The Help-seeking Dilemma Faced by College Students with Depressive Disorder:

Self-stigma and Social Identity Threat

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Abstract. While the prevalence of depression among the general population has been increasing year by year, the proportion of depressed patients seeking professional psychological help is relatively low. Depressive patients not only suffer from the symptoms caused by diseases but also are subjected to stigmatization associated with depression including negative stereotypes and discrimination from society. The perceived threat of social identity induced by stigma towards depression may account for the reason why most depressive patients avoid seeking professional psychological help. The purpose of this study is to explore the role that social identity threat plays in the relationship between depression stigma and willingness to seek help in a case study of a patient with the depressive disorder through a process-tracing method for nearly two years with a profusion of in-depth interviews. The result suggests that the perceived threat of social identity caused by self-stigma may prompt depressed patients to adopt certain strategies to disguise the illness identity, and seeking counseling or psychotherapy is associated with the disclosure of their devalued social identity. This study provides new ideas for the field of study in stigma associated with depressive disorder and has practical significance for the improvement of social-psychological services in China.

Keywords: stigma, depressive disorder, social identity threat, help-seeking.

1 Introduction

Since the prevalence of the depressive disorder is estimated to exceed 300 million, accounting for 4.4% of the world population [1], it has become the fourth leading cause of the world disease burden and the single largest contributor to suicide and mental disability. However, only a small proportion of people diagnosed with the depressive disorder receive professional psychological treatments in China [2]. The delay in receiving effective and appropriate intervention not only leads to a bleak prognosis for patients but also causes heavy disease burdens for society. Extant literature and population surveys have suggested that stigma towards mental illness may be a menace to mental rehabilitation, accounting for decreased treatment adherence and help-seeking

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[3]. Yet it is still unclear about the underlying mechanism for how stigma about depressive disorder exerts a negative effect on people's attitude toward help-seeking. Although perpetration of stigma including social isolation, discrimination, and restriction on participation in public events exerts negative effects on those with depressive disorder, stigma theory and recent research has noted that social identity threat induced by self-stigma might be a proximal stressor that has a direct impact on depression patients [4-5]. This study aims to investigate the following questions: How does stigma affect the willingness of people with depressive disorder? Does social identity threat play a role as a mediating factor in this process?

The present study applied the methodology of a case study through the tracking observation of the personal history of a person diagnosed with a depressive disorder to take deep dive into the issue of stigmatization and help-seeking among people with depressive disorder and understand how stigma could affect the patients' willingness to seek help and the role that social identity threat plays. This study adopted an intrinsic case study design based on a tracking observation of a depression patient named Jane in 2020 and lasted for nearly 2 years [6]. Research materials were obtained through face-to-face semi-structured interviews, telephone calls, and email communication three times every year to elicit personal information and first-person narratives depending on different episodes and phases of the disease. Validated questionnaires were used to assess the person's perceived social identity threat and attitude toward seeking professional psychological help. Quantitative and qualitative data were coded to reveal the changes in attitude towards help-seeking and how social identity threat induced by stigma affects this transformation.

2 Literature review and hypotheses

Erving Goffman conceptualized stigma in his seminal book Stigma: Notes on the Management of Spoiled Identity, stating that stigma is an "attribute that is deeply discrediting" that turns the stigmatized individual "from a whole and usual person to a tainted, discounted one" [7]. Researchers have reached a consensus on the conceptualization of stigma referring to the process that includes labeling, stereotyping, social isolation, loss of status, and discrimination [8]. There is a profusion of compelling evidence from attitude surveys indicating that the general population maintains negative stereotypes about depressive disorder, including the expectation that people with depressive disorder are weak and vulnerable and the belief that people with the depressive disorder will commit suicide; those who hold the negative stereotypes about depressive disorder tend to avoid contact with them [9-12].

Depression patients not only suffer from the symptoms caused by diseases but also are subjected to negative stereotypes and discrimination from society due to their illness [13-14]. Stigma targeted at people with depression leads to limited social opportunities and poor life quality. It has also been demonstrated that stigma about depression would lead to less willingness to seek professional psychological help. For example, the World Health Organization reported that stigma associated with mental and behavioral disorders prevents psychological and medical services from reaching people in need [15].

The chairman of the New Freedom Commission on Mental Health (US) argued that stigma is a major barrier to access to quality mental health services and reducing stigma should be one of the main goals of improving the quality of mental health services [16].

Once patients become aware of and endorse the negative stereotypes held by the general population, or internalize the stigma experience that happened to them, self-stigma would occur [17-18]. Self-stigma has been shown to have a detrimental impact on people with depressive disorder in terms of self-esteem and self-efficacy. Corrigan and Rao have proved that the self-stigma of mental illness impedes individuals' from pursuing a quality life through poor self-efficacy and low self-esteem. They proposed the "Why Try" effect to describe the negative consequence of self-stigma referring to the feeling of being undeserving of opportunities and a sense of incompetence, which might be a major contributor to decreased help-seeking behavior. Clement et al. conducted a systematic review of both quantitative and qualitative studies, analyzing the direction and the size of the association between different types of stigma and help-seeking, and indicated that self-stigma has a negative association with help-seeking [19]. It is also reported that disharmony between individuals' social identity and negative stereotypes of the social group they belong to may be one of the major mechanisms underlying the relationship between self-stigma and help-seeking. Fox, Smith, and Vogt made an investigation of US post-9/11 veterans and collected data from a longitudinal survey, which revealed that a higher level of internalized stigma is associated with decreased treatment-seeking [20]. It also described the severity of depression symptoms as a moderating factor between anticipated stigma and help-seeking. Huang et al. examined the effect of casual beliefs regarding depression on the relationship between self-stigma and willingness to seek help [21]. The results found that willingness to seek help would be reduced when individuals ascribe depression to biological and psychological factors since the attribution of one's illness is influenced by a higher level of self-stigma.

Although many researchers have examined the relationship between self-stigma and help-seeking, no attempt has been made to examine the role that social identity threat plays in this process. Social identity, as defined by Tajfel, comprises "part of an individual's self-concept which derives from his knowledge of his membership in a social group (or groups) together with the value and emotional significance attached to that membership" [22]. In the context of social identity theory, a social group forms when a group of people allocates themselves to a certain social category such as race and gender. Being stigmatized as a mental patient creates a devalued social identity for people suffering from mental illness, thus leading to social identity threat [23]. Individuals who experience social identity threats due to mental illness are likely to avoid seeking psychological help to conceal the identity of being a mental patient.

A qualitative study on the identity construction of depressive patients supports this mechanism [24]. Du and Fei posited three phases of identity construction: generation, awakening, and dissonance. During the stage of "generation", which corresponds to social categorization, patients from the initial impression of depressive disorder as "tragic" and "shameful". At the second stage of "awakening", social comparison between ingroup membership ("I am a mental patient.") and outgroup membership ("the normal population") further strengthens the negative self-concept such as *"I am the*

burden of others", "My parents should be sorry to have a kid like me". Finally, the experience of dissonance results in self-debasement and leads to avoidance and resistance to the identification. Some patients adopt a self-segregation strategy to protect themselves from potential threats: *"I will pretend to be a normal person"* and *"I act like I don't have any problem at all"*. This model of social identity construction should be able to explain how self-stigma, social identity threat, and help-seeking interact with each other.

To conclude, this study aims to investigate the following research question: (1) how does stigma affect the willingness of undergraduate students with a depressive disorder to seek help? (2) What role does social identity threat play in this process? It is hypothesized that self-stigma would be associated with increased experiences of social identity threat. It is also hypothesized that increases in experiences of social identity threat would result in decreased willingness to seek professional help. Finally, it is hypothesized that self-stigma would discourage them from seeking professional help by operating through increased experiences of social identity threat.

3 REsearch Method

The current study adopted the process-tracing method of the case study. The study object was an undergraduate student named Jane who was in her fourth year of college and was diagnosed with major depressive disorder in September 2020 by a psychiatrist at a local hospital. Having been through two years of rehabilitation, Jane obtained clinical remission and regained her social function. Real name, address, and other personally identifiable information were anonymized to protect the patient's privacy. Participant observation and interviews were used to elicit first-hand research materials regarding self-stigma and the patient's attitudes towards help-seeking. Through long-term field participation in a real-life setting with Jane, it is feasible for the researcher to record the course of the disease and depict the trajectory of mental recovery. Several in-depth themed interviews and exploratory research were conducted during this process since social identity threat is a relatively subjective and comprehensive concept. Previous studies mainly used self-reported questionnaires or implicit association tests to measure threats perceived by individuals, which seemed sketchy when people seek to truly understand the real thoughts and feelings of the research object and grasp the nature of this issue [25-26].

4 The help-seeking of depressed college students: the description of one typical case

This study focused on the sample of undergraduate students because this is when academic standards often rise and a new environment usually causes a sense of alienation [27]. To be more specific, freshmen and senior students are the groups that are susceptible to psychological problems. The similarity between the two groups is that they both face the challenge of entering a new environment and adapting to a new identity. For

senior students, who need to make crucial decisions for their future careers, have to cope with the pressure of final dissertation, hunting for satisfactory jobs, or preparing for the postgraduate entrance exam at the same time, which poses a threat to their mental health. Thus, undergraduate students with depressive disorder have a certain degree of homogeneity. Additionally, the study object, Jane, had a desire for self-exploration and a positive attitude to participate in this study, which also enabled us to implement this research.

Jane was diagnosed with major depressive disorder three months after her graduation from college in September 2020. After packing up her belongings at the college dormitory, she went back home and lived with her parents. In this tough autumn, she experienced severe somatic symptoms of chest pain and curvature, suffered from insomnia, and even could not maintain her daily life. Due to symptoms of illness, she spent most of the day staying in the bed and almost lost the ability to go out of the apartment and attempt to communicate with other people. Isolation from close friends and other social support led to further negative emotional experiences. According to Jane's self-report, the only way she could reach out to the outside world was by surfing the Internet.

"I remember that a social event went viral on the Internet that a patient with depressive disorder murdered several persons and then committed suicide, and people commented below this piece of news." Jane shared what she read, *"I can understand their anger toward the murderer, but things just seemed to go too far when most people started to blame the whole depression group, saying that all the depression patients should kill themselves and that society would benefit since they were useless and dangerous to normal people. But the truth is not everyone who has depressive disorder would vent their spleen against innocent people."* The image of depression patients on mess media is generally negative or even hideous, as Jane described. This leads to misunderstanding about depression patients, which comprise the source of public stigma.

Another form of stigmatization comes from close family members. Jane's parents have poor depression literacy and have limited knowledge of the depressive disorder. Their preconception about mental illness seems to be in accord with the stereotypes held by the public that depressive disorder is just a matter of negative emotional experience and could be settled through one's effort instead of professional medical and psychological treatments.

"My mother did not believe in the diagnosis signed by the doctor from the local hospital. 'Do not take their advice so seriously, I would also be diagnosed with depressive disorder if I took the same SDS scale as you. Everyone could be depressed.' She refused to face the reality even when things were getting worse because I had already begun to have suicidal thoughts during that period. Her attitude towards my illness made me even more desperate and hopeless. I guess she did not want to confess that she had a daughter who was psychotic." Although Jane's parents did not express their prejudicial beliefs outright, what they had behaved after being informed of the diagnosis could be identified as a more subtle and latent way of discrimination. Lack of support from the family, especially when other social relations were unable to provide instant and tangible support, had created a less desirable condition for recovery.

Jane began to think that she was a burden to the family. She emphasized the change in the cognition of her illness. *"Being labeled as a depression patient had changed my*

opinion about myself. I could not find where my value is. I used to be one of the students from a prestigious university, and it is also what my family used to be proud of. I deserved to have a bright future. Now" stay at my parents' apartment and make no effort to either find a job or prepare for the postgraduate exam, make no plan for my future." This is the sign of self-stigma when Jane internalized the negative beliefs about herself that came from the outside world and regarded herself as devalued, and useless. For those who have a depressive disorder, this may trigger intense guilt and unworthiness.

In an interview in the summer of 2021, Jane told us that the doctor modified the dosage of medication and she was thinking about hunting for a job. Jane reported her worry that the employees might reject her application once they found out she was a mental patient, and she felt so unsettled that she could not even take a step by making the resume. The sense of unsettlement and expectation of rejection originated from social comparison. Jane identified herself as a depressive patient and expelled herself from the "normal group", claiming that she had been trying to conceal the illness identity to avoid negative judgment from others. To cope with the perceived social identity threat, Jane chose to hide behind the mask and pretended to be a "normal person".

Jane considered resorting to a psychotherapist, but soon this idea was abandoned. Living with her parents left her no privacy. She did not have too much time or space to do something without being noticed by her parents. The attempt to pretend to be a normal person prevents her from seeking professional psychological help. In her mind, visiting a psychological counselor or psychotherapist means that she maintained the identity of a depression patient, which drove her to the feeling of shame and guilt.

5 What affects the willingness of HELP-SEEKING

The previous section presented the two-year tracing observation and some records of interviews. It is obvious that the case presented above showed some certain degree of particularity in terms of the study object's socioeconomic background, level of education, and personality traits, but the process of stigmatization, perceived social identity threat and passive attitude toward seeking psychological help is general among the depression population. Here summarize and analyze the link between self-stigma, social identity threat, and willingness to seek help, aiming to explore the key factors that enable this process to occur.

Firstly, public stigma leads to self-stigma through internalization and endorsement of prejudicial and discriminatory beliefs about themselves. Only when people identify with public stigma, believe those thoughts to be true, and justify the discrimination they have experienced will enable self-stigma to occur. In Jane's case, there are two main sources of public stigma: (1) on a societal level, mass media is an important factor that connects the social environment and individuals. In the era of We Media, everyone is free to give comments, deliver a speech, and spread their ideas on the Internet; also, the accessibility to smartphones enables most people to learn about different beliefs held by others, which exposes depression patients to an environment with prejudice and discrimination against them. (2) on a micro level, stigmatization from family and close friends is even more unbearable for depression patients than stigma on a more macro

level. Perpetration of stigma acts as a consequential stressor for depressed individuals, which is almost impossible for them to fight against structural discrimination and unfair treatment. In this context, self-stigma seems to be inevitable. Once people find it hard to resist the power of negative judgment from society and begin to stigmatize themselves, a series of negative psychological consequences may appear.

Secondly, self-stigma causes a wealth of negative psychological outcomes, which contribute to perceived social identity threats. Jane showed the signs of self-stigma when she began to blame herself for what she had experienced. Based on extant knowledge of the depressive disorder, change in mood, sadness or irritability, and accompanied psychophysiological change including insomnia, loss of appetite, or sexual desire; inability to experience pleasure at work or in interpersonal relationships; crying; suicidal thoughts; and slowing of speech and action [28]. People cannot control those thoughts and behaviors related to physiological and pathological changes without appropriate medical treatments. However, this is exactly what most people with a depressive disorder are required to do: "you are supposed to control your negative thoughts"; "you should be able to work or study"; "you should not cry so much". Self-stigma happens when Jane started to feel guilty that she could not find a job or receive further education like her peers and regarded her as a burden on society. This impairs one's self-esteem and leads to low self-efficacy and feelings of guilt. In order to cope with the negative feelings followed by the experience of self-stigma, Jane used the strategy of social comparison. When the strategy failed, a social identity threat was created since the illness identity made her feel devalued and inferior to the general population.

Finally, social identity threat induced by self-stigma interacts with patients' willingness to seek psychological help. This is because help-seeking behavior is associated with the mental illness identity that represents incompetence, vulnerability, and worthlessness by the stigmatized group. Jane did not want others to know that she needed a psychotherapist or psychological counselor to help deal with her problems because in her mind help-seeking behavior was equal to the evidence that she was not able to manage her own life. To conceal the illness identity, also, most depressive patients would not tell others about their illness and try their best to prove that they are the same as every normal person.

6 Conclusion

In this two-year, in-depth tracing observation, this study documented the experience of the study object regarding public and self-stigma, social identity threat, and willingness to seek help. This study found that the perpetuation of stigma does not necessarily lead to detrimental consequences for individuals, but the induced social identity threat plays a key role in reducing patients' willingness to seek professional psychological help. In this result, social identity threat acts as a mediating factor between stigma and help-seeking. The present study draws the following conclusion: (1) public stigma does not have a direct or proximal effect on depressive patients; instead, it is the internalization of public stigma, in other words, self-stigma that causes negative psychological consequences including low self-esteem, poor self-efficacy, and intense self-reproach; (2)

patients may compare themselves with another social group to cope with the negative consequence of self-stigma, and this is when social identity threat is induced; (3) the threat to the social group that one belongs to acts as a proximal stressor that forces patients to conceal their devalued illness identity. The present study may be able to explain why the prevalence of depressive disorder rises while the proportion of those who seek help from psychological counselors or psychotherapists remains relatively small.

So how to tackle it? For the government, it is a crucial task to keep public education regarding depressive disorder on the front burner. This study may inform the government about the unfavorable consequence of stigma and facilitate the popularization of mental health knowledge, aiming to reshape the misconception held by the general population. For the education system, depression literacy education should be introduced to children at an early age. This measure not only teaches students about theoretical knowledge of psychological and mental health but also guides them when they face emotional problems. Psychological and medical practitioners should be educated about the additional burden of self-stigma on depressive patients, and be aware of the role that social identity threat plays in the relationship between self-stigma and help-seeking. More targeted interventions should be developed to reduce the negative effects of social identity threats to mitigate the risk faced by depressive patients. Finally, the present study provides evidence for the theoretical model that describes the relationship between self-stigma, social identity threat, and willingness to seek help among depressive patients, which adds a small body of evidence to the field of stigma research in the domain of public health.

The main limitation of our study is that the negative psychological consequences caused by self-stigma may interact with the symptoms of depressive disorder. Do the changes in the brain and the function of neurotransmitters also account for low self-esteem and poor self-efficacy among depressive patients? Or can people attribute these outcomes to the mechanism of self-stigma? Future studies may look deeper into this aspect. More research is also needed to determine whether social identity threats that follow from self-stigma, play a direct, causal role in reducing patients' willingness to seek psychological help. Thus, the self-stigma, social identity threat, and help-seeking model open the window to a new, empirical program of research.

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