

# Mental Health Stigma and Subjective Happiness

## Abstract

The present study is aimed at examining the association between Mental Health Stigma and Subjective Happiness. Self-Stigma of Seeking Help scale [1] was used to measure the degree of threat perceived by the participants to their self esteem in seeking psychological help, where as Subjective Happiness Scale [2] was used to measure the level of happiness among individuals. 264 students (130 Males and 134 Females) of University of Karachi participated in the study; they were asked to rate the items present on SSOSH and SES scales. This study was aimed to investigate that their exist a relationship between Mental Health Stigma and Subjective happiness. Findings of the study revealed that no relationship exist among the two variables hence disapproving the hypothesis.

## Research Article

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## Introduction

As argued by Lingwood [3], people with mental health problems have been located at the edges of community life and have been amongst the most excluded of all social groups, experiencing widespread stigma and discrimination. Mental health stigmatization, among other things, has been shown to act as a barrier toward seeking, receiving, and adhering to appropriate mental health care treatments [4-8]. Perhaps due to the stigma associated with mental illnesses, young people have reportedly been among those least likely to seek help from healthcare professionals during times of emotional distress [9].

There are multiple definitions of stigma, but most include the terms words disgrace or shame to describe the term [10]. Stigma is defined as the global devaluation of certain individuals on the basis of some characteristic they possess in relation to membership to a group that is disfavored, devaluated, or disgraced by society [11]. Essentially, stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows these processes to unfold [12]. Mental health stigma includes the perception that individuals with mental health disorders are weak, flawed, dangerous, and socially incompetent [13,14]. Essentially, stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows these processes to unfold [12]. In addition, stigma is identified as the discriminatory labelling of targeted individuals, and one view suggests that there is a nonspecific label effect implying that people labelled as mentally ill, regardless of their specific psychiatric diagnosis or level of disability, are stigmatized more severely than individuals with other health conditions [15]. A recent study of medical students in the United Kingdom revealed that student avoidance of mental health care was related to their stigma about mental illness, including an attitude that mental health problems were signs of weakness [16]. In addition, stigmatizing attitudes towards mental illness have been identified as a critical factor in mental health resource allocation [17]. Stereotypical attitudes about the mentally ill, (e.g. as incompetent and dangerous) become personally relevant to an individual

diagnosed with a mental illness. Because of these attitudes, those labeled expect to be devalued and discriminated against. These beliefs act as self-fulfilling prophecies, leading to lowered esteem and demoralization. Moreover, in order to avoid rejection, persons who are labeled engage in coping strategies, such as secrecy, disclosure, or social withdrawal, which may constrict social networks, leading to unemployment and lowered income. Sirey et al. [18] found that younger adults (ages 18-24) were more likely to perceive greater stigma with using mental health services than older patients. In a sample of college students, Komiya et al. [4] identified a relationship between the perception of stigma and the reluctance to seek psychological help.

Stigma leads to exclusion and discrimination which affect access to housing, healthcare, employment and social activities for PWMI, adding to the problems that people with severe and persistent mental illness often have in these areas. Stigma also affects the well-being and behavior of People with Mental Illness (PWMI). Stigmatizing experiences have been associated with lower psychological well-being, lower life satisfaction and a lower probability of seeking help from mental health services [12,17,19].

Since the emergence of positive psychology well-being has received increasing attention in psychological research. Ryan and Deci [20] argued that there are two aspects to well-being: hedonic or subjective well-being and eudemonic or psychological well-being. Hedonic well-being relates primarily to happiness, which is based on a person's affective and cognitive evaluations of his or her own life.

Subjective Wellbeing (SWB) tends to be used as a general definition and synonym of happiness. It implies that happiness is essentially about subjective experience of an individual. Thus, happiness can be described as a positive subjective state defined by a person who believes that his/her life is going well [21]. Happiness consists of at least two integral and mutually interacting components: affective, which represents the emotional experience of joy, and cognitive, which represents subjective evaluation of satisfaction with life. Positive psychology advocates that promoting mental health involves the promotion of psychological resources, improving the quality of life and

preventing mental disorders, especially those disorders that have a strong environmental burden, thereby promoting happiness.

In this context, happiness can be defined as a fundamental emotion characterized as a lasting state which is combined with:

- a) The absence of negative emotions;
- b) The presence of positive emotions;
- c) Life satisfaction;
- d) Social engagement and
- e) Objectives in life [22].

Another concept that has been largely used for defining happiness within the specialized literature is subjective well-being [23]. It is relevant to mention that the concept of quality of life is a broader terminology, also involving happiness itself, thus happiness is essentially about subjective experience of an individual. Happiness, however, is not identical to a brief feeling of enjoyment. The process of self-appraisal of one's life is involved, and the degree to which individuals judge the perceived quality of their lives favourably results in different levels of life satisfaction. Hence, life satisfaction is the function of a person's evaluation of how they are doing in their lives generally, particularly in the domains that are important to them [24].

Independent variable of this study is Mental Health Stigma whereas Dependent Variable of this study is Subjective Happiness. Drawing on previous empirical findings the present study sets out to evaluate the relationship between subjective well-being and Mental Health Stigma, hence hypothesizing that there exist a relationship between Mental Health Stigma and Subjective Happiness.

## Methodology

### Sample

A total of 264 students (130 Males and 134 Females) between the ages of 18 to 26 of University of Karachi participated in the study. Full consent was obtained from participants prior to the study.

### Measures

**Demographic data sheet:** In this study a Demographic Data Sheet was used to access the basic information about the participant which includes the Name of the participant, Gender, Chronological age, Current Academic Year and Name of the Department in which they are studying.

**SSOSH scale:** This scale was developed by Vogel, Wade and Hake [1]. The scale consist of an inventory of ten items which rate the attitude of participants on a likert scale of 1-5 measuring how much participants feel their self esteem would be threatened by seeking counseling. The scale has been shown to have one dimensional factor structure and adequate reliability among sample drawn from various U.S populations. For example, internal consistency estimates have been reported for general samples of college students (.79-.92), military personnel (.89), and community samples (.81-91), Latino American (.79)etc. Test- retest reliability estimates in college populations have been

reported to .72 [1]. The SSOSH reliability also uniquely predicts attitude towards ( $r=.65$ ) and intend to seek psychological help ( $r=-.37$ ). In the original development sample, the SSOSH was also found to differentiate between those who sought psychological services and those who did not across a 2 month period.

**Subjective happiness scale:** The scale uses subjective approach in measuring the level of happiness in individuals on a likert scale ranging from 1 to 7. It was developed by Lyubomirsky & Lepper [2]. The scale has been known to show reliability and validity across cultures and has been adapted as local translations worldwide. Using 14 subsamples from United States and Russia, The authors found that the SHS presented adequate internal consistency in samples of different ages and cultures ( $r=.79$  to  $r=.93$ ). Good test retest reliability in intervals ranging from 3 weeks ( $r=.61$ ) to 1 year ( $r=.79$  to  $r=.55$ ), as well as satisfying indicators of convergent validity ranging from .52 to .72 between SHS and other happiness instruments.

### Controls

Students participated in the study were of University of Karachi and they were aged between 18 to 26. All the participants were administered with the SSO and Subjective Happiness Scale.

### Procedure

264 participants (130 Males and 134 Females) were approached, they were asked to sign the consent along with that they were asked to fill the demographic data sheet, later they were asked to rate the items of SSOH scale and Subjective Happiness Scale. After that participants were thanked, Later data was compiled and total score was calculated in order to evaluate the accurate results.

### Statistical analysis

To test the hypothesis statistically we calculated outcome scores on the measures administered with each participant and correlational analyses was conducted. Pearson's Correlation Coefficients are presented in Table 1.

### Ethical Considerations

- i. Respect for the dignity of research participants was prioritized.
- ii. Full consent was obtained from the participants prior to the study.
- iii. The protection of the privacy of research participants was ensured.
- iv. Anonymity of individuals participating in the research would be ensured.

### Results

Table 1, indicates that no significant relationship exist between Mental Health Stigma and Subjective happiness.

### Discussion

The findings of the studies revealed that no apparent correlation exist between the two variables (Mental Health Stigma and Subjective Happiness) hence hypothesis is disapproved.

**Table 1:** Correlations between Mental Health Stigma and Subjective Happiness.

	HS Total	Subjective Happiness
HS Total Pearson's Correlation		0.013
Sig. (2- Tailed)		0.837
N	264	264
Subjective Happiness Pearson's Correlation	0.013	1
Sig. (2- Tailed)	0.837	
N	264	264

Drawing on previous empirical findings on subjective happiness and internalized stigma this research propose a pathway which indicates that no relationship exist between Subjective well being and mental health stigma, as happiness is essentially about subjective experience of an individual and is partially dependent on an individual's emotional state whereas stigma associated with mental illness is minimal and does not affect the lives of persons diagnosed as mentally ill. Rather, they contend that rejection and negative outcomes are due primarily to the symptoms of mental illness [19]. The WHO further states that the well-being or happiness of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community normally it has nothing to do with mental health stigma.

Headey and Wearing [25] provided evidence that some psychological distress can occur alongside moderately high general levels of happiness thus providing the evidence that level of happiness can be high even during the mental illness.

Symptoms of many forms of mental illness are associated with social withdrawal, loss of interest in activities, irritability, and non-normative emotional responses. These symptoms can make social interaction and role performance very difficult. As a result, persons may be judged by others negatively-for example, as less competent, unpredictable, or potentially harmful. Rather than adopt a symptoms versus stigma' approach to understanding outcomes, models that incorporate both allow for a fuller understanding of the trajectory of recovery [26].

To the extent that persons see themselves in stigmatized terms, this is likely to adversely affect their symptoms/functioning and self-evaluation. Alternatively, to the extent that symptoms and functioning is not affected by others and self-appraisals, this suggests that it is simply the degree of stability in the underlying illness, rather than stigmatized identity that determines outcomes, in line with a more strictly medical, or –psychiatric| perspective so apparently Mental health stigma has no effect on subjective happiness it merely depends upon the individuals or upon the individual differences. In sum, the individual differences that might partially explain young people's attitudes regarding mental health stigma.

The vital role of family members as caregivers, and the attendant burdens carried by these roles, is long recognized. So too, the role of the family's emotional climate in contributing to relapse and other negative outcomes in the consumer is the subject of an extensive body of research on -expressed emotion| (see Avison 1999a,b). The study of stigma and families, however,

remains limited to describing how stigma impacts the family members of persons with mental illness. Even though families are often the targets of -courtesy| stigma, they may also inadvertently act as sources of stigma to their mentally ill family members. So it depends upon the family as well whether the person is encountering happiness, therefore happiness is not affected by mental health stigma.

Another reason for inappropriate answers can might be the sampling method used it was inappropriate usually students avoid to give time ti fill the questionnaire and sometimes they randomly tick in the items of questionnaire thus leading to inappropriate results. Another drawback was the usage of questionnaire on which one item was incorrectly printed this might have lead to inaappropriate results. Hence above discussed ideas explains that no apparent relationship exist between mental health stigma and subjective happiness [27,28].

### Limitations

While this research makes important strides in understanding the role of stigma and subjective happiness, there are limitations with respect to study participation and questionnaire content. The study was conducted in university settings and upon university students thus the findings are not generalizable. The study was conducted on university students however mental health stigma may differ among younger adolescents. There were a higher percentage of female participants than expected. Another drawback was the usage of questionnaire on which one item was incorrectly printed ("agree" rather than "disagree" should be printed).

### Conclusion

This study was aimed to examine the association between Mental Health Stigma and Subjective Happiness, findings of the study revealed that no significant relation exist between the two variables hence disapproving the hypothesis. However, the ways in which Mental Health Stigma influences the subjective happiness still warrant more detailed examination.

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