

Linking Anticipated Stigma to Psychological Well-Being: Mediating Role of Anxiety & Depression

MEHREEN ASLAM^{1*}, NOSHEEN SARWAT²

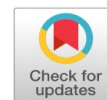
^{1,2} PhD. Scholar, Institute of Management Sciences, BZU Multan, Pakistan

² Assistant Professor, Institute of Management Sciences, BZU Multan, Pakistan

Abstract: In today's organizations, stigmatized individuals represent a considerable part of the workforce. Like visible stigma, hiding an invisible stigma can have important costs. Research has shown that individuals with concealable stigmatized identities can impact physical, psychological, and behavioral outcomes. Nevertheless, the relationship between anticipated stigma for concealable stigmatized identities and its consequences has remained unexplored. The current study focused on anticipated stigma towards any concealable stigmatized identity. Drawing on conservation of resources theory, it is proposed that individuals anticipating any concealable stigma may experience more anxiety and depression, which may drain their psychological resources and, in turn, negatively affect their psychological well-being. We investigated that how anticipated stigma enhances anxiety and depression and in turn, harms psychological well-being. Convenience and purposive sampling techniques were used. A total of 160 employees working in diverse organizations completed self-reported measures of anticipated stigma, anxiety and depression, and psychological well-being. Correlational analysis indicated a significant association among the studied variables. The results revealed that anticipated stigma was a significant predictor of psychological well-being, in both direct and indirect ways, and this relationship was partially mediated by higher levels of anxiety and depression. The key findings of this study will expand the body of theoretical work examining the experience of anxiety and depression in stigma management. Organizations and employees can utilize these findings to address anticipated stigma, anxiety & depression as well as concerns of psychological well-being. Moreover, this study contributes to investigating the unexplored linking mechanism of anxiety and depression on the relationship of anticipated stigma and psychological well-being.

Keywords: Concealable identity, COR theory, Anticipated stigma, Anxiety and depression, Psychological well-being

Received: 16 April 2021 / Accepted: 22 May 2021 / Published: 30 July 2021



INTRODUCTION

According to the World Health Organization, stigma has been described as a 'hidden' burden of disease (Organization et al., 2001). Nowadays, the majority of people are living with concealable stigmatized identities, i.e., a socially devalued identity that is kept hidden from others. People not only experience discrimination from multiple types of stigmas but also may perceive greater stigma based on previous experiences of stereotyping and discrimination (Quinn, Camacho, Pan-Weisz, & Williams, 2020). In the work settings, a majority of employees tend to form positive impressions on subordinates, supervisors, and co-workers while believing that their stigmatized identities could be rejected (Roberts, 2005). Given this, building an understanding of stigma anticipation in work settings has become critical due to its resulting implications for employees and organizations.

Stigma is considered a complex concept that entails various interrelated factors. It refers to cognitive, emotional, and behavioral components and can be articulated in the attitudes of stigmatized individuals (K. P. Jones et al., 2016). Stigma adversely impacts different spheres of an individual's life, including employment and social relationships. Anticipated stigma is the tendency of the individual with which one may experience discrimination in the future due to concealable stigmatized identity (Stangl et al., 2019). Like other multiple stressors at work, anticipated stigma may increase the risk of distress among the individuals. Anticipated stigma is stressful, which can undermine physical and mental health. Notably, it is found to be an important antecedent of lower psychological well-being (Chaudoir, Earnshaw, & Andel, 2013).

*Corresponding author: MEHREEN ASLAM

†Email: mehreen.khalil@bzu.edu.pk

In previous decades, it was theorized that individuals with concealable stigmas are preferable as they could “pass for normal,” but recently stigma-related theorists have asserted the deteriorating psychological consequences of hiding one’s identity from others (K. P. Jones & King, 2014; E. E. Jones, 1984). In addition, the complexity that arose from perceived discrimination due to stigmatized identity may pose a threat to psychological well-being. Though researchers have stimulated employees to disclose their concealable identities to get positive outcomes, it is unclear whether employees should disclose or hide their concealable identities (K. P. Jones et al., 2016). Given these conflicting findings, researchers in the field of human resources management and organizational behavior have recently called for much attention in understanding the holistic view of concealable stigmatized identities (Follmer, Sabat, & Siuta, 2020). Moreover, it is well evident that perceived discrimination and stereotyping one receives from others due to certain stigma may undermine one’s psychological well-being (Schmitt, Branscombe, Postmes, & Garcia, 2014).

However, to date, there has been much research in broader social psychological perspective highlighting the impact of stigma on individuals with visible stigmas, considerably little is known about the outcomes of concealable stigmatized identities on organizational as well as individual outcomes (Ragins, 2008; Berkley, Beard, & Daus, 2019; Camacho, Reinka, & Quinn, 2020). Notably, like many other developing countries, Pakistan has been suffering from decades of poverty, natural disasters, lack of resources, and specifically, the outbreak of COVID-19 is further exacerbating these challenges. Given that, concerns for psychological well-being and its antecedents in organizational settings are sparking more attention (Aslam, Shafique, & Ahmed, 2021). Moreover, despite the existence of a strong relationship between anticipated stigma as an antecedent and psychological well-being as a consequence in the previous literature, considerably little is known about the explanatory mechanisms to understand this relationship (Pachankis et al., 2018; Hernandez et al., 2018). Similarly, there is a dearth of researches on the negative effects of anxiety and depression in the workplace, but how this is exacerbated due to any anticipated stigma is not explored yet (Pyc, Meltzer, & Liu, 2017). Therefore, this study aims to explore the mediating role of anxiety & depression on the relationship between anticipated stigma and psychological well-being.

RESEARCH QUESTIONS

In the light of available evidence and research gaps, the current study proposes the following research questions:

- How does anticipated stigma influence anxiety & depression?
- How does anticipated stigma influence psychological well-being?
- How does anxiety & depression influence psychological well-being?
- How does anxiety & depression mediate the relationship between anticipated stigma and psychological well-being?

RESEARCH OBJECTIVES

Based on the above research questions, the current study proposes the following research objectives:

- To find out the impact of anticipated stigma on anxiety & depression.
- To find out the impact of anticipated stigma on psychological well-being.
- To investigate the negative relationship between anxiety & depression and psychological well-being.
- To examine the mediating role of anxiety & depression between anticipated stigma and psychological well-being.

SIGNIFICANCE OF THE STUDY

Since previous researchers have studied multiple factors influencing employees’ well-being like job demands, stressors, and human resource practices which indicated the importance of psychological well-being in organizations. However, still, considerably less is known to understand concealable stigma-related antecedents of well-being (Kersemakers et al., 2018; Tesi, Aiello, & Giannetti, 2019; Sonnentag, 2018). Therefore, the current study will fill the existing gaps by enriching management, organizational behavior, and social psychological literature in numerous ways. The first contribution is to enrich the literature of stigma management at the workplace by understanding the explanatory mechanism of anxiety & depression in the relationship of anticipated stigma and psychological well-being. Secondly, the study extends the theoretical application of conservation of resources theory by explaining that individuals who experience strain due to anticipating any form of concealable stigma

may drain individual resources in the form of anxiety and depression. This loss of resources further accumulates and hampers individuals' psychological well-being (Hobfoll, 1989; Guerrero, Bentein, & Garcia-Falières, 2021). Furthermore, the findings of this research will add novelty to the literature by building and opening new avenues for scholars. These findings will be beneficial for management and employees working in diverse organizations of Pakistan.

LITERATURE REVIEW

Anticipated Stigma

Stigma is widely considered a stressor that leads to physical and psychological problems. Possessing a concealable stigmatized identity sparks relational and social challenges (Quinn et al., 2020). Drawing on Goffman (1963) seminal work, organizational behavior and social psychology scholars have emphasized the importance of understanding stigma and its implications in the workplace (Ragins, 2008; K. P. Jones & King, 2014). Anticipated stigma is fear of stereotyping, prejudice, and discrimination as harmful experiences (Quinn & Earnshaw, 2013). It is the belief of individuals holding CSIs that they would get negative treatment if others know their identity. However, it is well established that stress in general negatively affects well-being (O'Donnell, Corrigan, & Gallagher, 2015). Stress may be relatable to anticipated stigma from different people or various sources. People who anticipate stigma at work from co-workers, supervisors, friends, and family are more likely to experience detrimental consequences (Earnshaw, Quinn, & Park, 2012). A study conducted by Quinn and Chaudoir (2009) showed that anticipated stigma caused psychological distress among individuals having various concealable stigmatized identities. Similarly, higher levels of anticipated stigma are associated with low self-esteem and lower quality of life (Berger, Ferrans, & Lashley, 2001; Abbott & Mollen, 2018).

Anxiety & Depression

Anxiety and depression are prevalent mental health complications nowadays (Organization, 2020). Anxiety is among the most common health problems and may be defined as persistent feelings of fear, nervousness, or worry (Bandelow & Michaelis, 2015). Depression leads to sadness or lack of interest in activities that were enjoyable previously. In order to diagnose depression, the above symptoms must remain for at least two weeks (Association, 2020). It is well evident from the previous literature that anxiety and depression are associated with various unfavorable consequences including low quality of life, emotional problems, and can decrease an individual's functioning at work and non-work domains (Brenes, 2007; Santini et al., 2020). However, it is worth noting that the experience of anxiety and depressions as negative emotions once developed could be problematic over the lifespan. More importantly, if the experience of anxiety and depression is taken for granted, it can have profound implications for individuals' well-being at work and non-work domains.

Psychological Well-Being

Psychological well-being is described as an evaluation of an individual's life which includes an assessment of emotions/moods and life satisfaction (Diener, Tay, & Myers, 2011). In organizational research, psychological well-being has gotten much attention for key two reasons. First, if an employee's psychological functioning suffers due to any reason, it can have detrimental financial and human consequences i.e., reduced motivation, psychological turnover, and depression, etc. (Nica, Manole, & Briscariu, 2016). Second, higher levels of psychological well-being among employees can expand that positive psychological state by showing positive behavioral and attitudinal outcomes (Kersemakers et al., 2018; Kern, Waters, Adler, & White, 2014). In a recent systematic review, it is highlighted that stigma-related attributes are barriers to sustainable employment and psychological well-being in work settings (van der Veek, Nobel, & Derkx, 2012). Moreover, concerning CSIs individuals with concealable stigmatized identities are more prone to engage in impression management to behave authentically and credibly that could affect psychological well-being. In the same vein, it is timely and important to explore anxiety and depression as an explanatory mechanism of anticipated stigma and psychological well-being.

HYPOTHESIS DEVELOPMENT

Anticipated Stigma and Anxiety & Depression

Anticipated stigma is a psychosocial stressor that causes psychological stress which has been proved in previous studies (Phillips, Carroll, & Der, 2015). More specifically, there are a plethora of studies relevant to stigmatized identities, showing that anticipated fear of these stigmatized identities may lead to anxiety and depression (Cluver, Gardner, & Operario, 2008; Quinn et al., 2014). Similarly, in a recent systemic review, higher levels of anticipated public and self-stigmatization are associated with greater concerns of anxiety and depression (Curcio & Corboy, 2020). Further, drawing on conservation of resources theory (Hobfoll, 1989) it is well established that the threat of loss is stressful. In line with this, employees who are anticipating any concealable stigma are subjecting themselves to greater stress by draining their valuable psychological resources and are more prone to anxiety and depression. Therefore, based on the above theoretical evidence, we hypothesize as

H1: There is a positive association between anticipated stigma and anxiety & depression.

Anticipated Stigma and Psychological Well-Being

There is a large body of literature that shows anticipated stigma of any form of concealable stigmatized identity like HIV status, mental illness, and sexual assault have negatively affected an individual's psychological well-being (Meyer, 2003; Hatzenbuehler, 2009). Notably, it is important to understand anticipated stigma in work and non-work contexts due to its detrimental consequences. Recent researches have highlighted the importance to understand the association of multiple anticipated stigmas and psychological well-being (Himmelstein, Puhl, & Quinn, 2018; Weisz & Quinn, 2018). In addition, as mentioned above, COR theory (Hobfoll, 1989) gives useful insights to understand this relationship as the anticipation of any concealable stigma would increase the likelihood of lower psychological well-being. Hence, based on the supporting evidence it is expected as:

H2: There is a negative relationship between anticipated stigma and psychological well-being.

Anxiety & Depression and Psychological Well-Being

Experience of emotional symptoms such as anxiety and depression are much relevant to investigate in the workplace because they may precede social dysfunction, physical and mental issues. Moreover, psychological well-being has remained one of the important research domains among HR practitioners and OB scholars. Specifically, it is important to accumulate positive emotional and psychological resources to achieve efficiency in organizations (Lee, 2020). Previous research shows that anxiety and depression as negative emotions can hamper the psychological well-being of employees. Similarly, in line with this evidence, it is hypothesized as:

H3: There is a negative relationship between anxiety & depression and psychological well-being.

Mediating Role of Anxiety & Depression

Despite the direct relationship between anticipated stigma and psychological well-being, very little is known about the explanatory mechanisms on the relationship between anticipated stigma and psychological well-being (Curcio & Corboy, 2020; Ikizer, Ramírez-Esparza, & Quinn, 2018). Based on the above literature, prior hypotheses show that anticipated stigma negatively affects psychological well-being, indirectly via anxiety and depression. Taken this, anxiety and depression may act as a linking mechanism to intensify the detrimental consequences of anticipated stigma on psychological well-being. Moreover, COR theory (Hobfoll, 1989) explains well that individuals experience strain due to anticipating any form of concealable stigma that will drain individual resources in the form of anxiety and depression. This loss of resource further accumulates and hampers individual coping resources and affect psychological well-being. Therefore, it is hypothesized as:

H4: Anxiety & Depression mediate the relationship between anticipated stigma and psychological well-being.

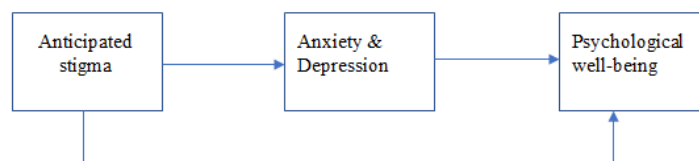


Figure 1: Conceptual framework

RESEARCH METHODOLOGY

The current study is quantitative in nature. Data collection was time-lagged through questionnaires sampled from different individuals working in diverse organizations of south Punjab, Pakistan. The sample depicted that the inclusion of diverse industries and occupations enhances external validity by generalizing results across individuals, settings, and time (Scandura & Williams, 2000). It is pertinent to mention that any concealable stigma like other physical diseases is an epidemic that is overlooked and can be burdensome for human resources in any organization. Moreover, in the collectivist culture of Pakistan, employees suffering from any concealable identity can easily become the victim of stigma and tend to conceal their stigmatized identities. Therefore, the current study examined those participants who revealed that they regularly kept any stigma hidden from others and which was most important to them. Convenience and purposive sampling techniques were used for this purpose. The research design of the current study was a time-lagged survey design. In the first-time lag T1, information regarding demographics and anticipated stigma was obtained from the respondents. In second-time lag T2, information about mediating variable i.e., anxiety & depression was obtained from the respondents. In third-time lag T3, information about psychological well-being was collected. To match responses of the respondents in three-time lags, code was mentioned on the questionnaire by the respondents. The collection of data in time-lag is to make data free from biases and to confirm the actual respondents. Initially, participants were presented with a list of negative experiences and questions (mental illness, domestic violence, any other, etc.) to check off any concealable identity with which they are suffering and kept concealed from others. After that, those who were suffering from concealable stigmatized identities were contacted. However, participants reported having more than one CSIs and were asked to choose that CSI which is more relevant to their self-concept. Then they responded to the study variables for that CSI. Survey questionnaires were distributed among 190 participants and complete responses were obtained from 160 respondents. Out of 160 respondents, 101 (63%) were males and 59 (37%) were females. The average age of the respondent was 33 years.

Measures

Anticipated Acceptance Of Stigma: The scale of Anticipated stigma was adopted from (Quinn et al., 2014). The 13-items were rated on a 5-point Likert scale ranging from very unlikely to very likely. The sample item is “People acting as if they think you are not as good as they are.”

Anxiety & Depression: Anxiety and depression were measured with the anxiety and depression scale which is a Chinese version of the 4-item General Health Questionnaire (Lai & Yue, 2000). A 6-point rating scale (1 = never, 6 = very often) was used to assess each item. The sample item is “I have felt myself constantly under strain.”

Psychological Well-Being: Psychological well-being was assessed with the two dimensions of a Chinese version of the 8-item General Health Questionnaire (Lai & Yue, 2000). A 6-point rating scale (1 = never, 6 = very often) was used to assess each item. The sample item is “I have not been able to concentrate on what I am doing.”

Control Variables: Gender and age were used as controlled variables for the study. However, the descriptive statistics indicated no significant correlation for gender and age with the studied constructs.

ANALYSIS AND RESULTS

Smart PLS version 3.0 software was used to assess the study instruments and the relationships in the proposed framework. Table 1 shows the descriptive statistics following the mean, standard deviation, and correlation of all the studied variables. Control variables i.e., gender and age were not correlated with the studied variables. However, Correlation coefficients provided preliminary support for the hypothesized association between variables as well as in the anticipated direction. The results indicate that there is a significant and positive correlation between anticipated stigma and anxiety & depression ($r = 0.597, p < .01$). There is a significant and negative correlation between anxiety & depression and psychological well-being ($r = -0.554, p < .01$). In addition, there is a significant and positive correlation ($r = -0.737, p < .01$) between anticipated stigma and psychological well-being.

Table 1: Means, standard deviations, and correlations

Variables	Mean	SD	1	2	3	4	5
Gender	1.37	0.484	1.000				
Age	33	1.132	-0.060	1.000			
Anticipated stigma	2.628	0.916	0.018	0.073	1.000		
Anxiety and depression	3.434	1.180	0.062	-0.094	0.597**	1.000	
Psychological well-being	4.121	1.091	0.003	0.057	-0.554**	-0.737**	1.000

**Correlation is significant at the 0.01 level (2-tailed)

Reliability, convergent validity, and discriminant validity of the scales were assessed in the measurement model (H. G. R. C. Hair J.F. Jr & Sarstedt, 2016). Cronbach alpha, average variance extracted, and composite reliability estimates were according to the cut-off values (H. G. R. C. Hair J.F. Jr & Sarstedt, 2016; J. F. Hair, Ringle, & Sarstedt, 2013). Discriminant validity was established as per the criteria of discriminant validity (Fornell & Larcker, 1981). Item loadings of all the constructs were greater than the threshold value of 0.70. However, few items were deleted due to poor item loading. Path coefficients, level of significance, and value of R2 are shown in the figure below.

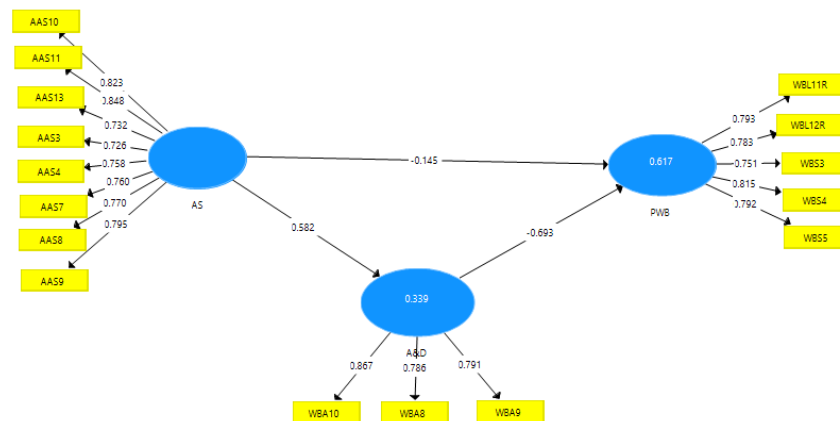


Figure 2: Path coefficient of relationships among the constructs

In addition, Table 2 shows the values of Cronbach alpha, average variance extracted, composite reliability, and discriminant validity.

Table 2: Cronbach’s alpha, average variance extracted, CR, discriminant validity

Latent variable	AVE	CR	A & D	AS	PWB	
A & D	0.747	0.665	0.856	0.816		
AS	0.906	0.604	0.924	0.582	0.777	
PWB	0.848	0.620	0.891	-0.777	-0.548	0.787

Further, Bootstrapping analysis technique with 5000 samples in PLS was used to test the hypotheses. All the hypothesized relationships were supported.

Table 3: Hypothesis testing

Hypothesis	Beta	SD	T Statistics	P Values	Result
(H1) AS -> A&D	0.582	0.052	11.269	0.000	Accepted
(H2) AS -> PWB	-0.145	0.068	2.120	0.035	Accepted
(H3) A&D -> PWB	-0.693	0.049	13.999	0.000	Accepted
(H4) AS -> A&D -> PWB	-0.403	0.042	9.506	0.000	Accepted

The result of the first hypothesis showed the significant positive effect of anticipated stigma on anxiety & depression ($\beta = 0.582, p < 0.001$). The result of the second hypothesis showed the negative relationship between anticipated stigma and psychological well-being ($\beta = -0.145, p < 0.05$). The result of the third hypothesis is significant by showing a negative association between anxiety & depression and psychological well-being ($\beta = -0.693, p < 0.001$). In addition, the fourth hypothesis showed that mediation was significant because the upper and lower confidence interval does not include zero ($\beta = -0.403, p < 0.001$).

DISCUSSION

Since both practitioners and researchers have recognized that stigma is one of the essential predictors of life outcomes. Yet, studying the stigma has remained one-sided and focused largely on visible stigmas like gender and race (Major & O'Brien, 2005; Link & Phelan, 2006). Given this, the current research revolves around the explanatory mechanism of anxiety and depression in the relationship of anticipated stigma and psychological well-being. Employees with any sort of concealable anticipated stigma are more likely to have fear regarding their acceptance and stable relations at work. More specifically, to cope and prepare for everyday interactions at work, employees may experience anxiety and depression in assessing the organizational environment to assume the acceptance/rejection of their concealable stigma. Support was found for all the above hypotheses in the model. Hypothesis 1 was supported and indicated that higher anticipation of stigma predicted more anxiety and depression. The findings of 1st hypothesis are in line with previous researches stating that fear of anticipated stigmatized identities caused anxiety and depression among the respondents (Quinn et al., 2014; Phillips et al., 2015). Concerning hypothesis 2, the result was supported, showing that anticipated stigma has an inverse relationship with psychological well-being. This finding is in line with previous researches showing that anticipation of concealable stigmatized identities endangers social and relational challenges at the cost of psychological well-being (Camacho et al., 2020; Abbott & Mollen, 2018). Regarding hypothesis 3, it showed that anxiety and depression negatively affected psychological well-being, expanding the previous literature in studying the experiences of anxiety and depression on psychological well-being (Cross, Linker, & Leslie, 2017; Yüksel & Bahadır-Yılmaz, 2019; Tramonti et al., 2016). The findings of the third hypothesis also align with previous researches that experiencing anxiety and depression drains an individual's psychological resources and hampers well-being. As far as hypothesis 4 is concerned, anxiety & depression was significant partial mediator between anticipated stigma and psychological well-being. The result suggests that high levels of anxiety and depression mediate the negative association between anticipated stigma and psychological well-being. This finding is in line with recent evidence of the significant mediating role of anticipated fear of COVID-19 and positivity (Bakioğlu, Korkmaz, & Ercan, 2020). Another study supported mediating role of anxiety and depression between emotion awareness and semantic complaints (van der Veek et al., 2012). In addition, anxiety and depression mediated the relationship between anticipated HIV stigma and well-being (Domlyn, Jiang, Harrison, Qiao, & Li, 2020). This finding aligns as well with assumptions of COR theory that anticipated stigma depletes personal resources leading to anxiety and depression which further hampers psychological well-being (Hobfoll, 1989). Thus, the results added to the existing literature by identifying anxiety and depression as mediating mechanism through which anticipated stigma negatively affect psychological well-being.

PRACTICAL IMPLICATIONS

The results of the current study can guide policymakers, managers, and administrators to understand the importance of anticipated stigma at work. In organizations, anticipated stigma must be considered a stressor in fostering negative emotional experiences i.e., anxiety & depression. The findings of the current study suggest important strategies to immediate supervisors and managers to provide/understand the context in which employees feel the likelihood that their concealable stigma will be accepted. For this, self-awareness training programs can be organized to identify and cope with concealable stigmas. Moreover, intervention programs addressing anxiety and depression may need to focus on helping employees to understand their fears of anticipated stigma. HR practitioners must understand how concealable stigmas are constructed within the self at the cost of psychological well-being which in turn better inform appropriate workplace interventions.

LIMITATIONS AND FUTURE RESEARCH

The study has certain limitations that may be recognized for future researches. First, the study investigated anticipated stigma based on any CSI without measuring the magnitude and valence of any particular stigma. Understanding the valence and magnitude of identity may better help to explain cause and effect relationships among people with CSIs (Thoits, 2011). Therefore, future researches should take on valence and magnitude to better explain the relationships. Second, the study used self-reported measures to measure each construct which rely much on insight into an individual's cognition. So, future researches may include multisource and experimental designs to measure these constructs. Third, the study investigated the mediating role of anxiety and depression in the relationship of anticipated stigma and psychological well-being. There is a possibility that certain boundary conditions like organizational support and family support may buffer the hypothesized relationships. Therefore, future researches might add various boundary conditions to enrich the findings of the current study.

CONCLUSION

Undoubtedly, stigma is a buzzword that is becoming crucial as it increasingly threatens to hamper our work settings and society at large (Loyd & Bonds, 2018). The current study generates further knowledge regarding anticipation of concealable stigmatized identities and their consequences. The findings provide insight into the relationship of anticipated stigma and psychological well-being by revealing mediating effects of anxiety & depression. These findings suggest that employees with higher levels of anticipated stigmas are more likely to hamper their psychological well-being through increased levels of anxiety & depression. Hence, the study supported our predictions i.e., the higher the anticipated stigma, the higher the anxiety & depression, and the lower the psychological well-being.

REFERENCES

- Abbott, D. M., & Mollen, D. (2018). Atheism as a concealable stigmatized identity: Outness, anticipated stigma, and well-being. *The Counseling Psychologist*, 46(6), 685-707. doi:<https://doi.org/10.1177/0011000018792669>
- Aslam, N., Shafique, K., & Ahmed, A. (2021). Exploring the impact of covid-19-related fear, obsessions, anxiety and stress on psychological well-being among adults in Pakistan. *The Journal of Mental Health Training, Education and Practice*, 16(4), 313-321. doi:<https://doi.org/10.1108/JMHTEP-10-2020-0074>
- Association, A. P. (2020). *Anxiety and depression (3rd edition)*. Arlington, VA: American Psychiatric Publishing.
- Bakioğlu, F., Korkmaz, O., & Ercan, H. (2020). Fear of covid-19 and positivity: mediating role of intolerance of uncertainty, depression, anxiety, and stress. *International Journal of Mental Health and Addiction*, 1-14. doi:<https://doi.org/10.1007/s11469-020-00331-y>
- Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, 17(3), 327-335. doi:<https://doi.org/10.31887/DCNS.2015.17.3/bbandelow>
- Berger, B. E., Ferrans, C. E., & Lashley, F. R. (2001). Measuring stigma in people with hiv: Psychometric assessment of the HIV stigma scale¶. *Research in Nursing & Health*, 24(6), 518-529.
- Berkley, R. A., Beard, R., & Daus, C. S. (2019). The emotional context of disclosing a concealable stigmatized identity: A conceptual model. *Human Resource Management Review*, 29(3), 428-445. doi:<https://doi.org/10.1016/j.hrmr.2018.09.001>
- Brenes, G. A. (2007). Anxiety, depression, and quality of life in primary care patients. *Primary Care Companion to the Journal of Clinical Psychiatry*, 9(6), 437-443. doi:<https://doi.org/10.4088/pcc>
- Camacho, G., Reinka, M. A., & Quinn, D. M. (2020). Disclosure and concealment of stigmatized identities. *Current Opinion in Psychology*, 31, 28-32. doi:<https://doi.org/10.1016/j.copsyc.2019.07.031>
- Chaudoir, S. R., Earnshaw, V. A., & Aniel, S. (2013). “discredited” versus “discreditable”: Understanding how shared and unique stigma mechanisms affect psychological and physical health disparities. *Basic and Applied Social Psychology*, 35(1), 75-87. doi:<https://doi.org/10.1080/01973533.2012.746612>
- Cluver, L. D., Gardner, F., & Operario, D. (2008). Effects of stigma on the mental health of adolescents orphaned by AIDS. *Journal of Adolescent Health*, 42(4), 410-417. doi:<https://doi.org/10.1016/j.jadohealth.2007.09.022>
- Cross, S. J., Linker, K. E., & Leslie, F. M. (2017). Sex-dependent effects of nicotine on the developing brain. *Journal of Neuroscience Research*, 95(1-2), 422-436. doi:<https://doi.org/10.1007/s10943-017-0447-4>
- Curcio, C., & Corboy, D. (2020). Stigma and anxiety disorders: A systematic review. *Stigma and Health*, 5(2), 125-137. doi:<https://doi.org/10.1037/sah0000183>
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of Personality and Social Psychology*, 101(6), 1278-1290. doi:<https://doi.org/10.1037/a0024402>
- Domlyn, A. M., Jiang, Y., Harrison, S., Qiao, S., & Li, X. (2020). Stigma and psychosocial wellbeing among children affected by parental HIV in China. *AIDS Care*, 32(4), 500-507. doi:<https://doi.org/10.1080/09540121.2019.1687834>
- Earnshaw, V. A., Quinn, D. M., & Park, C. L. (2012). Anticipated stigma and quality of life among people living with chronic illnesses. *Chronic Illness*, 8(2), 79-88. doi:<https://doi.org/10.1177/1742395311429393>
- Follmer, K. B., Sabat, I. E., & Siuta, R. L. (2020). Disclosure of stigmatized identities at work: An interdisciplinary review and agenda for future research. *Journal of Organizational Behavior*, 41(2), 169-184. doi:<https://doi.org/10.1002/job.2402>
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39-50. doi:<https://doi.org/10.1177/002224378101800104>
- Goffman, E. (1963). *1991. stigma: Notes on the management of spoiled identity, social theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Guerrero, S., Bentein, K., & Garcia-Falières, A. (2021). Countering the effects of occupational stigma on emotional exhaustion and absences with idiosyncratic deals. *International Journal of Stress Management*, 28(2), 130-140.
- Hair, H. G. R. C., J.F. Jr, & Sarstedt, M. (2016). *A primer on partial least squares structural equation modeling (pls-sem)* (2nd ed.). Thousand Oaks, CA: Sage.

- Hair, J. F., Ringle, C. M., & Sarstedt, M. (2013). Partial least squares structural equation modeling: Rigorous applications, better results and higher acceptance. *Long Range Planning*, 46(1-2), 1-12.
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? a psychological mediation framework. *Psychological Bulletin*, 135(5), 707-730. doi:<https://doi.org/10.1037/a0016441>
- Hernandez, R., Bassett, S. M., Boughton, S. W., Schuette, S. A., Shiu, E. W., & Moskowitz, J. T. (2018). Psychological well-being and physical health: Associations, mechanisms, and future directions. *Emotion Review*, 10(1), 18-29. doi:<https://doi.org/10.1177/1754073917697824>
- Himmelstein, M. S., Puhl, R. M., & Quinn, D. M. (2018). Weight stigma and health: The mediating role of coping responses. *Health Psychology*, 37(2), 139-147. doi:<https://doi.org/10.1037/hea0000575>
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513-524. doi:<https://doi.org/10.1037/0003-066X.44.3.513>
- Ikizer, E. G., Ramírez-Esparza, N., & Quinn, D. M. (2018). Culture and concealable stigmatized identities: Examining anticipated stigma in the United States and Turkey. *Stigma and Health*, 3(2), 152-158. doi:<https://doi.org/10.1037/sah0000082>
- Jones, E. E. (1984). *Social stigma: The psychology of marked relationships*. New York, NY: WH Freeman.
- Jones, K. P., & King, E. B. (2014). Managing concealable stigmas at work: A review and multilevel model. *Journal of Management*, 40(5), 1466-1494. doi:<https://doi.org/10.1177/0149206313515518>
- Jones, K. P., King, E. B., Gilrane, V. L., McCausland, T. C., Cortina, J. M., & Grimm, K. J. (2016). The baby bump: Managing a dynamic stigma over time. *Journal of Management*, 42(6), 1530-1556. doi:<https://doi.org/10.1177/0149206313503012>
- Kern, M. L., Waters, L., Adler, A., & White, M. (2014). Assessing employee wellbeing in schools using a multifaceted approach: Associations with physical health, life satisfaction, and professional thriving. *Psychology*, 5(6), 500-513. doi:<https://doi.org/10.4236/psych.2014.56060>
- Kersemaekers, W., Rupperecht, S., Wittmann, M., Tamdjidi, C., Falke, P., Donders, R., ... Kohls, N. (2018). A workplace mindfulness intervention may be associated with improved psychological well-being and productivity. a preliminary field study in a company setting. *Frontiers in Psychology*, 9, 1-11. doi:<https://doi.org/10.3389/fpsyg.2018.00195>
- Lai, J. C., & Yue, X. (2000). Measuring optimism in Hong Kong and mainland Chinese with the revised Life Orientation Test. *Personality and Individual Differences*, 28(4), 781-796. doi:[https://doi.org/10.1016/S0191-8869\(99\)00138-5](https://doi.org/10.1016/S0191-8869(99)00138-5)
- Lee, Y. J. (2020). The effects of depression and anxiety on psychological well-being of college students: Focusing on the emotional perception clarity. *Medico Legal Update*, 20(1), 2149-2154. doi:<https://doi.org/10.37506/v20/il/2020/mlu/194625>
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *The Lancet*, 367(9509), 528-529. doi:[https://doi.org/10.1016/S0140-6736\(06\)68184-1](https://doi.org/10.1016/S0140-6736(06)68184-1)
- Loyd, J. M., & Bonds, A. (2018). Where do black lives matter? race, stigma, and place in Milwaukee, Wisconsin. *The Sociological Review*, 66(4), 898-918. doi:<https://doi.org/10.1177/0038026118778175>
- Major, B., & O'brien, L. T. (2005). The social psychology of stigma. *Annu. Rev. Psychol.*, 56, 393-421. doi:<https://doi.org/10.1146/annurev.psych.56.091103.070137>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi:<https://doi.org/10.1037/0033-2909.129.5.674>
- Nica, E., Manole, C., & Briscariu, R. (2016). The detrimental consequences of perceived job insecurity on health and psychological well-being. *Psychosociological Issues in Human Resource Management*, 4(1), 175. doi:<https://doi.org/10.22381/PIHRM4120169>
- O'Donnell, A. T., Corrigan, F., & Gallagher, S. (2015). The impact of anticipated stigma on psychological and physical health problems in the unemployed group. *Frontiers in Psychology*, 6, 01-08. doi:<https://doi.org/10.3389/fpsyg.2015.01263>
- Organization, W. H. (2020). *Mental health and psychosocial considerations during the covid-19 outbreak* (Tech. Rep.). World Health Organization, Geneva, Switzerland.
- Organization, W. H., et al. (2001). Mental health problems: the undefined and hidden burden. *Fact sheet*(218).

- Pachankis, J. E., Hatzenbuehler, M. L., Wang, K., Burton, C. L., Crawford, F. W., Phelan, J. C., & Link, B. G. (2018). The burden of stigma on health and well-being: A taxonomy of concealment, course, disruptiveness, aesthetics, origin, and peril across 93 stigmas. *Personality and Social Psychology Bulletin, 44*(4), 451-474. doi:<https://doi.org/10.1177/0146167217741313>
- Phillips, A. C., Carroll, D., & Der, G. (2015). Negative life events and symptoms of depression and anxiety: Stress causation and/or stress generation. *Anxiety, Stress, & Coping, 28*(4), 357-371. doi:<https://doi.org/10.1080/10615806.2015.1005078>
- Pyc, L. S., Meltzer, D. P., & Liu, C. (2017). Ineffective leadership and employees' negative outcomes: The mediating effect of anxiety and depression. *International Journal of Stress Management, 24*(2), 196-215. doi:<https://doi.org/10.1037/str0000030>
- Quinn, D. M., Camacho, G., Pan-Weisz, B., & Williams, M. K. (2020). Visible and concealable stigmatized identities and mental health: Experiences of racial discrimination and anticipated stigma. *Stigma and Health, 5*(4), 488-491. doi:<https://doi.org/10.1037/sah0000210>
- Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology, 97*(4), 634-651. doi:<https://doi.org/10.1037/a0015815>
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass, 7*(1), 40-51. doi:<https://doi.org/10.1111/spc3.12005>
- Quinn, D. M., Williams, M. K., Quintana, F., Gaskins, J. L., Overstreet, N. M., Pishori, A., ... Chaudoir, S. R. (2014). Examining effects of anticipated stigma, centrality, salience, internalization, and outness on psychological distress for people with concealable stigmatized identities. *PloS One, 9*(5), 01-15. doi:<https://doi.org/10.1371/journal.pone.0096977>
- Ragins, B. R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review, 33*(1), 194-215. doi:<https://doi.org/10.5465/AMR.2008.27752724>
- Santini, Z. I., Jose, P. E., Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., ... Koushede, V. (2020). Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older americans (nshap): a longitudinal mediation analysis. *The Lancet Public Health, 5*(1), 62-70. doi:[https://doi.org/10.1016/S2468-2667\(19\)30230-0](https://doi.org/10.1016/S2468-2667(19)30230-0)
- Scandura, T. A., & Williams, E. A. (2000). Research methodology in management: Current practices, trends, and implications for future research. *Academy of Management journal, 43*(6), 1248-1264. doi:<https://doi.org/10.5465/1556348>
- Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. *Psychological Bulletin, 140*(4), 921-948. doi:<https://doi.org/10.1037/a0035754>
- Sonnentag, S. (2018). The recovery paradox: Portraying the complex interplay between job stressors, lack of recovery, and poor well-being. *Research in Organizational Behavior, 38*, 169-185. doi:<https://doi.org/10.1016/j.riob.2018.11.002>
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine, 17*(1), 1-13. doi:<https://doi.org/10.1186/s12916-019-1271-3>
- Tesi, A., Aiello, A., & Giannetti, E. (2019). The work-related well-being of social workers: Framing job demands, psychological well-being, and work engagement. *Journal of Social Work, 19*(1), 121-141. doi:<https://doi.org/10.1177/1468017318757397>
- Thoits, P. A. (2011). Resisting the stigma of mental illness. *Social Psychology Quarterly, 74*(1), 6-28. doi:<https://doi.org/10.1177/0190272511398019>
- Tramonti, F., Maestri, M., Gronchi, A., Fabbrini, M., Di Coscio, E., Carnicelli, L., & Bonanni, E. (2016). Psychological well-being of patients with insomnia and its relationship with anxiety and depression. *Psychology, Health & Medicine, 21*(3), 309-316. doi:<https://doi.org/10.1080/13548506.2015.1069856>

- van der Veek, S. M., Nobel, R. A., & Derkx, H. (2012). The relationship between emotion awareness and somatic complaints in children and adolescents: Investigating the mediating role of anxiety and depression. *Psychology & Health, 27*(11), 1359-1374. doi:<https://doi.org/10.1080/08870446.2012.685738>
- Weisz, C., & Quinn, D. M. (2018). Stigmatized identities, psychological distress, and physical health: Intersections of homelessness and race. *Stigma and Health, 3*(3), 229-240. doi:<https://doi.org/10.1037/sah0000093>
- Yüksel, A., & Bahadır-Yılmaz, E. (2019). Relationship between depression, anxiety, cognitive distortions, and psychological well-being among nursing students. *Perspectives in Psychiatric Care, 55*(4), 690-696. doi:<https://doi.org/10.1111/ppc.12404>