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Habitual Self-stigma: the Contributory Role of Maladaptive Coping with Self-stigmatizing Thoughts

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Introduction: Research has shown that people with mental illness (PMI) who have greater self-stigma exhibit greater avoidance of participation in psychiatric services, because they are more eager to avoid the label of mental illness, to escape from the damage of the 'patient' identity on their self-esteem, and to suppress the reactivation of their self-stigmatizing thoughts. This kind of label avoidance reflects a coping strategy called experiential avoidance.

The paradox of experiential avoidance is that attempts to avoid or suppress a thought can cause a rebound increase in thought frequency, leading to prolonged preoccupation with it. When self-stigmatizing thinking occurs repetitively and persistently, it may acquire a certain degree of automaticity and become a mental habit.

One way to prevent or mitigate habitual self-stigma may be through the cultivation of mindfulness. By cultivating mindfulness, people can learn how to allow unwanted thoughts to come and go without judgment or reaction (thereby reducing experiential avoidance of self-stigma).

Objectives: This study aims to examine whether habitual self-stigma is predicted by maladaptive coping with self-stigma.

Methods: Ninety seven PMI completed measures of the cognitive content and the habitual strength of self-stigma, experiential avoidance, and mindfulness.

Results: Hierarchical linear regression showed that greater experiential avoidance and lower mindfulness significantly predicted stronger habitual self-stigma, beyond the effect of the content of self-stigma.

Conclusions: Aside from the content of self-stigma, maladaptive coping strategies may also determine the habit strength. The reduction of habitual self-stigma may be approached by modifying the affected individuals' relationship with their self-stigmatizing thoughts.