The predictive role of psychological well-being and social safeness and pleasure on tendency of psychological stigma
Psikolojik iyi olus ile sosyal guvende hissetme ve memnuniyetin kisilerin damgalama egilimi uzerindeki yordayici rolu

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Abstract

Stigmatisation is based on negative beliefs and prejudices that starts with labelling and ends with discrimination and exclusion. In most of the research studies, stigma tendency was associated with illnesses and disabilities, but it can be experienced at any time in life. Stigma tendency of people can be related to psychological properties. On this basis, the aim of this study is to determine the predictive role of psychological well-being and social safeness and pleasure on the tendency of psychological stigma**.** The research group was conducted by 200 adults. Data were collected with Demographical Information Form, Stigma Scale, Psychological Well-Being Scale, Social Safeness and Pleasure Scale. The findings indicated that psychological well-being had a significant predictive role on the tendency of psychological stigma, but social safeness and pleasure did not predict stigma tendency. The findings of the research were discussed with regard to relevant literature and suggestions were offered regarding the findings of the study.

Keywords: Psychological well-being, social safeness, pleasure, stigma.

Ozet

Damgalama genel olarak olumsuz inanclar ve onyargi ile temellenmekte, etiketlemeyle baslamakta, ayrimcilik ve dislamayla sona ermektedir. Damgalama egilimi yasamin bir cok alaninda deneyimlenmesine ragmen yapilan calismalar daha cok hastalik ve engellilik durumlariyla iliskilendirilmektedir. Bu calismanin da temel amaci psikolojik iyi olus ile sosyal guvende hissetme ve memnuniyetin kisilerin damgalama egilimi uzerindeki yordayici rolunu incelemektir. Calismanin orneklem grubunu 200 yetiskin olusturmustur. Veri toplama araci olarak Demografik Bilgi Formu, Damgalama Olcegi, Psikolojik Iyi Olus

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Olcegi, Sosyal Guvende Hissetme ve Memnuniyet Olcegi kullanilmistir. Calismanin bulgulari psikolojik iyi olusun psikolojik damgalama egilimi uzerinde yordayici rolu oldugunu ama sosyal guvende hissetme ve memnuniyetin ise yordayici rolu olmadigini gostermektedir. Calismanin bulgulari ilgili literatur dogrultusunda degerlendirilmis ve ileriki calismalar icin onerilerde bulunulmustur.

Anahtar kelimeler: Psikolojik iyi olus, sosyal guvende hissetme, memnuniyet, damgalama.

1. Introduction

With the rising interest in positive psychology in recent years, mental health professionals have begun to explore other factors of happiness such as self-esteem, optimism, well-being, etc., alongside psychopathological processes (Lucas, Diener & Sulh, 1996). The field of positive psychology focuses on the qualities such as love and work capacity, courage and interpersonal skills on an individual basis; whilst it deals with the characteristics of good citizenship such as responsibility, altruism and work ethic at the group level (Seligman & Csikszentmihalyi, 2000).

It is stated that the main purpose of positive psychology is to understand happiness and subjective well-being (Carr, 2004). Well psychological functioning refers to the level of full functioning or the individual's self-realisation, self-understanding and meaningfulness (Ryan & Deci, 2001). According to Ryff (1989), psychological well-being is a multi-dimensional structure composed of attitudes towards life rather than a simple combination of positive and negative emotions, as well as life satisfaction. This faculty also includes warmth and confidence (positive relationships with others) in interpersonal relationships (Ryff, 1989).

Whilst previous studies have examined the reasons for well-being, the focus of the recent studies is its results. These studies indicate that well-being and life satisfaction develop, especially four areas of the lives of individuals: health, income, professional life and social benefits (Diener & Ryan, 2009). Gilbert et al. (2009) coined the term 'social safeness' to designate the emotional experience of feeling cared about and being connected with other people. Gilbert (2005, 2010) argues that individuals may fail to perceive, seek out and/or trust compassion in other people because of a lack of warmth and security in their social relationships and, thus, having lower levels of social safeness.

When the research studies are examined, it must be noted that extroversion and neuroticism are among the most important predictors of psychological well-being (De Neve & Cooper, 1988; Diener, Suh, Lucas & Smith, 1999). Whilst extroversion is associated with positive emotions, neuroticism is associated with negative emotions (Rusting & Larsen, 1997). Neuroticism can lead individuals to perceive people and events around them as 'dangerous' and develop attitudes towards these perceptions (Canli, 2001).

One of the most important negative consequences that would emerge in social interactions is stigmatisation. Stigmatisation is based on bias, which is the result of negative beliefs (Taskin, 2007), and it also emerges in the environments where fear and uncertainty prevail (Cuceloglu, 2002). Although the term stigma dates back to the tradition of marking the skins of criminals, slaves or traitors to identify them in the ancient Greece (Goffman, 1963), today, the term is used to designate widespread social disapproval, or a discrediting social difference producing a 'spoiled social identity' in Goffman's terms. There are two components that comprised the most definitions of stigma: the recognition of difference and devaluation (Dovido, Major & Crocker, 2000). Crocker, Mayor and Steele (1998) also suggest that stigma occurs in social interactions. An investigation into the symptoms of stigma shows us that it can manifest as aversion to interaction, evasion, exclusion, rejection, disesteem and depersonalisation of other individuals into burlesque representations. Stigma, on the other hand, may create tense social relations between stigmatised and non-stigmatised individuals as a result of nonverbal expression of discomfort (a lack of eye contact) (Hebl, Tickle & Hearherton,

2000). In general, stigmatisation is based on negative beliefs and prejudice, which starts with labelling and ends with discrimination and exclusion (Cam & Bilge, 2007; Taskin, 2007).

Although mental health status is the most studied health outcome in discrimination studies, the psychological mechanisms creating these effects are not well studied. Previous studies on the subject suggest that discrimination adversely affects health due to its effects on the individual's perception of him/herself and the environment, which have their effects on self-esteem and perceptions of mastery (Williams et al., 2012).

Thus, the main purpose of this study is to investigate the predictive role of psychological well-being and social safeness and pleasure on the tendency of psychological stigma. The research model of the study is presented in Figure 1.
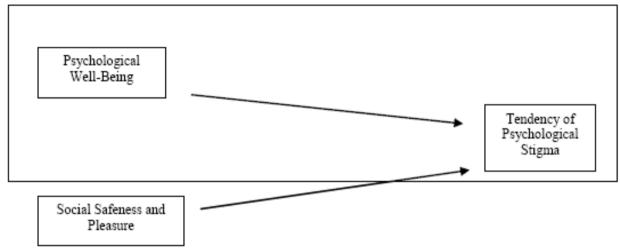

Figure 1. The research model of the study

Therefore, this study seeks to answer the following related research question:

Do psychological well-being and social safeness and pleasure significantly predict the tendency of psychological stigma?

By the way, this study also examined the following problem statements depending on this main research question:

• Is there a difference between the tendency of stigma level of adults according to their demographical features as gender, educational level, employment status, occupation, level of income, marital status, parental status?
• Is there a correlation between the tendency of stigma level and ages of adults?

2. Methodology

2.1. Sample

The research group consists of 200 adults who were selected randomly including 106 females and 94 males in the age range of 18–64 years with the mean of 31.57 (SD 11.32) (see Table 1).

**Table 1. Descriptive statistics of
participants according to gender**

Groups	ƒ

Female	106	53.0
Male	94	47.0
Total	200	100.0

The range of education level of the entire sample is between primary school and university. 5.5% of the sample group was graduated from high school or lower level, 35.5% was graduated from university, 31.5% was university students and 27.5% was postgraduates (see Table 2).

Table 2. Descriptive statistics of participants according to education levels

Groups	f	%
High school or lower level	11	5.5
University graduate	71	35.5
University student	63	31.5
Postgraduate	55	27.5
Total	200	100.0

30.5% of the sample group was students, 10.0% was teachers or lecturer, 18.0% was psychologists and 41.5% of the whole group was belonged to other occupational groups (see Table 3).

Table 3. Descriptive statistics of participants according to occupations

Occupation	f	%
Student	61	30.5
Teacher/Lecturer	20	10.0
Psychologist	36	18.0
Other	83	41.5
Total	200	100.0

54.5% of the sample group was working and 45.5% was non-working or retired (see Table 4).

Table 4. Descriptive statistics of participants according to employment status

Employment status	f	%
Working	109	54.5
Non-working/retired	91	45.5
Total	200	100.0

37% of the participants had monthly income between 0 and 2,000 TL, 34.5% had between 2,001 and 5,000 TL, 15% had between 5,001 and 7,000 TL, 7% had between 7,001 and 10,000 TL and 6.5% had above 10,000 TL (see Table 5).

Table 5. Descriptive statistics of participants according to the level of income

Level of income	f	%
0–2,000 TL	74	37.0
2,001–5,000 TL	69	34.5
5,001–7,000 TL	30	15.0
7,001–10,000 TL	14	7.0
Above 10,000 TL	13	6.5
Total	200	100.0

41% of the sample group was single or divorced, 36.5% was married and 22.0% was having a romantic relationship (see Table 6).

Table 6. Descriptive statistics of participants according to marital status

Marital status	f	%
Single/divorced	83	41.5
Married	73	36.5
Have a romantic relationship	44	22.0
Total	200	100.0

27% of the participants were having at least one child and 73% of them were not having a child (see Table 7).

Table 7. Descriptive statistics of participants according to parental status

Parental status	f	%
Having a child	54	27.0
No child	146	73.0
Total	200	100.0

2.2. Data collection tools

Demographical information form, psychological well-being scale, social safeness and pleasure scale and stigma scale were used for collecting data from adults.

2.2.1. Demographical information form

Demographical Information Form was developed by researchers and it was used in order to get information about gender, age and education level.

2.2.2. Psychological well-being scale

Psychological well-being scale consists of 8 items in which self-evaluation of participants is intended, is a sample of 7-point Likert scale. The scale was developed by Diener and Ryan (2009) and adapted to Turkish by Telef (2013). The scale was evaluated by overall score. The scores vary between 8 and 56. A high score indicates that the person considers himself with positive terms in important function areas (Telef, 2013, p. 384). The Cronbach's Alpha internal consistency coefficient of the Turkish version of the scale was found to be 0.80 (Telef, 2013). In the current study, the Cronbach's Alpha internal consistency coefficient of the scale was found to be 0.82.

2.2.3. Social safeness and pleasure scale

Social safeness and pleasure scale was developed by Gilbert et al. (2009) to assess the degree that adults experience their social worlds as safe and warm including the feelings of belonging and acceptance. It was translated into Turkish by Akin, Uysal and Citemel (2013). It is a 5-point Likert type scale, consisting of 11 items evaluated by an overall score between 0 and 44. The higher score of the scale demonstrates a higher degree of feeling social safeness and pleasure. The Cronbach's Alpha internal consistency coefficient of the Turkish version of the scale is 0.82 (Akin et al., 2013). In the current study, the Cronbach's Alpha internal consistency coefficient of the whole scale was found to be 0.88.

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2.2.4. Stigma scale

Stigma scale was developed by Yaman and Gungor (2013) to determine the overall tendency of psychological stigma. It is a 22-item scale involving a 5-point Likert. The scores of the whole scale vary between 22 and 110. The higher scores distinguish the stigma tendency. The original scale's Cronbach's Alpha internal consistency coefficient was 0.84. In the current study, internal reliability for the total scale was 0.83.

3. Analysis and findings

The analysis of data was performed on SPSS version 21.0 packaged software. Pearson Correlation, Independent Samples t-Test and Hierarchical Regression were used in the analysis of data. For all these analyses, the results for $p < 0.05$ were deemed as statistically significant.

Table 8 shows the means and standard deviations of psychological well-being, social safeness and pleasure, stigma tendency.

Table 8. Descriptive statistics of dependent and independent variables (n = 200)

	$\overline{x}$	Ss
Psychological well-being	43.42	6.69
Social safeness and pleasure	29.64	6.50
Stigma tendency	45.22	9.26

The correlations between psychological well-being, social safeness and pleasure, stigma tendency were analysed with Pearson Correlation; and there was a significantly negative correlation found between psychological well-being and the tendency of psychological stigma (r = −0.180, $p < 0.01$). In addition, there was a significantly negative correlation found between social safeness and pleasure and the tendency of psychological stigma (r = −0.208, $p < 0.05$) (see Table 9).

Table 9. Pearson correlation analysis between psychological well-being, social safeness and pleasure, stigma tendency

	Stigma tendency		
	N	r	p
Psychological well-being	200	−0.180*	0.011
Social safeness and pleasure	200	−0.208**	0.003

*$p < 0.01$; **$p < 0.05$

According to the results of the hierarchical multiple regression analysis, summarised in Table 10, only psychological well-being negatively predicted the tendency of psychological stigma significantly ($β$ = −0.18, $p < 0.05$) and social safeness and pleasure did not predict ($β$ = −0.16, $p > 0.05$) the tendency of psychological stigma significantly. Also, the results indicated that social safeness and pleasure repressed the predictive role of psychological well-being on the tendency of psychological stigma.

Table 10. The hierarchical multiple regression analysis of predictive role of psychological well-being, social safeness and pleasure on the tendency of psychological stigma

Variables	B	Standart Error of B	β	t	R	R²	Adjust R²	F	p
Step 1									
Constant	56.031	4.254		13.171	0.18	0.0	0.027	6.62	0.000
Psychological well-being	−0.249	0.097	0.180*	−2.572	0	32			0.011
Step 2									
Constant	56.265	4.237		13.280	0.215	0.046	0.036	4.76	0.000

Psychological well-being	−0.100	0.131	−0.072	−0.760	0.448
Social safeness and pleasure	−0.227	0.135	−0.159	−1.684	0.094

Dependent variable: Tendency of Psychological Stigma

There was a significant difference between the tendency of psychological stigma level of women and men (t(198) = −2.57; $p < 0.05$). The results showed that the tendency of psychological stigma level of women ($\bar{x}$ = 43.65) was significantly lower than the tendency of psychological stigma level of men ($\bar{x}$ = 46.98) (see Table 11).

Table 11. Independent sample *t* test analysis of tendency of psychological stigma of participants according to their gender

	Gender	N	$\bar{x}$	ss	*t* Test		
					t	Sd	p
Stigma tendency	Women	106	43.65	8.65	−2.57	198	0.011*
	Men	94	46.98	9.65			

*p < 0.05

With regard to the ages of participants that vary between 18 and 64, the correlation between the tendency of psychological stigma level of participants and their ages was analysed with Pearson Correlation; however, there was no correlation found ($r = 0.116$, $p > 0.05$) (see Table 12).

Table 12. Pearson correlation analysis between age and stigma tendency

	Stigma tendency		
	N	r	p
Age	200	0.116	0.101

p < 0.05

4. Results and discussion

In most of the research studies on stigma tendency, it was associated with mental and physical illnesses and disabilities, but it can be experienced at any time in life and also it can be related with other personal and psychological properties of a human. Over the past two decades, studies in social science about stigma have grown dramatically, but it is still insufficient (Link & Phelan, 2001). For these reasons, in this study, the concept 'stigma' was considered together with psychological well-being, social safeness and pleasure. The main aim of this study was to explore the predictive role of psychological well-being and social safeness and pleasure on the tendency of psychological stigma. On the other hand, the demographical properties of the participants were also investigated in accordance with their tendency of stigma. This study will contribute to existing literature on the psychological tendency of stigma and related variables.

Results from this study indicated that there was a significant relationship between psychological well-being and stigma tendency; the psychological tendency of stigma level decreased as the psychological well-being level increased. In addition, there was a significant relationship between social safeness, pleasure and stigma tendency; the psychological tendency of stigma level decreased as social safeness, pleasure level increased. However, when the predictors of the stigma tendency were analysed, only psychological well-being negatively predicted the tendency of psychological stigma; social safeness and pleasure did not predict the tendency of psychological stigma. In addition, it also repressed the predictive role of psychological well-being, as well. This finding is partially in line

with other research by Yen et al. (2005) indicating that patients who had more severe depression and less education had higher levels of self-stigma.

The findings of the analyses according to the other problem statements about the demographical features of the participants indicated neither relationship nor difference related to their tendency of stigma. There were no differences between the tendency of stigma level of adults according to their educational level, employment status, occupation, level of income, marital status and parental status. The only difference was between the tendency of stigma level of women and men. The stigma tendency of women was higher than men. In addition to these findings, there were no relationships found between age and tendency of stigma, as well. There are some limitations of the current study and these findings can be related with those limitations. One is that it was done with a homogeneous group in terms of demographical features. Therefore, generalisability of the findings to other adults living in different sociocultural groups is limited. Another limitation of the study is that the participants were observed that they were in tendency of hiding their real attitudes towards stigma with regard to their social acknowledgement and social desirability.

In addition to the above-mentioned findings, in this study, the psychological well-being levels of the adults were higher, whereas their social safeness and pleasure level were lower. In other words, it means that they did not feel safe but it did not affect their psychological state. When it was considered with Maslow's (1943) model of hierarchy of needs, stated that people are motivated to achieve certain needs and the safety needs are the second stage. Despite this evidence, in this study, it was indicated that the psychological well-being level of participants was higher, even though they did not feel socially safety and pleasure.

In conclusion, the results of this study demonstrated that although there were negative correlations among psychological well-being, social safeness and pleasure and the tendency of psychological stigma; likewise only the psychological well-being had a predictive role on the tendency of psychological stigma. Social safeness and pleasure did not predict the tendency of psychological stigma. Therefore, there are limited research studies about psychological stigma and most of them generally focus on stigma against mental illness, AIDS patients, people with disabilities, ADHD and autism, homeless children, criminals… (Yaman & Gungor, 2013). The current findings of this research provide contributions to the literature by studying different variables related with the term 'stigma'. In addition, further research might focus on investigating stigma in various sample groups.

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