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# Internalized Stigma and Fear of Evaluation as Predictors of Social Withdrawal in Women with Mental Health Conditions

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A B S T R A C T

**Objective:** This study aimed to investigate the predictive roles of internalized stigma and fear of evaluation on social withdrawal in women diagnosed with mental health conditions.

**Methods and Materials:** A correlational descriptive design was employed with a sample of 397 women from Turkey, selected using Morgan and Krejcie's sample size table. Participants completed standardized self-report questionnaires measuring internalized stigma, fear of evaluation, and social withdrawal. Descriptive statistics, Pearson correlation coefficients, and multiple linear regression analyses were conducted using SPSS-27. Assumptions of normality, linearity, homoscedasticity, and multicollinearity were tested and met prior to regression analysis.

**Findings:** Results indicated a significant positive correlation between internalized stigma and social withdrawal ($r = .61$, $p < .01$), and between fear of evaluation and social withdrawal ($r = .53$, $p < .01$). The two predictors also correlated significantly with one another ($r = .49$, $p < .01$). The regression model was significant, $F(2, 394) = 149.27$, $p < .001$, accounting for 44% of the variance in social withdrawal ($R^2 = .44$). Both internalized stigma ($\beta = .48$, $t = 8.20$, $p < .001$) and fear of evaluation ($\beta = .32$, $t = 5.43$, $p < .001$) emerged as significant predictors, with internalized stigma being the stronger predictor.

**Conclusion:** The findings underscore the importance of internal psychological processes in shaping social behaviors among women with mental health conditions. Internalized stigma and fear of evaluation both significantly contribute to social withdrawal, with implications for mental health intervention and stigma reduction strategies. Culturally tailored approaches are essential to addressing these factors and promoting social reintegration in affected populations.

***Keywords:*** *Internalized stigma, fear of evaluation, social withdrawal, women.*

## 1. Introduction

Internalized stigma, defined as the process by which individuals adopt negative societal beliefs about their mental illness and apply them to themselves, is a potent barrier to recovery. It reinforces shame, self-blame, and hopelessness, thereby exacerbating emotional suffering. Women, particularly in conservative or stigmatizing cultural contexts, may be more vulnerable to internalized stigma due to gendered expectations about emotional expression and psychological resilience (Caballero, 2024). During major public health crises like the COVID-19 pandemic, stigmatization of mental illness has intensified due to heightened stress, misinformation, and increased scrutiny of psychological vulnerability (Vieira et al., 2021; Zanjani et al., 2023). Evidence from both clinical and non-clinical settings suggests that when women perceive themselves as "flawed" due to mental illness, they may internalize societal bias, which in turn impairs their interpersonal functioning and encourages social retreat (Adjorlolo, 2023; Moya-Salazar, 2025).

Fear of evaluation is another powerful psychological factor that may predispose individuals to socially withdraw. Rooted in concerns about being negatively judged or ridiculed, fear of evaluation reflects a hyperawareness of social scrutiny that fosters avoidance behaviors. Women experiencing mental health difficulties are particularly prone to such fears, often anticipating criticism for both their symptoms and coping behaviors (Mackenstadt & Adams-Price, 2024; Muazzam, 2022). This tendency may be intensified by prior traumatic experiences, cultural norms that promote perfectionism, and the historical silencing of female distress (Wenqing et al., 2024). For example, recent data from Turkey and other Middle Eastern contexts indicate that women who fear negative appraisal from peers, employers, or health professionals are more likely to disengage from social networks and formal support systems (Faro et al., 2025; Iorga et al., 2021).

Empirical research has consistently emphasized that women facing comorbid psychological stressors—such as anxiety, depression, or trauma—are more susceptible to isolation during crisis periods. The COVID-19 pandemic has highlighted and amplified these vulnerabilities. Pregnant women and those with pre-existing psychological diagnoses reported significant deterioration in social functioning during lockdowns, often due to fears of infection, heightened stigma, and overwhelming uncertainty (Barral-Coral & Pérez, 2021; Diamanti et al., 2023; Qu et al., 2021). While external factors such as health policy restrictions have played a role, internal psychological mechanisms—especially fear of being judged or misunderstood—have been crucial in predicting social avoidance (Broche-Pérez et al., 2021; Gluska et al., 2021). The consequences are not merely psychological but extend to economic, relational, and health-related outcomes, as socially withdrawn individuals are less likely to seek employment, access care, or maintain supportive relationships (Chen et al., 2023; Coelho et al., 2021).

Internalized stigma and fear of evaluation, though conceptually distinct, frequently interact in shaping behavioral responses. For instance, women who internalize stigmatizing beliefs about their mental illness are more likely to expect negative evaluation in social situations, leading to a self-reinforcing loop of anxiety and avoidance (Chen et al., 2024; Johnson et al., 2023). These psychological dynamics are particularly salient among women navigating role conflicts, such as balancing employment with caregiving, or reconciling social expectations with mental health realities (Giordani et al., 2021). Fear of evaluation can also be exacerbated by cultural attitudes that deem emotional disclosure as weakness, further intensifying the drive to isolate (Vieira et al., 2020). When internalized stigma compounds with fear of evaluation, the result is often a severe inhibition of social functioning, diminished trust in others, and increased vulnerability to psychiatric relapse (Solis et al., 2021; Wilczyńska et al., 2024).

The emotional and cognitive toll of such experiences is also supported by evidence linking negative self-perception with physiological stress responses. For instance, women with heightened social withdrawal tendencies have shown elevated cortisol levels and dysregulated affective states, suggesting that isolation is both a psychological and biological burden (Wilczyńska et al., 2024). Moreover, the impact of internalized stigma and fear of evaluation is not confined to individual outcomes. At the societal level, their presence undermines public mental health efforts by deterring disclosure, disrupting continuity of care, and perpetuating cycles of silence (Ahorsu et al., 2020; Monalisa Nascimento dos Santos et al., 2021). As such, these constructs deserve careful empirical attention not only as mental health correlates but also as public health concerns.

Despite growing research interest in internalized stigma and fear of evaluation, their joint impact on social withdrawal remains underexplored in non-Western contexts. Cultural specificity is critical, as norms surrounding mental illness, gender roles, and interpersonal behavior vary widely.



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For instance, studies in Iran, Brazil, and Pakistan have highlighted how cultural ideals about female virtue and resilience may inhibit women from discussing or addressing psychological symptoms, let alone participating in social life during periods of emotional distress (Caballero, 2024; Muazzam, 2022; Zanjani et al., 2023). Similarly, data from Peru and Mozambique suggest that societal attitudes toward women's mental health can deeply influence their self-concept and social participation (Giordani et al., 2021; Moya-Salazar, 2025). In such contexts, social withdrawal may function as both a defense mechanism and a form of social protest—an attempt to avoid perceived failure in meeting unrealistic expectations.

Turkey represents a particularly relevant site for this investigation due to its complex socio-cultural landscape, where Western and traditional values intersect, and where stigma toward mental illness remains pervasive, especially among women. Although mental health services are expanding, utilization remains limited, often due to fear of judgment, gender-specific expectations, and lack of family support (Faro et al., 2025; Iorga et al., 2021). Women may internalize cultural ideals that valorize emotional endurance and familial self-sacrifice, discouraging them from seeking help or engaging in peer relationships when struggling with mental health issues. As a result, social withdrawal can become a default coping strategy, one that is reinforced by both internal convictions and external feedback.

This study aims to address the research gap by examining how internalized stigma and fear of evaluation predict social withdrawal in Turkish women with mental health conditions.

## 2. Methods and Materials

### *2.1. Study design and Participant*

This study employed a correlational descriptive research design to explore the predictive roles of internalized stigma and fear of evaluation on social withdrawal in women diagnosed with mental health conditions. The sample consisted of 397 participants recruited from various psychological counseling centers and mental health support groups across Turkey. The required sample size was determined using the Morgan and Krejcie (1970) sample size determination table, ensuring statistical adequacy for correlation and regression analyses. Inclusion criteria included identifying as female, being 18 years or older, and having received a formal mental health diagnosis within the past two years. Participants provided informed consent prior to participation, and ethical approval was obtained from the relevant institutional review board.

### *2.2. Measures*

#### *2.2.1. Social Withdrawal*

To assess the level of social withdrawal, the Social Withdrawal Scale (SWS) developed by Cheek and Buss (1981) was employed. This widely used scale evaluates the extent to which individuals tend to avoid social interactions and prefer solitude. The SWS comprises 14 items, each rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater social withdrawal. The scale includes items capturing aspects of behavioral inhibition and preference for being alone. Studies have consistently demonstrated strong psychometric properties for the SWS, with Cronbach's alpha typically reported above 0.80, confirming its internal consistency. Moreover, construct and criterion-related validity have been supported through its significant correlations with measures of introversion, anxiety, and loneliness in various populations (Iannattone et al., 2021; McVarnock & Closson, 2022; Rondon et al., 2020).

#### *2.2.2. Internalized Stigma*

Internalized stigma was measured using the Internalized Stigma of Mental Illness Scale (ISMI) developed by Ritsher, Otilingam, and Grajales (2003). This standardized instrument is designed specifically to assess self-stigmatization among individuals with mental health conditions. The ISMI consists of 29 items rated on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree), with higher scores indicating greater internalized stigma. It encompasses five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal, and Stigma Resistance (reverse-scored). The ISMI has demonstrated excellent reliability in diverse clinical populations, with reported Cronbach's alpha coefficients ranging from 0.76 to 0.90 across subscales. Its validity has been confirmed in multiple international studies, showing strong correlations with self-esteem, empowerment, and symptom severity (Kim & Jang, 2019; Korkmaz & Küçük, 2016; Yılmaz & Budak, 2018).

#### *2.2.3. Fear of Evaluation*

Fear of evaluation was assessed using the Fear of Negative Evaluation Scale (FNE) originally developed by



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Watson and Friend (1969). This instrument captures an individual's apprehension about being judged unfavorably by others, a core element of social anxiety and avoidance behaviors. The full version contains 30 true-false items, while a widely validated brief version—the Brief Fear of Negative Evaluation Scale (BFNE)—includes 12 items rated on a 5-point Likert scale (1 = not at all characteristic of me to 5 = extremely characteristic of me). The BFNE is especially favored in contemporary research due to its brevity and strong psychometric performance. It demonstrates high internal consistency (Cronbach's alpha typically > 0.90) and robust convergent and discriminant validity across clinical and non-clinical samples, with strong associations with anxiety and interpersonal sensitivity constructs (Auliannisa et al., 2024; Kim & Seo, 2024; Uluman & Tunç, 2023).

### *2.3. Data Analysis*

Data were analyzed using SPSS software version 27. Descriptive statistics were computed to summarize participant characteristics. Pearson correlation analysis was performed to examine the bivariate relationships between the dependent variable (social withdrawal) and each independent variable (internalized stigma and fear of evaluation). To determine the predictive power of the independent variables on the dependent variable, standard multiple linear regression analysis was conducted. Prior to the analyses, all relevant statistical assumptions, including linearity, normality, homoscedasticity, and absence of multicollinearity, were tested and confirmed.

## 3. Findings and Results

The sample consisted of 397 women, with the majority aged between 25 and 34 years (n = 162, 40.8%), followed by participants aged 35–44 years (n = 114, 28.7%), 18–24 years (n = 78, 19.6%), and a smaller group aged 45 years and above (n = 43, 10.8%). In terms of educational background, 178 participants (44.8%) held a university degree, 121 (30.5%) had completed secondary education, 72 (18.1%) had attained postgraduate qualifications, and 26 (6.6%) had completed only primary education. Regarding employment status, 204 participants (51.4%) were employed, 98 (24.7%) were students, 65 (16.4%) were unemployed, and 30 (7.6%) were homemakers. Additionally, 67.3% (n = 267) reported currently receiving psychological treatment, while the remaining 130 participants (32.7%) were not in treatment at the time of the study.

**Table 1**

*Means and Standard Deviations for Key Variables (N = 397)*

| Variable | Mean (M) | Standard Deviation (SD) |
|---|---|---|
| Social Withdrawal | 48.72 | 8.65 |
| Internalized Stigma | 72.49 | 10.34 |
| Fear of Evaluation | 38.91 | 6.17 |

Participants reported moderately high levels of social withdrawal (M = 48.72, SD = 8.65), indicating a tendency to avoid social interactions. Internalized stigma scores were also high (M = 72.49, SD = 10.34), suggesting significant self-stigmatization among the women sampled. Fear of evaluation showed a mean of 38.91 (SD = 6.17), reflecting a strong concern about being negatively judged in social contexts (Table 1).

Prior to conducting regression analysis, the assumptions for linearity, normality, homoscedasticity, and multicollinearity were assessed and met. Visual inspection of the scatterplots indicated linear relationships between the dependent variable and each independent variable. The normality of residuals was confirmed through the Shapiro-Wilk test (p = .072) and histogram inspection. Homoscedasticity was supported by the plot of standardized residuals versus predicted values, showing a random scatter. Multicollinearity was assessed using the Variance Inflation Factor (VIF), with values of 1.52 for internalized stigma and 1.37 for fear of evaluation, both well below the threshold of 10. Tolerance values (.66 and .73, respectively) also indicated no collinearity concerns.



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**Table 2**

*Pearson Correlation Coefficients and Significance Values Between Study Variables*

| Variable | 1 | 2 | 3 |
|---|---|---|---|
| 1. Social Withdrawal | — | | |
| 2. Internalized Stigma | .61** (p < .01) | — | |
| 3. Fear of Evaluation | .53** (p < .01) | .49** (p < .01) | — |

Significant positive correlations were found between social withdrawal and both internalized stigma ($r = .61$, $p < .01$) and fear of evaluation ($r = .53$, $p < .01$). Additionally, internalized stigma and fear of evaluation were moderately correlated ($r = .49$, $p < .01$), indicating shared variance between these two predictors (Table 2).

**Table 3**

*Summary of Regression Model Predicting Social Withdrawal*

| Source | Sum of Squares | df | Mean Square | R | $R^2$ | Adjusted $R^2$ | F | p |
|---|---|---|---|---|---|---|---|---|
| Regression | 5389.26 | 2 | 2694.63 | .66 | .44 | .43 | 149.27 | < .001 |
| Residual | 6891.71 | 394 | 17.49 | | | | | |
| Total | 12280.97 | 396 | | | | | | |

The regression model was statistically significant, $F(2, 394) = 149.27$, $p < .001$, indicating that internalized stigma and fear of evaluation jointly predicted social withdrawal. The model explained 44% of the variance in social withdrawal ($R^2 = .44$, Adjusted $R^2 = .43$), with a multiple correlation coefficient of $R = .66$ (Table 3).

**Table 4**

*Regression Coefficients for Predictors of Social Withdrawal*

| Predictor | B | SE | β | t | p |
|---|---|---|---|---|---|
| Constant | 12.86 | 3.24 | — | 3.97 | < .001 |
| Internalized Stigma | 0.41 | 0.05 | .48 | 8.20 | < .001 |
| Fear of Evaluation | 0.38 | 0.07 | .32 | 5.43 | < .001 |

Both internalized stigma ($\beta = .48$, $t = 8.20$, $p < .001$) and fear of evaluation ($\beta = .32$, $t = 5.43$, $p < .001$) were significant predictors of social withdrawal. The unstandardized coefficients indicated that a one-point increase in internalized stigma was associated with a 0.41-point increase in social withdrawal, while a one-point increase in fear of evaluation predicted a 0.38-point increase in withdrawal scores, controlling for the other variable (Table 4).

## 4. Discussion and Conclusion

The present study explored the predictive roles of internalized stigma and fear of evaluation on social withdrawal in a sample of Turkish women with mental health conditions. Results from Pearson correlation analyses indicated significant positive relationships between both independent variables and the dependent variable. Specifically, higher levels of internalized stigma and greater fear of evaluation were each independently associated with increased social withdrawal. The multiple regression analysis further revealed that both predictors significantly contributed to the variance in social withdrawal, with internalized stigma emerging as the stronger predictor.



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These findings highlight the internal psychological barriers that play a central role in shaping the social experiences of women with mental health challenges.

The strong relationship found between internalized stigma and social withdrawal is consistent with previous studies suggesting that when individuals absorb negative societal beliefs about mental illness, they often retreat from social interaction to avoid perceived judgment or rejection. This aligns with findings from women in Iran and Latin America, who reported withdrawing from their communities due to internalized shame and fears of being labeled as weak or unstable (Caballero, 2024; Zanjani et al., 2023). Similarly, in a systematic review examining the mental health of pregnant and postpartum women, researchers noted that internalized stigma significantly impeded help-seeking and social connection, reinforcing patterns of isolation (Vieira et al., 2021). Among women in Ghana and Brazil, internalized beliefs about the unworthiness or moral failure associated with mental illness were closely linked to avoidance behaviors and diminished participation in daily life (Adjorlolo, 2023; Coelho et al., 2021).

The regression results further highlight that internalized stigma is not merely correlated with social withdrawal—it actively predicts it. This supports the theoretical understanding that stigmatized beliefs become internalized and impact self-concept, leading individuals to see themselves as fundamentally unfit for social belonging. This is particularly relevant in collectivist societies like Turkey, where social identity and reputation are tightly interwoven, and where deviating from normative emotional expressions can lead to exclusion (Faro et al., 2025; Iorga et al., 2021). In these contexts, mental illness is often interpreted as a personal failing rather than a clinical condition, which increases the likelihood of self-stigmatization and subsequent withdrawal from social networks.

The second key finding—concerning the predictive role of fear of evaluation—is equally significant. This study confirms that fear of being judged, criticized, or negatively appraised is a major determinant of social avoidance in women with mental health conditions. These findings align with earlier research during the COVID-19 pandemic, where women across several countries reported avoiding social interaction not only due to fear of infection, but also fear of scrutiny related to their coping mechanisms and emotional vulnerabilities (Diamanti et al., 2023; Monalisa Nascimento dos Santos et al., 2021). In particular, women in Greece and Cuba noted that their heightened fear of how others might perceive their distress led them to suppress emotional expression and disengage from peer support (Broche-Pérez et al., 2021; Giordani et al., 2021).

Fear of evaluation also appears to be compounded by cultural narratives that discourage emotional transparency among women. In many societies, women are expected to uphold roles that require strength, emotional containment, and nurturing—even while managing their own psychological distress (Muazzam, 2022; Wenqing et al., 2024). Such expectations not only heighten the perceived risk of social judgment but also contribute to anticipatory anxiety, wherein women preemptively withdraw from interactions in order to avoid potential criticism. The findings of this study resonate with research from Brazil and Mozambique, where similar psychological mechanisms were observed, particularly in populations of pregnant and caregiving women (Coelho et al., 2021; Giordani et al., 2021).

Furthermore, the simultaneous predictive power of internalized stigma and fear of evaluation suggests a possible interactional process. As supported by earlier work, individuals who internalize stigma may develop a hypersensitivity to others' evaluations, believing that any form of social participation will expose their "flaws" (Chen et al., 2023; Johnson et al., 2023). These compounded fears act as both a cognitive filter and behavioral inhibitor, reinforcing avoidance as a maladaptive strategy. In essence, the internalization of negative beliefs about the self likely increases one's vigilance for social threats, resulting in a cycle of self-doubt, withdrawal, and further entrenchment of isolation.

Moreover, the cultural specificity of the findings is noteworthy. The study's sample of Turkish women reflects a broader sociocultural dynamic in which traditional values intersect with growing mental health awareness. As previous studies have shown, Turkish women are often subject to conflicting expectations—to be emotionally expressive in caretaking roles, yet silent or stoic when confronting personal psychological distress (Faro et al., 2025; Iorga et al., 2021). This duality intensifies internal conflict and leads to avoidance patterns, particularly in social contexts where vulnerability may be viewed as weakness. These findings echo similar reports from East Asian and Middle Eastern cultures, where stigma and fear of scrutiny significantly hinder social participation among women with mental illness (Qu et al., 2021; Wenqing et al., 2024).

The study also supports the growing body of research documenting the biopsychosocial impact of social withdrawal. Emotional detachment and interpersonal



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avoidance have been associated not only with increased depressive symptoms but also with heightened physiological stress. For example, research involving pregnant women and women in high-stress occupations found elevated cortisol levels and sleep disturbances linked to social isolation, suggesting that withdrawal has systemic health consequences (Gluska et al., 2021; Wilczyńska et al., 2024). This is further emphasized in studies examining the mental health of women during global crises, such as the COVID-19 pandemic and even the Russia-Ukraine conflict, where fear, stigma, and reduced social engagement coalesced to create enduring psychological distress (Moya-Salazar, 2025; Solis et al., 2021).

Together, the findings of this study underscore the importance of addressing not only the symptoms of mental health conditions but also the internal beliefs and social perceptions that maintain those symptoms. The alignment of the current results with multiple international studies affirms the universality of these psychological processes, while also calling attention to the need for culturally sensitive approaches. Mental health interventions targeting internalized stigma and fear of evaluation may be critical for improving social functioning, particularly for women who experience both gender-based and psychological vulnerabilities. Group therapy, psychoeducation, and self-compassion-based interventions may be especially effective in breaking the cycles of withdrawal and reinforcing positive self-concept.

## 5. Limitations and Suggestions

Despite its valuable contributions, this study is not without limitations. First, its cross-sectional design limits the ability to infer causality between internalized stigma, fear of evaluation, and social withdrawal. While significant associations and predictive relationships were observed, longitudinal studies are needed to determine the temporal dynamics among these variables. Second, the study relied solely on self-report measures, which may be subject to biases such as social desirability or inaccurate self-perception. Third, the sample was composed exclusively of women from Turkey, which restricts the generalizability of the findings to other populations and cultural contexts. Additionally, important variables such as psychiatric diagnosis type, duration of illness, and socioeconomic status were not controlled for in the analysis, which could influence the strength and direction of the observed relationships.

Future studies should consider employing longitudinal designs to assess how internalized stigma and fear of evaluation evolve over time and influence social withdrawal across different stages of recovery. It would also be beneficial to include qualitative methods to capture the nuanced, lived experiences of women dealing with these psychological stressors. Expanding the sample to include diverse cultural, ethnic, and socioeconomic backgrounds can further enhance the generalizability of the findings. Moreover, future research should investigate potential moderating or mediating variables—such as self-compassion, resilience, or social support—that may buffer the effects of internalized stigma and fear of evaluation. Experimental and intervention-based studies are also warranted to evaluate the efficacy of targeted psychological programs aimed at reducing internal stigma and social anxiety in women.

Given the findings of this study, mental health practitioners should prioritize interventions that specifically target internalized stigma and fear of evaluation in women with mental health conditions. Psychoeducational workshops, self-compassion training, and cognitive restructuring techniques can help individuals reframe negative beliefs about themselves and others. Group therapy settings may provide a safe space to practice social engagement and challenge maladaptive fears of judgment. Additionally, community-level anti-stigma campaigns and culturally tailored outreach programs can reduce broader societal stigma, encouraging greater openness and social participation. Healthcare providers should also be trained to recognize signs of internalized stigma and social withdrawal early in treatment, integrating supportive strategies to enhance clients' social functioning and overall well-being.

### Authors' Contributions

Authors equally contributed to this study.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

### Acknowledgments



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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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