對機制（負面經驗避免和缺乏靜觀）和偏頗信息處理（自動聯想和注意力偏見）。以靜觀和接納為本的心理治療提升康復者對目前時刻的意識與對自我污名思維的不加批判驗收，可減輕自我污名習慣。