Stigma and Health

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Does Self-Compassion Buffer Against Stigma Among Asian Americans?

Elizabeth M. Mateer, Joel Jin, Trevor Taone, Cory Duffield, and Madison Foster
Department of Clinical Psychology, Seattle Pacific University

Self-stigma occurs when one internalizes negative stereotypes surrounding a publicly stigmatized identity or behavior. Asian Americans are likely to have high self-stigma seeking help and high public stigma of receiving psychological help and are less likely to seek mental health care than other Americans, even when experiencing distress. However, self-compassion has been shown to moderate the relationship between public stigma and self-stigma. In this study, Asian Americans ($N = 234$) were surveyed to address the relationship between public stigma, self-stigma, self-compassion, and mental help-seeking behaviors. A moderated mediation analysis was conducted and results indicated that public stigma predicts reduced mental help-seeking attitudes though self-stigma of seeking help. Self-compassion was found to significantly buffer the relationship between public stigma of receiving psychological help and mental health-seeking attitudes in our sample, but not the relationship between public stigma and self-stigma of seeking help.

Clinical Impact Statement

This study suggests that Asian Americans experiencing public stigma of seeking psychological help are more likely to internalize that stigma and therefore less likely to have positive mental health help-seeking attitudes. Interventions designed to increase self-compassion may be helpful in reducing negative mental help-seeking attitudes among publicly stigmatized Asian Americans.

Keywords: public stigma, self-stigma, self-compassion, Asian Americans, help-seeking

Stigma occurs when someone is deemed different and less socially valuable from those around them due to a negatively perceived characteristic of their identity (Vogel et al., 2006). Despite the divisive nature of stigma, it affects a wide variety of groups and individuals. Those with mental health disorders, racially minoritized groups, and people living with HIV/AIDS are some of the historically most researched stigmatized groups, though stigma is not limited to them (Logie & Gadalla, 2009; Misra et al., 2021). In addition to stigma related to one's group identity, stigma can also be related to the behaviors that one engages in, such as seeking professional psychological help (Wu et al., 2017). Stigma is linked to worse mental health, physical health, and quality of life (Hatzenbuehler, 2009; Link & Phelan, 2001). Gutierrez et al. (2020) found those with high levels of self-stigma of seeking help had worse attitudes toward professional psychological help and increased engagement in substance use. When one holds stigmatizing beliefs about receiving professional help, it is possible that they may seek other methods of coping, some being maladaptive. Stigma of seeking help has also been associated with increased suicidal ideation among women who have experienced military sexual trauma (Blais et al., in press). Being a member of a stigmatized group is also associated with individuals having less self-esteem and lower levels of hope and self-efficacy (Lannin et al., 2015; Livingston & Boyd, 2010). In addition to the harm caused for the stigmatized individual, stigma can affect those around them such as friends, coworkers, or relatives as they may be seen as "contaminated" for associating with the stigmatized person (Koschade & Lynd-stevenson, 2011). Overall, stigma pervades into many domains of a stigmatized individual's life.

Public Stigma and Self-Stigma

Public stigma and self-stigma are two distinct, but related, types of stigma (Corrigan & Watson, 2002). Public stigma occurs when the majority believe and uphold negative stereotypes about a group and hold them in contempt because of those beliefs (C. C. Y. Wong et al., 2019). People respond to being stigmatized differently. Some individuals experience indignation in response to their discrimination

Elizabeth M. Mateer https://orcid.org/0000-0003-3690-0855
Joel Jin https://orcid.org/0000-0002-5378-3366
Trevor Taone https://orcid.org/0000-0001-8800-904X
Cory Duffield https://orcid.org/0000-0001-6003-6871
Madison Foster https://orcid.org/0000-0002-6253-8493

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Mindful that our identities can influence our approach to science, the authors wish to provide the reader with information about our backgrounds. With respect to gender, when the article was drafted, three authors identified as cisgender women and two as cisgender men. With respect to race, one author self-identified as East Asian, one as East Asian American, one as Caucasian, and two as White. With respect to ethnicity, one author self-identified as Korean American.

Correspondence concerning this article should be addressed to Elizabeth M. Mateer, Department of Clinical Psychology, Seattle Pacific University, [redacted]

and are empowered to advocate against the injustice of stigmatization, while others rationalize the social nature of stigma and understand that the difficulties they have faced are a result of prejudicial stereotypes that have no reflection of them as a person (Corrigan & Watson, 2002). However, some individuals internalize public stigma, which results in self-stigma (Corrigan et al., 2009).

Public stigma and self-stigma are associated, but distinct, constructs (Vogel et al., 2013). Self-stigma can be conceptualized as when one is aware of stereotypes surrounding their stigmatized identity, they agree and apply the stereotypes to themselves, which leads to the experience of negative feelings about themselves (Vogel et al., 2013; C. C. Y. Wong et al., 2019). Someone experiencing self-stigma typically conforms to the stereotypes associated with their stigmatized identity through their behavior. Stigma is more damaging to individuals when internalized, making self-stigma a more direct stressor than public stigma (C. C. Y. Wong et al., 2019). There are cognitive, affective, physical, and social consequences of self-stigma. Lower self-esteem is predicted by self-stigma of seeking psychological help (Lannin et al., 2015). Emotionally and interpersonally, self-stigma is associated with increased depression, anxiety, and increased experiential avoidance (Ali et al., 2012; Brenner et al., 2020). Self-stigma also predicts worse overall physical health, increased symptom severity, reduced treatment compliance, and reduced motivation to take care of oneself (Livingston & Boyd, 2010; Wong et al., 2019). Finally, self-stigma can impact the decision to seek treatment for mental health issues due to stigma of seeking psychological help, shame, label avoidance, and lack of knowledge or insight into mental illness (P. W. Corrigan et al., 2014; Lannin et al., 2015; Misra et al., 2021).

Self-Stigma of Seeking Help

Many individuals who could benefit from mental health treatment do not seek it. Stereotypical labels and the social connotations associated with them are a large part of why stigma might be a reason someone avoids seeking mental health services, as stigma tends to be a stronger force when one believes the stereotypes associated with seeking help and applies them to themself (e.g., "people who go to therapy are weak, so if I go, I would also be weak."; P. Corrigan, 2004). Stigma of mental illness and stigma of seeking help are related, but different experiences (Thornicroft, 2008). Tucker et al. (2013) established self-stigmas of mental illness and psychological help-seeking as distinct constructs, with both types of stigma predicting shame. However, only self-stigma of seeking help was found to be a predictor of self-blame, which plausibly points to the choice to engage in services compared to the lack of choice associated with having a mental illness (Tucker et al., 2013). According to P. W. Corrigan et al. (2014), stigma of seeking care for mental illness occurs at the person-level. One typically considers seeking help when they experience a physical or emotional disturbance that is identified as distressing and in need of attention (P. W. Corrigan et al., 2014). However, labels of mental illness such as "mental health disorder" are correlated with *label avoidance,* avoidance of seeking mental health services to avoid receiving a stigmatizing label (Vogel et al., 2006). Crowe et al. (2016) found that mental illness stigma predicted decreased psychological help-seeking. Common stereotypes associated with seeking mental health help include believing that those with mental illness are to blame for their condition, they are dangerous, they are unable to care for themselves, or that taking medication for psychiatric issues implies they are incurable (Caplan, 2019; Kranke et al., 2012; Swanson, 2021; Vargas et al., 2015).

Additionally, gender roles and age may contribute to one experiencing self-stigma of seeking psychological help. Mackenzie et al. (2019) found that older individuals had the lowest levels of self-stigma of seeking psychological help and therefore more positive help-seeking attitudes in their Canadian sample. Younger age is associated with greater stigma of seeking psychological help and worse mental help-seeking attitudes among Malaysian students (Ibrahim et al., 2019). Men tend to experience higher levels of self-stigma of seeking help and worse overall attitudes toward seeking help, potentially due to masculine gender role stress (Booth et al., 2019; Brenner et al., 2018; Shepherd & Rickard, 2012).

Self-Compassion and Self-Stigma

Given that the negative impacts of self-stigma are so far-reaching, how do we work to combat them? Acceptance and commitment therapy (ACT) is one of the few theory-based interventions being used in stigma reduction (Skinta et al., 2015). One thought is that the self-compassion element in ACT is a mechanism for change and a plausible reason as to why this intervention has been so effective. Self-compassion was first defined by K. Neff (2003b) as "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness." There are three main components to self-compassion: (a) self-kindness, which is meeting oneself with kindness and understanding instead of judgment, (b) common humanity, or, seeing oneself as part of a greater human experience instead of alone and isolated, and (c) mindfulness, awareness of one's thoughts and emotions as occurring in the present moment (K. D. Neff, 2003a).

Self-compassion involves taking a nonjudgmental approach to understanding one's own failures, shortcomings, and suffering, and fostering a sense of shared humanity (K. Neff, 2003b). Because cultivating self-compassion requires one to embrace common humanity, having self-compassion acknowledges that suffering is a natural requirement of being human and accepts it, even with a simultaneous desire to alleviate said suffering (Neff & Tirch, 2013). One component of ACT is seeing the "self-as-context," or, a narrative of one's life integrated as a life story (S. C. Hayes et al., 2011). ACT uses mindfulness and self-compassion to remove the self from this set narrative, which is a possible contributor to why ACT may have been successful in reducing stigma thus far.

Stigma of Mental Health Treatment Among Asian Americans

Stigma is a barrier to initiate mental health services and help-seeking behaviors among Asian Americans (Leong & Lau, 2001). Given that Asian Americans are less likely than White Americans to access mental health treatment (Abe-Kim et al., 2007; Alegría et al., 2008), we focus on examining the effects of stigma of receiving mental health treatment in this study. The underutilization and disparity remain after accounting for perceived need for mental health treatment (K. G. Yang et al., 2020) and are more pronounced among Asian immigrants (Abe-Kim et al., 2007; Derr, 2016). Misra et al. (2021) recently reviewed the stigma of mental health treatment

literature among Asian Americans, Black Americans, and Latinx Americans. They observed that Asian Americas reported higher self-stigma, but not public stigma compared to White Americans (Loya et al., 2010; Pedersen & Paves, 2014). Among college students, Asian Americans were more likely to be characterized with high public stigma and self-stigma than other racially minoritized groups (Wu et al., 2017). Heightened stigma among Asian Americans may be related to the prevalence of racial stereotypes that perpetuate negative self-evaluations (Gupta et al., 2011; Kim & Lee, 2014) and due to enculturation processes, such as Asian American values. Many Asian Americans hold the value of emotional self-control, or suppression of their emotions, especially in the context of someone who is not a close friend of family member, such as a therapist or counselor (P. Y. Kim et al., 2022; Miller et al., 2011; Soto et al., 2011). Altogether, Asian Americans are underutilizing mental health services even when they perceive a need for such services. The stigma of receiving mental health treatment is a barrier to initiate help-seeking behaviors. As a result, there is a need to identify protective psychosocial factors to mitigate the deleterious effects of stigma among Asian Americans.

C. C. Y. Wong et al. (2019) theorized that self-compassion can moderate the relationship between public stigma and self-stigma. Among stigmatized groups (e.g., sexual minorities, male athletes), researchers have studied the buffering effect of self-compassion regarding individuals' desire and willingness to seek mental health care (Heath et al., 2018), their quality of life (Fredrick et al., 2020), and resilience against bias-based bullying (Vigna et al., 2018). Additionally, self-compassion and social connectedness have been shown to moderate the relationship between racial discrimination and depression among Asian Americans (Liu et al., 2020). In Hong Kong, self-compassion had protective effects against stigma stress and maladaptive psychological processes for lesbian, gay, and bisexual individuals as well as buffering the relationship between self-stigma and life satisfaction in those recovering from mental illness and living with HIV (Chan et al., 2020; X. Yang & Mak, 2017). Few studies have specifically looked at the effects of self-compassion on help-seeking behaviors in an Asian American population. In a recent study, self-compassion was found to be a mediator between emotional self-control and favorable help-seeking attitudes among Asian American college students (P. Y. Kim et al., 2022).

Research Questions

The aims of this study are to examine (a) how self-compassion buffers the relationship between public stigma of receiving psychological help and self-stigma of seeking help and (b) how self-compassion moderates the relationship between public stigma of receiving psychological help and help-seeking behaviors among an Asian American sample. We hypothesize that Asian Americans experiencing public stigma will have less favorable mental health attitudes due to self-stigma. We also hypothesize that those with more self-compassion will have less self-stigma and more favorable mental help-seeking attitudes. To test these hypotheses, we ask the questions:

a. Does self-compassion buffer the relationship between public stigma of receiving psychological help stigma and self-stigma of seeking help among Asian Americans?

b. Does self-compassion buffer the relationship between public stigma of receiving psychological help and help-seeking attitudes?

c. Does self-stigma of seeking help mediate the relationship between public stigma of receiving psychological help and help-seeking attitudes among Asian Americans?

Method

Participants

Participants included 234 individuals, all of which who were Asian American adults residing in the United States. Ages of the 231 participants who provided their age ranged from 18 to 73 (M_{age} = 26.92, SD = 9.11). Gender was indicated as 51% cisgender woman; 45% cisgender man; 3% genderqueer, gender nonconforming, or gender questioning; and 1% did not provide their gender identity.

Participants indicated 21 areas of Asian ethnic origin, with 43% of participants identifying as Chinese, 10.7% Japanese, 9.4% Korean, 1.7% Okinawan, 7.3% Taiwanese, 13.6% Filipino, 10.7% Vietnamese, 1.7% Hmong, 3% Cambodian, 1.3% Laotian, 2.6% Thai, 0.9% Burmese, 0.9% Indonesian, 8.1% Indian, 2.1% Pakistani, 0.9% Bangladeshi, 0.4% Nepalese, 0.4% Micronesian, 0.9% Polynesian, 0.4% Punjabi, 0.4% Hawaiian. The majority of participants indicated they were born in the United States, with 24% reporting other countries of origin.

Procedure

Approval was obtained from the university's institutional review board before data collection began on this study in Spring 2021. Participants were informed that participation was voluntary and completed a consent form where they opted to participate. Participants were recruited through two sources, with 37% of participants recruited through an email list of students at a private university in the Pacific northwest of the United States. The remaining 63% of participants were recruited through Prolific, an online research recruitment and management platform. Researchers initiated recruitment targeting noncollegiate participants via Prolific for a representative age range while preserving research funds for the noncollegiate recruitment. Participants recruited through Prolific were filtered through the specifier to not be a current college student, currently reside in the United States, and be of Asian heritage. Prolific participants were paid $2.38 for completing the survey, and the college student recruitment pool had the option to enter a drawing for a $25.00 gift card.

Measures

Demographic Variables

Self-reports of age, gender, ethnicity, income, education, previous help, country of birth, and acculturation were derived to determine demographic characteristics (see Table 1).

Public Stigma of Receiving Psychological Help

Public stigma of receiving psychological help was assessed using the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). The five items measure participants' emotional openness and perceived stigma of receiving psychological help and include "Seeing a psychologist for emotional or interpersonal

Table 1
Sociodemographic Characteristics of Participants

Characteristic	*n*	%
Gender		
Cisgender woman	119	51
Cisgender man	107	45
Gender nonconforming/genderqueer	6	3
No response	2	1
Education		
Some high school	2	1
High school diploma	22	9
Some college	53	23
Associate's degree	22	9
Bachelor's degree	102	44
Master's degree	24	10
Applied doctorate (e.g., MD, JD)	5	2
PhD	2	1
Vocational training	2	1
Income		
−$15,000	17	7
$15,000–29,999	21	9
$30,000–44,999	29	12
$45,000–59,999	32	14
$60,000–74,999	26	11
$75,000–89,999	27	12
$90,000–104,999	24	10
$105,000–119,999	13	6
$120,000+	40	17
Born in the United States		
Yes	178	76
No	56	24
Acculturation of those born outside United States		
1–10 years	4	7
11–20 years	19	34
21–30 years	18	32
31–40 years	6	11
41–50 years	4	7
50+ years	1	2
No response	4	7
Previous mental health help		
Yes	83	35
No	151	65

Note. $N = 234$.

problems carries social stigma" and "It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems." Items are rated on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Item responses are averaged, with a higher score indicating more perceived public stigma. The SSRPH has demonstrated internal consistency ($\alpha = .72$; Komiya et al., 2000). In our sample, the value for Cronbach's α was $\alpha = .81$.

Self-Stigma of Seeking Help

Self-stigma was assessed using the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006). The 10 items on this scale include items such as "I would feel inadequate if I went to a therapist for psychological help" and "I would feel okay about myself if I made the choice to seek professional help." Items are rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Five items are reverse-scored, so that higher average scores on this scale indicated greater self-stigma of seeking psychological help. The SSOSH demonstrates good internal consistency ($\alpha = .91$; Vogel et al., 2006). In our sample, the value for Cronbach's α was $\alpha = .85$.

Self-Compassion

Self-compassion was assessed using the Self-Compassion Scale–Short Form (SCS-SF; Raes et al., 2011). The 12 items on this scale include items such as "I try to see my failings as part of the human condition" and "When I'm going through a very hard time, I give myself the caring and tenderness I need." Items are rated on a 5-point Likert scale from 1 (*almost never*) to 5 (*almost always*). Six items are reverse-scored, so that a higher average score on this scale demonstrates greater self-compassion. The SCS-SF demonstrates good internal consistency ($\alpha = .86$; Raes et al., 2011). In our sample, the value for Cronbach's α was $\alpha = .84$.

Mental Help-Seeking Attitudes

Attitudes were assessed using the Mental Help-Seeking Attitudes Scale (MHSAS; Hammer et al., 2018). The nine items on this 7-point semantic differential scale include counterbalanced item anchor valences with five reverse-scored items. An example of a positively valenced term is "useless–useful," a negatively valenced example is "important–unimportant." This measure demonstrates good internal consistency ($\alpha = .92$; Hammer et al., 2018). In our sample, the value for Cronbach's α was $\alpha = .93$.

Results

Preliminary Analyses

Data screening suggested that 247 individuals opened the survey link. Of those individuals, cases were removed that did not complete the survey ($n = 13$). Available item analysis (AIA; Parent, 2013) is a strategy for managing missing data that uses available data for analysis and excludes cases with missing data points only for analyses in which the data points would be directly involved. Parent (2013) suggested that AIA is equivalent to more complex methods (e.g., multiple imputation) across several variations of sample size, magnitude of associations among items, and degree of missingness. Thus, we utilized Parent's recommendations to guide our approach to managing missing data. Missing data analyses were conducted with tools in base R as well as the R packages, **psych** (V. 1.0.12) and **mice** (V. 3.13.0).

Across cases that were deemed eligible based on the inclusion/exclusion criteria, missingness ranged from 0.00% to 12.5%. Across the data set, 0.15% of cells had missing data and 95.3% of cases had nonmissing data. At this stage in the analysis, we allowed all cases with less than 85% missing to continue to the scoring stage. Guided by Parent (2013) AIA approach, scales with five items were scored if at least four items were nonmissing; the scale with 12 items was scored if it had at least 10 nonmissing items. Additionally, Little (1988) missing completely at random (MCAR) analysis displayed an insignificant chi-square statistic, $\chi^2(2.85)$, $p = .72$, indicating the data were MCAR. Data met guidelines for univariate normality (skewness < 3, kurtosis < 8; Kline, 2015).

Independent *t* tests comparing means of main study variable among the two recruitment pools supported no statistical differences. Pearson product-moment correlations indicated significant correlations between self-stigma of seeking help, public stigma of seeking psychological help, mental help-seeking attitudes, and self-compassion (see Table 2). Public stigma was significantly and positively correlated with self-stigma ($r = .44$, $p < .01$). Public

stigma was also significantly and negatively correlated with mental help-seeking attitudes ($r = -.33$, $p < .01$) and self-compassion ($r = -.28$, $p < .01$).

A. F. Hayes (2017) recommends a piecemeal approach that examines each pathway in a model before bringing them together in an integrated conditional process analysis. Following this approach, we ran a series of two moderation analyses using base R as well as the R packages *jtools*, *interactions*, and *ggplot2* to test self-compassion as a moderator of public stigma and mental help-seeking attitudes, and again as a moderator of self-stigma and mental help-seeking attitudes. We then ran a simple mediation analysis using base R as well as the R package *lavaan* to test self-stigma as a mediator of the relationship between public stigma and mental help-seeking attitudes. Finally, a moderated mediation analysis was conducted using base R as well as the R package *lavaan* to test self-compassion as a moderator of self-stigma and help-seeking attitudes and self-stigma as a mediator of the relationship between public stigma and mental help-seeking attitudes.

Moderation Analyses

We ran two moderation analyses using base R as well as the R packages *jtools*, *interactions*, and *ggplot2* to test self-compassion as a moderator of public stigma and mental help-seeking attitudes and again as a moderator of public stigma and self-stigma. The first overall model was significant, $F(3, 230) = 15.77$, $p < .001$, $R^2 = .17$. A significant main effect was found between public stigma of receiving psychological help and mental help-seeking attitudes, $\beta = -1.42$, $t(230) = -2.91$, $p < .01$, and a nonsignificant main effect of self-compassion on mental help-seeking attitudes, $\beta = -0.30$, $t(230) = -0.81$, $p = .42$. There was a significant interaction found by self-compassion on public stigma and mental help-seeking attitudes, $\beta = -0.33$, $t(230) = 1.94$, $p < .05$. Probing the interaction effect with Johnson–Neyman and pick-a-point approaches indicated that the relationship between public stigma and mental help-seeking attitudes is significant when self-compassion is 1 *SD* below the mean, $\beta = -0.70$, $t(230) = -4.54$, $p < .001$. At average levels of self-compassion, every unit increase in public stigma predicted −0.48 unit change in mental help-seeking attitudes, $\beta = -0.48$, $t(230) = -4.13$, $p < .001$. However, at elevated levels of self-compassion, the relationship between public stigma and mental help-seeking attitudes was nonsignificant, $\beta = -0.27$, $t(230) = -1.62$, $p = .11$. These results indicate that while public stigma predicts less favorable mental help-seeking attitudes overall, the level of self-compassion one has reduces the negative effect of public stigma.

Our second moderation analyzing our hypothesis that self-compassion would moderate the relationship between public stigma and self-stigma indicated a significant main effect of public stigma of receiving psychological help on self-stigma of receiving help, $\beta = 0.79$, $t(230) = 2.72$, $p < .01$. However, the main effect of self-compassion on self-stigma was insignificant help, $\beta = 0.07$, $t(230) = 0.31$, $p = .76$, as well as the interaction effect help, $\beta = -0.13$, $t(230) = -1.26$, $p = .21$. These results indicate that self-compassion was not effective in buffering the relationship between public stigma and self-stigma.

Mediation Analyses

We ran a simple mediation analysis using base R as well as the R package *lavaan* to test self-stigma as a mediator of the relationship between public stigma and mental help-seeking attitudes (see Figure 1). Results suggested that 26% of the variance in mental help-seeking attitudes and 19% of the variance in self-stigma was accounted for by the model. Public stigma indirectly influenced mental help-seeking attitudes ($\beta = -.33$, $p < .001$; $SE = .08$, 95% CI [−.51, −.21]) through self-stigma ($\beta = .50$, $p < .001$; $SE = .06$, 95% CI [.37, .61]), which was inversely associated with mental help-seeking attitudes ($\beta = -.70$, $p < .001$; $SE = .12$, 95% CI [−.92, −.47]). These results indicate that increased self-stigma predicted less favorable mental help-seeking attitudes. Consistent with mediation, the value of the total effect was larger in magnitude and statistically significant ($\beta = -.61$, $p < .001$; $SE = .13$, 95% CI [−.85, −.34]) than the smaller and insignificant direct effect ($\beta = -.28$, $p = .05$; $SE = .14$, 95% CI [−.54, .01]).

Moderated Mediation Analysis

Given that self-stigma of seeking help mediated the relationship between public stigma of receiving help and mental help-seeking attitudes, we chose to then run a moderated mediation analysis (see Figure 2) to test the ability of self-stigma to mediate the relation between public stigma and help-seeking attitudes with self-compassion as the moderator. As shown in Table 3, public stigma was significantly related to self-stigma, which, in turn, predicted mental help-seeking attitudes. The moderated mediation analysis had significant indirect effects, indicating that self-stigma mediated the relationship between public stigma and help-seeking attitudes. However, the index of moderated mediation was not statistically different from zero (index = .08, $SE = .06$, 95% CI [−.03, .23]). The 95% confidence intervals indicate that the indirect effect was significant when self-compassion was low (*SD* − 1: $B = -0.32$, $SE = 0.09$, 95% CI [−0.52, −0.17]); at the mean ($B = -0.27$, $SE = 0.07$, 95% CI [−0.43, −0.15]); and high (*SD* + 1: $B = -0.22$, $SE = 0.07$, 95% CI [−0.40, −0.10]). Self-compassion was insignificant as a moderator of the relationship between public stigma and self-stigma ($\beta = -.07$, $p = .89$; $SE = .49$, 95% CI [−1.04, .91]) and public

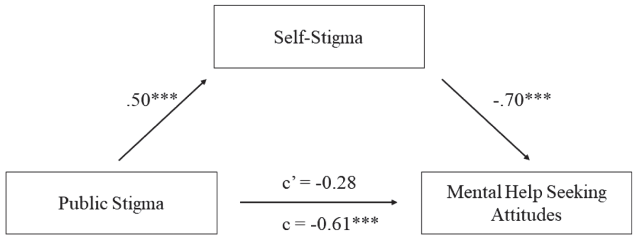
Table 2
Descriptive Statistics and Correlations for Study Variables

Variable	*N*	*M*	*SD*	Min	Max	1	2	3
1. Self-stigma	234	2.48	.68	1.00	4.89	—		
2. Public stigma	234	2.21	.60	1.00	4.0	.44**	—	
3. Mental help-seeking	234	5.52	1.11	2.33	7.00	−.49**	−.33**	—
4. Self-compassion	234	2.84	.64	1.00	4.92	−.29**	−.28**	.30**

Note. Min = minimum; Max = maximum.
** $p < .01$.

Figure 1

Self-Stigma as a Predictor of Less Favorable Mental Help-Seeking Attitudes



Note. All values reflect standardized coefficients.
** $p < .01$. *** $p < .001$.

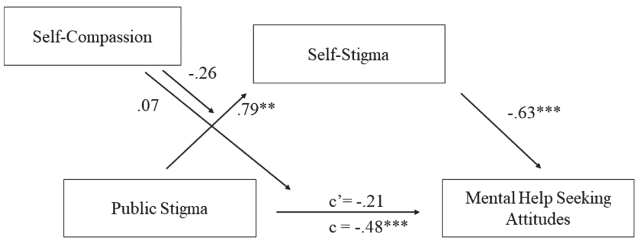
stigma and help-seeking attitudes ($\beta = -1.42$, $p = .06$; $SE = .75$, 95% CI [−2.9, .07]) in this model. Taken together, the results indicated that self-compassion did not moderate the relationship between self-stigma and mental health-seeking attitudes or public stigma of receiving psychological help and mental health-seeking attitudes when taking self-stigma into account. We reran the same model controlling for those who have sought previous help and the results did not change.

Discussion

The aims of this study were to examine self-compassion as a buffer between public stigma and self-stigma, and public stigma and help-seeking behaviors among Asian Americans. Our moderation hypotheses were partially supported. While self-compassion buffered against the negative effects of public stigma on help-seeking attitudes, it did not buffer against the negative effects of public stigma on self-stigma. Our moderation analyses showed mental help-seeking attitudes decreased with each increase in public stigma; however, it was less of a reduction among Asian Americans with more self-compassion. This supports our hypothesis that self-compassion buffers the relationship between public stigma and help-seeking attitudes. Self-compassion acting as a psychological protective factor against public stigma aligns with previous research among Asian Americans (Heath et al., 2018; Liu et al., 2020; Wei et al., 2020). Furthermore, this study provides preliminary empirical support of the specific protective role of self-compassion on help-seeking attitudes among Asian Americans. As such, self-compassion may act as a facilitator of help-seeking processes. For example, although an Asian American might perceive that society stigmatizes seeking help (i.e., high public stigma), a self-compassionate Asian American may still hold positive mental help-seeking attitudes if they had a mental health concern (i.e., favorable help-seeking attitudes).

Figure 2

Moderated Mediation Model for Public Stigma of Receiving Psychological Help, Self-Compassion, Self-Stigma of Seeking Help, and Mental Help-Seeking Attitudes



Note. All values reflect standardized coefficients.
** $p < .01$. *** $p < .001$.

Our second moderation analysis, however, revealed that self-compassion is not a significant buffer against the internalization of stigma. For instance, an Asian American who perceives that society stigmatizes seeking help is likely to apply these stigmatizing messages to themselves no matter their level of self-compassion. This finding contradicts previous research by Heath et al. (2018) that found self-compassion to be a significant negative buffer in the relationship between public stigma and self-stigma. These results could relate to the different responses that individuals or groups may have to being publicly stigmatized, where some may rationalize the systemic nature of public stigma and avoid self-stigma, while the internalization of public stigma typically occurs when one agrees with the public stereotypes (Corrigan et al., 2009; Corrigan & Watson, 2002). Specifically, the previous sample was predominantly European American college student sample (Heath et al., 2018), with only 5.4% Asian American representation, whereas our sample was 100% Asian Americans.

The mediation analyses found that public stigma indirectly influenced mental help-seeking attitudes through self-stigma, indicating self-stigma is a predictor of negative mental help-seeking attitudes. These results support our hypothesis of self-stigma as a mediator of public stigma and mental help-seeking attitudes as well as provide further empirical support for the internalizing model of stigma (Vogel et al., 2007). These findings also support Yee et al. (2020) results suggesting self-stigma to be a moderately strong predictor of negative help-seeking attitudes among Chinese Americans as well as Bathje and Pryor (2011) findings of awareness and endorsement of public stigma to be predictive of self-stigma and less favorable mental health-seeking attitudes among college students. Our sample's internalization of public stigma could potentially be explained by Asian cultural values of collectivism and social harmony (B. S. K. Kim & Omizo, 2003). Devitre and Pan (2020) found the internalized values of enculturation, or one's grade of conformity to their Indigenous values, have a negative impact on Asian Americans' attitudes toward seeking mental health services. On the other hand, acculturation, or one's grade of conformity to the values of another group, had a positive impact on mental health seeking attitudes. Differing levels of generational status and acculturation may impact who is prone to internalizing public stigma.

We examined the impact of birth nationality as a proxy of the impact of acculturation and enculturation, since these processes were not explicitly measured (e.g., language and media use, cultural practices, cultural and mainstream identification). Based on correlation analyses, help-seeking attitudes were not correlated with public stigma nor self-compassion among foreign-born Asian Americans, but these associations were significant among those born in the United States. This converges with previous literature that suggest values of enculturation may impact attitudes but not stigma (Shea & Yeh, 2008) and is significant given that enculturation tends to negatively impact attitudes, whereas acculturation may positively impact help-seeking attitudes (Devitre & Pan, 2020; Miller et al., 2011). In addition, public stigma and self-stigma did not correlate only among those who are

Table 3

Moderated Mediation for Public Stigma, Self-Compassion, Self-Stigma, and Mental Help-Seeking Attitudes

	Self-stigma of seeking help			Mental help-seeking attitudes		
Variable	β	*SE*	*p*	β	*SE*	*p*
Constant	1.33	0.54	.01	8.30	1.62	.00
PS	0.79	0.27	.00	−0.92	0.74	.21
SC	0.07	0.18	.71	−0.26	0.59	.66
PS × SC	−0.13	0.09	.18	0.25	0.26	.33
SS				−0.63	0.13	.00
		R^2 = 26%			R^2 = 38.6%	

Effect	Boot effect	Boot *SE*	*p* value	Boot CI95 lower	Boot CI95 upper
Index of moderated mediation	0.08	0.06	.22	−0.03	0.23
Indirect					
−1 *SD*	−0.32	0.09	.00	−0.52	−0.17
M	−0.27	0.07	.00	−0.43	−0.15
+1 *SD*	−0.22	0.07	.00	−0.40	−0.10
Direct					
−1 *SD*	−0.37	0.09	.07	−0.78	0.03
M	−0.21	0.07	.10	−0.45	0.05
+1 *SD*	−0.05	0.07	.81	−0.41	0.42
Total					
−1 *SD*	−0.69	0.21	.00	−1.04	−0.34
M	−0.48	0.13	.00	−0.71	−0.23
+1 *SD*	−0.27	0.21	.22	−0.64	0.22

Note. PS = public stigma of receiving psychological help; SC = self-compassion; SS = self-stigma of seeking help. The significance of the indirect and direct effects was calculated with bias-corrected confidence intervals (.95) bootstrap analysis. Twenty-six percent of the variance in self-stigma (mediator) and 38.6% of the variance in mental help-seeking attitudes (dependent variable) are predicted by their respective models. *SE* = standard error; CI = confidence interval.

foreign-born. Although birth nationality cannot estimate how much a person has assimilated to the mainstream culture nor how much the same person has held onto their ethnic heritage, these correlations demonstrate that a difference in association between most of the main variables exists between Asian Americans who are born outside of the United States or not.

The moderated mediation analysis we used as our conceptual model had significant indirect effects; however, self-compassion was insignificant as a buffer. This makes sense as our second moderation of self-compassion on the relationship between public stigma and self-stigma was insignificant. Our results leave us with the understanding that while self-compassion is helpful in fostering positive attitudes toward seeking mental health services for individuals who experience public stigma, self-compassion may not be enough for those who have internalized stigma to seek help. This is a problem as previous research has shown the effects of self-stigma to be significantly more detrimental to one's quality of life than public stigma alone (Ali et al., 2012; Boyd et al., 2014). We consider five possible reasons why our study did not replicate self-compassion moderating public stigma on self-stigma (Heath et al., 2018). First, self-compassion levels may be lower due to the rise of anti-Asian hate during the time of data collection (Gover et al., 2020; Han et al., 2023). Self-compassion levels among our current Asian American sample appear less than the predominantly White, college student sample from the Midwest (Heath et al., 2018) and previous international Asian samples (Neff et al., 2008), but similar to recent Asian American college students (P. Y. Kim et al., 2022). Two recent studies examining self-compassion among Asian Americans both described higher levels of self-compassion among their participants, with both studies having collected data prior to the COVID-19 pandemic (Liu et al., 2020; Wei et al., 2020). As such, we hypothesize that anti-Asian hate and racism in the United States could have dampened the effects of self-compassion.

Second, retaining Asian American values (i.e., values of enculturation) may limit the effect of self-compassion, even though a scientific understanding of self-compassion originated from Eastern philosophy and Buddhism (Neff et al., 2008). Previous research testing a bilinear model of acculturation and enculturation found that values of acculturation facilitate help-seeking, unlike enculturation that inhibits (Miller et al., 2011). This bilinear model is important for our sample of which 76% were born in the United States and 54% hold a bachelor's or master's degree, both which are suggestive of higher acculturation. However, this sample may still hold strong Asian American values that counteract the positive effects of self-compassion. For instance, the value of emotional self-control requires emotional awareness, and acceptance predicts less self-compassion among Asian American college students (P. Y. Kim et al., 2022).

Third, self-compassion may require additional conditions to mobilize its positive effects. For instance, self-compassion buffered against racial discrimination on depression among Asian American college students when they also reported higher levels of social connectedness (Liu et al., 2020). Such research highlights the necessary conditions of both personal and social resources to act together in positive directions. Fourth, the prevalence of racial stereotypes, such as the model minority myth (Gupta et al., 2011; Kim & Lee, 2014), may reinforce negative self-evaluations and solidify self-stigma

unlike how White-body supremacy protects White populations. Such consequences of racism may underlie how self-stigma and help-seeking attitudes are different. A person may hold negative internalized stigma of themselves yet view mental health help as positive when needed. Further research is needed to delineate which of these constructs are facilitative to help-seeking. Last, other types of stigmas, such as stigma from family and close relationships, may solidify self-stigma among Asian Americans. Nonetheless, we remain speculative to understanding these processes since we did not measure any of the constructs mentioned above.

Of note, levels of stigma among our sample are lower than expected. Previous research among Asian Americans college students characterizes Asian Americans with high levels of stigma, particularly self-stigma of seeking mental health help (Loya et al., 2010; Pedersen & Paves, 2014; Wu et al., 2017). We hypothesize that reported levels of stigma from our study may reflect a noncollegiate Asian American sample whose stigma tends to be lower. Future research can examine whether different profiles with varying degrees of public and self-stigma of Asian American college students are replicated among adults as well (Wu et al., 2017). In addition, participants recruited from Prolific may endorse less stigma due to their exposure of psychological studies, perhaps increasing awareness to stigma and even reducing stigma. Despite the lower stigma scores, this study provides empirical support of the impact of stigma on help-seeking attitudes and tested the protective role of self-compassion among Asian Americans.

Limitations

This study utilized a cross-sectional design, with data collected during one time point; specifically, data were collected during the COVID-19 pandemic, so we cannot be sure that our sample is representative of Asian Americans overall outside of the time of data collection. Recruitment for this study was through a college student and paid survey pool, which may have influenced both who had access to participation and may have been incentivized to participate. Participants needed access to a computer or smartphone and internet service to access our survey, thereby excluding potential participants without these privileges. Future research would benefit from integrating cultural factors, such as both acculturation and enculturation measures, and contextual factors, such as past or current mental health symptoms. Finally, the MHSAS (Hammer et al., 2018) has not been culturally adapted, which would make this study one of the few to utilize it with a diverse sample. Additionally, the authors wish to provide the reader with information about our backgrounds with the understanding that our identities can influence our approach to science. With respect to gender, when the article was drafted, three authors identified as cisgender women and two as cisgender men. With respect to race, one author self-identified as East Asian, one as East Asian American, one as Caucasian, and two as White. With respect to ethnicity, one author self-identified as Korean American.

Implications

There is now growing evidence suggesting that public stigma of seeking psychological help is a predictor of self-stigma of seeking help; however, not everyone who experiences public stigma internalizes it (Corrigan & Watson, 2002; Vogel et al., 2007). Stigma overall is a societal problem; it cannot occur without the group experience (Corrigan et al., 2010). Yet, the most detrimental effects of stigma occur on the individual level. Among Asian Americans, self-compassion appears to decrease the negative effects of public stigma on mental health-seeking attitudes. However, self-compassion alone is not enough to buffer the internalization of stigma. Future research should work to identify protective factors against self-stigma and subsequently develop strategies to intervene before stigma is internalized, without blaming the individuals experiencing the stigma. One such factor could be empowerment, which has been viewed to be on the opposite end of a continuum with self-stigma (Corrigan et al., 2009; Rappaport, 1987). In 2011, Brohan and colleagues found a strong inverse relationship between empowerment and self-stigma of mental illness among European schizophrenia patients. Another protective factor against the internalization of stigma could be found in community, both community of those who experience mental illness and one's racial or ethnic community (Misra et al., 2021). We expect approaches with clients and health care providers, along with communities and health care agencies to work together to provide individual- and population-level prevention as the priority.

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