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BRIEF REPORT

The Role of Sense of Belonging in Self-Stigma Among
People With Serious Mental Illnesses

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Objective: Self-stigma significantly impacts people with serious mental illnesses. Evidence from other marginalized groups has indicated that sense of belonging may buffer these impacts. The purpose of this study was to assess the buffering of self-stigma by sense of belonging among this population, including the relationship between these effects and self-identification in other marginalized groups. **Method:** In the study, 267 adults with serious mental illnesses completed demographic, self-stigma, exposure to stigma, and sense of belonging measures. Regression analyses were conducted to determine whether sense of belonging buffered self-stigma and, if so, whether those effects vary by race and gender identification. **Results:** Sense of belonging buffered self-stigma. Self-identification with other marginalized groups did not impact the buffering effect. **Conclusions and Implications for Practice:** Sense of belonging can protect against self-stigma. Self-stigma interventions should integrate components that improve sense of belonging, including community integration. These components should be flexible to meet the cultural context of individual consumers.

Keywords: self-stigma, serious mental illness, sense of belonging, race, gender

Self-stigma is the internalization of negative societal beliefs about marginalized groups one belongs to (Dickerson, Somerville, Orioni, Ringel, & Parente, 2002; Lucksted et al., 2011). People with serious mental illness face many stereotypes, including that they are dangerous, incompetent, or weak (Link & Phelan, 2001; Rüschi, Angermeyer, & Corrigan, 2005). Internalizing these beliefs can lead to poorer self-esteem and self-efficacy, lower treatment engagement, decreased coping skills, depression, and hopelessness (Drapalski et al., 2013; Yanos, Roe, Markus, & Lysaker, 2008).

Internalized stigma is dangerous not only for people with serious mental illness but for most marginalized groups (e.g., Herek, Gillis, & Cogan, 2015; Mossakowski, 2003). Despite diverse ef-

forts to reduce stigmatization at policy, public education, and individual levels (Michaels et al., 2014; Ungar, Knaak, & Szeto, 2016; Yanos, Lucksted, Drapalski, Roe, & Lysaker, 2015), stigmatization and internalization remain prevalent.

People experiencing stigma often create psychosocial buffers against internalization (Corrigan et al., 2009; McLaren, Jude, & McLachlan, 2008). For example, sense of belonging within minority ethnic groups helps buffer racism's effects (Forsyth & Carter, 2012; Iwamoto & Liu, 2010) and is widely associated with positive mental health (Fisher, Overholser, Ridley, Braden, & Rosoff, 2015; Sargent, Williams, Hagerty, Lynch-Sauer, & Hoyle, 2002; Tew et al., 2012). Thus, determining whether sense of belonging might buffer self-stigma among people with serious mental illness is warranted.

Therefore, this study evaluated how sense of belonging relates to self-stigma among people with serious mental illness and how that relationship is impacted by self-identification with other marginalized groups. We hypothesized first that sense of belonging would buffer self-stigma in people with serious mental illness and second that people with serious mental illness who self-identify with an additional marginalized group (i.e., as African American or female) would experience a larger buffering effect than would those who do not.

Method

Data for this study originated from a clinical trial of a group-based self-stigma intervention (Lucksted et al., 2011) using baseline assessments collected prerandomization. The parent study was preapproved by the University of Maryland Institutional Review Board, no authors have conflicts to report, and all certify their responsibility for this article.

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Table 1
Participant Descriptive Statistics

Variable	<i>n</i>	<i>M (SD)</i>	Frequency (%)
Age (in years)		44.69 (12.34)	
Race			
White	117		43.7
African American	124		46.3
Other	27		10.1
Gender			
Male	105		39.2
Female	163		60.8
Diagnosis			
Schizophrenia	79		29.5
Bipolar disorder	70		26.1
Schizoaffective	56		20.9
Depression	23		8.6
Psychotic disorder NOS	11		4.1
Depression with psychosis	15		15.6
Other	4		1.5

Note. *N* = 268. NOS = not otherwise specified.

Participants

The study enrolled 267 adults with serious mental illnesses from five psychosocial rehabilitation programs in urban, suburban, and rural regions of Maryland. The sample was generally congruent with clients of such programs, including 79.1% receiving disability benefits, 55.6% living in supervised housing, 68.7% with ≥ 12 years of education, and 94.8% unmarried (see Table 1; diagnoses were obtained via chart review).

Measures

Self-Stigma of Mental Illness Scale (SSMIS; Corrigan, Watson, & Barr, 2006; Watson, Corrigan, Larson, & Sells, 2007). The SSMIS assesses the social-cognitive model of self-stigma's four components: Stereotype Awareness, Stereotype Agreement, Stereotype Application, and Harm to Self-Esteem. Our focus on applying stigmatizing beliefs to oneself led us to use only the Application subscale (SSMIS-A; Cronbach's alpha = .840).

Sense of Belonging Inventory (SOBI; Hagerty & Patusky, 1995). The SOBI measures sense of belonging via two subscales: one for psychological experience (SOBI-P) and one for its antecedents (SOBI-A). Because previous studies have supported

SOBI-P's validity and reliability, whereas SOBI-A has shown less consistency (e.g., Hagerty & Williams, 1999), only the 18-item SOBI-P was included. Our analysis indicated that Cronbach's alpha = .916.

Wahl Stigma and Discrimination Scale (WSD; Wahl, 1999).

The WSD measures stigma and discrimination experiences. We used the WSD total score scale after removing reversed-scored items, because that stabilized issues with consistency and structure. Our revised WSD had 17 items, and Cronbach's alpha = .861.

Analytic Procedure

Analyses were conducted using SPSS Version 23.0. First, the psychosocial measures (i.e., SOBI-P, SSMIS-A, and WSD) were tested for bivariate correlations. Second, we tested whether sense of belonging moderated the relationship between exposure to stigma and self-stigma by using multiple regression to test whether sense of belonging (SOBI-P) and exposure to stigma (WSD) predicted self-stigma (SSMIS-A). In a separate regression step, we tested whether SOBI-P moderated the relationship between the other variables by including the interaction between the SOBI-P and the WSD. Third, we tested whether the relationship between SOBI-P and the SSMIS-A varied by racial and/or gender identities. These two demographic variables were added to the regression model in Step 1 of the multiple regression and were included in an interaction with SOBI-P and the WSD in Step 2. Last, an interaction between gender and race was added to account for the intersection among minority statuses.

Results

The descriptive statistics for these tests can be found in Table 2, and all psychosocial measures had significant correlations in the expected directions ($p < .05$; see Table 3). Both base and interaction models were significant ($p < .001$; see Table 4). The interaction model improved the base model ($\Delta R^2 = .066$), $\Delta F(1, 205) = 16.411$, $p < .001$. In the interaction model, all three variables were significant ($p < .05$). The significant interaction between the WSD and SOBI-P indicated that at lower levels of exposure to stigma, increased level of sense of belonging is associated with increased self-stigma, but at higher levels of exposure to stigma, increased level of sense of belonging is associated with

Table 2
Target Variable Descriptive Statistics Overall and by Race and Gender

Variable	WSD ^a		SSMIS-A		SOBI-P	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Total	20.54	11.22	23.62	13.91	48.72	9.60
White						
Men	20.64	9.91	20.68	12.77	49.11	8.62
Women	20.72	12.76	24.45	16.42	48.60	9.249
Black						
Men	23.30	11.79	24.16	12.02	47.68	11.09
Women	19.36	9.90	24.66	12.68	49.14	10.08

Note. WSD = Wahl Stigma and Discrimination Scale; SSMIS-A = Self-Stigma of Mental Illness Scale—Application subscale; SOBI-P = Sense of Belonging Inventory—Psychological subscale.

^a Total with reverse-scored items removed.

decreased self-stigma. Analysis of potential gender and race interactions were all nonsignificant ($p > .05$).

Discussion

The bivariate relationships in this data corroborate past research that stigmatizing experiences are associated with increased self-stigma and that sense of belonging is negatively associated with both among people with serious mental illness (Brohan, Elgie, Sartorius, & Thornicroft, 2010). Thus, these constructs are fundamentally relevant to reducing the person-level harm of societal stigmatization, including by enhancing sense of belonging and experiences fostering it.

Our first hypothesis, that sense of belonging moderates the relationship between perceived stigma experiences and self-stigma, was supported. Although statistically significant, the moderation effect β weight was small ($-.029$). Perhaps because of skewness in our sample (SSMIS–A scores have ranged from 10 to 90; ours ranged from 10 to 86; $M = 23.62$, $SD = 13.912$), the impact of sense of belonging for people with high self-stigma was not fully captured. Given that the relationships among sense of belonging, perceived stigma experiences, and self-stigma varied across levels of these variables, the impact may be different in samples reporting more self-stigma. Yet, our participants' self-stigma scores echo those of other studies (Brohan et al., 2010; Linz & Sturm, 2013; Wong, Sands, & Solomon, 2010), so our findings may depict typical experiences for people with serious mental illness.

Our second hypothesis, that people with serious mental illness who also identified with another marginalized group would experience a larger buffering effect than would people who do not, was not supported; the moderating role of sense of belonging did not vary by race or gender. This underlines the need to consider sense of belonging in all prevention and/or buffering intervention efforts.

Such interventions could help people with serious mental illness to optimize positive belonging to maximize buffering against stigma (Cook, Purdie-Vaughns, Meyer, & Busch, 2014). For example, by helping participants reflect and act on their cultural identifications, personal values, and community affiliations, participants could increase belonging opportunities and the support and validation they receive from them. Program creators may want to build individualized community integration activities into their stigma interventions.

As more is known about self-stigma moderators, interventions could leverage them to maximize effectiveness (Mora-Rios, Ortega-Ortega, & Natera, 2016). For example, helping people with

Table 4

Base and Interaction Regression Models Indicating that Sense of Belonging Moderates Self-Stigma

Variable	Base model: β (SE)	Interaction model: β (SE)
WSD	.349 (.089)***	1.756 (.358)***
SOBI–P	–.117 (.104)	.533 (.189)**
WSD \times SOBI–P		–.029 (.007)***
<i>N</i>	209	209
<i>R</i> ²	.103	.170

Note. WSD = Wahl Stigma and Discrimination Scale; SOBI–P = Sense of Belonging Inventory—Psychological subscale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

serious mental illness draw on within-community affiliations (Mossakowski, 2003; Fingerhut, Peplau, & Gable, 2010) when relevant could boost buffering effects. For those who have few community ties, interventions could foster identifying communities of choice and ways to increase connections (Wong et al., 2010), including roles in the mental health community.

It is important to consider the “other side” of the moderation—that for people reporting fewer stigma experiences, sense of belonging is associated with higher self-stigma. This relationship is counterintuitive and has no clear origin. One consideration is that our measures did not assess what community participants were thinking of when responding. Most people have multiple community affiliations (e.g., mental health consumers or neighborhood–geographic, religious, or cultural connections). It is possible that choice of a referent community is salient in predicting self-stigma. For example, a religious community may be less accepting of mental health symptoms than is the mental health consumer community. Nonetheless, this puzzling result needs to be clarified.

Conclusions

The parent study had several strengths, including high power and a diverse sample representative of a serious mental illness outpatient population. This study tested a novel question about the relationship of sense of belonging to self-stigma, with clinical, community, and policy applications. However, this secondary analysis used cross-sectional data, so conclusions are not causal. Also, its measures did not require participants to identify a community of reference, so we cannot know how different community affiliations may impact these relationships. Considering this in future studies may clarify the complex relationship between sense of belonging and self-stigma.

Among psychiatric rehabilitation clients with serious mental illness, sense of belonging moderated stigma experiences' relationship with self-stigma, such that for participants highly exposed to stigma, sense of belonging buffered against self-stigma, but among others, sense of belonging and self-stigma were positively associated, with no differential impacts by race or gender. Reducing stigma experiences and self-stigma among people with serious mental illness remains critical; these data suggest strategies of increasing sense of belonging and community connectedness.

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Table 3

Correlation Matrix of Sense of Belonging, Self-Stigma, and Stigma Experiences

Measure	1	2	3
1. SOBI–P	—		
2. SSMIS–A	–.289***	—	
3. WSD	–.384***	.312***	—

Note. SOBI–P = Sense of Belonging Inventory—Psychological subscale; SSMIS–A = Self-Stigma of Mental Illness Scale—Application subscale; WSD = Wahl Stigma and Discrimination Scale.

*** $p < .001$.

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