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Do continuum beliefs reduce schizophrenia stigma? Effects of a laboratory intervention on behavioral and self-reported stigma

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ABSTRACT

Background and objectives: Correlational research shows that belief in a continuum of psychiatric problems predicts decreased public stigma. However, the correlational findings fail to inform the stigma reduction prospects of manipulating continuum beliefs. All extant experimental work has been executed online. This study examined effects of a laboratory-based continuum intervention on behavioral and self-report measures of psychiatric stigma.

Methods: Sixty-nine undergraduates believed that they would meet a man with schizophrenia. They then read a bogus scientific article that attested to a categorical view of schizophrenia, a continuum view, or that merely described schizophrenia. Some participants then completed a task that required reflection on their differences from (categorical group) or similarities to (continuum group) the man with schizophrenia. Participants eventually moved to an adjacent room and sat in one of several seats that varied in their proximity to a seat ostensibly occupied by the man with schizophrenia.

Results: The continuum intervention decreased self-reported social distance and the categorical intervention increased endorsement of damaging stereotypes. Seat selection was unaffected by our manipulation, but we obtained evidence of significant links to validated stigma measures.

Limitations: Our sample was small, and our behavioral stigma measure could be modified to maximize variability in participants' seat selection.

Conclusions: The study offers modest support of the stigma reduction effect of continuum belief intervention. It offers new evidence of the pernicious consequences of interventions that inflate perceptions of the "otherness" of individuals with psychiatric problems. Finally, it shines new light on stigma-related behavior measurable in the laboratory.

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1. Introduction

Public stigma of mental illness is a persistent problem. Individuals with psychiatric problems are commonly viewed as dangerous (Phelan, Link, Stueve, & Pescosolido, 2000), violent (Wahl, 1995), incompetent (Sadler, Meagor, & Kaye, 2012), and weak (Olmsted & Durham, 1976). These damaging stereotypes substantially impede the ability of individuals with psychiatric problems to lead satisfying lives. Indeed, public stigma reduces their ability to establish meaningful social connection (Sayce, 2000) and secure employment (Bordieri & Drehmer, 1986; Farina & Felner, 1973), educational opportunities (Van Brakel, 2006), and housing (Page, 1977). Most stakeholders acknowledge that

psychiatric stigma is a serious social problem and an important target of policy aimed at improving mental health care (Hogan, 2003; World Health Organization, 2001).

Beliefs that people possess regarding the nature and causes of psychiatric problems predict stigma and could be promising targets for stigma reduction intervention. For example, strong belief in biomedical underpinnings of psychiatric problems, which may encourage outgroup categorization of affected individuals, leads to prognostic pessimism, avoidance, and stronger endorsement of damaging stereotypes (Haslam & Kvaale, 2015). In contrast, continuum beliefs center on the idea that psychopathology and normality are separate points on a single, fluid continuum. In this view, individuals with psychiatric problems are not categorically different from others; rather, continuum beliefs emphasize similarities between psychopathology and the ordinary distress to which everybody is vulnerable. There is a small but growing correlational literature that indicates that continuum beliefs are

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related to more positive and less negative emotional reactions, less desire for social distance, and weaker endorsement of damaging stereotypes (Angermeyer, Millier, Rémuzat, Refaï, Schomerus, & Toumi, 2015; Makowski, Mnich, Angermeyer, & von dem Knesebeck, 2016; Schlier, Scheunemann, & Lincoln, 2016; Schomerus, Matschinger, & Angermeyer, 2013; Thibodeau, 2016; Wiesjahn, Brabban, Jung, Gebauer, & Lincoln, 2014; Wiesjahn, Jung, Kremser, Rief, & Lincoln, 2016). These correlational findings have inspired enthusiasm for the development of stigma reduction programming centered on encouraging the public's embrace of continuum beliefs (e.g., Makowski et al., 2016; Wiesjahn et al., 2016). However, the correlational literature, which taps ordinary variation in beliefs that people already possess and arrived at on their own, does very little to inform the stigma reduction prospects of continuum belief manipulation.

There are now, as far as we can tell, four published papers that have examined experimental effects of continuum belief manipulation on psychiatric stigma. In one study (Schomerus et al., 2016), online volunteers read a newspaper-like text summarizing a continuum view of psychiatric problems, a similar text summarizing a categorical view, or no text at all. The volunteers then read a case vignette of a woman with depression or schizophrenia. Results indicated that, compared to the no-text control, the continuum manipulation led to decreased appraisals of differentness, decreased desire for social distance, and decreased blame. However, for blame, the continuum versus categorical condition comparison was nonsignificant, a pattern suggestive of a nonspecific effect of intervention rather than a unique effect of continuum intervention, specifically.

In another study (Wiesjahn et al., 2016), online volunteers read a text attesting to a continuum view of schizophrenia, a similar text attesting to a biogenetic view, or no text at all. Participants then completed scales capturing schizophrenia stigma. The single significant effect that emerged was very small: continuum intervention led to decreased appraisals of incompetence/unpredictability ($d = 0.10$).

In a third study (Thibodeau, 2016), online volunteers read a detailed description of a young man with schizophrenia and were then randomized to read either a summary of research attesting to a continuum view of schizophrenia, a summary of research attesting to a categorical view of schizophrenia, or no additional material. There was no evidence that the experimental manipulation affected self-reported stigma of the young man with schizophrenia.

Finally, Corrigan et al. (2016) asked online volunteers to watch short videos that attested to a continuum view of schizophrenia, attested to a categorical view, or that merely described schizophrenia. Results indicated that the continuum intervention led to decreased appraisals of the differentness of people with schizophrenia, a finding that could be interpreted as tantamount to a successful manipulation check. Results also showed that the continuum intervention led to increased appraisals of the recovery prospects of individuals with schizophrenia.

These results are promising, but taken together, they offer only limited support for continuum intervention as a stigma reduction strategy. Possible reasons for the mostly underwhelming results are worth pondering. First, efforts to encourage the embrace of continuum beliefs may be fraught by defensive resistance. That is, belief in the "otherness" of individuals with psychiatric problems may be useful insofar as it affords safe psychological distance from mental illness, a plight that is universally dreaded. Continuum intervention, which explicitly aims to weaken perceptions of "otherness," could be met with an increase in perceived vulnerability and, ultimately, defensive rejection (Thibodeau, 2016). Second, continuum intervention may strip psychiatric problems of

medical legitimacy, in which case people's struggles could be appraised as arising from moral weaknesses or defects of character (Gergel, 2014). We focus on a third possibility in the present article. All of the experimental studies of continuum intervention carried out to date have involved weak, text-based manipulations carried out strictly online. It is thus possible that the experimental methodology executed to date underestimates the promise of continuum intervention because it has permitted only weak tests of its efficacy. More potent, laboratory-based manipulations are clearly needed to provide stronger tests of the stigma reduction prospects of continuum intervention.

Laboratory-based research would help to address another important shortcoming of the small literature on continuum intervention, specifically, and research on psychiatric stigma, generally. That is, self-report measurement dominates the scientific literature on psychiatric stigma (Hinshaw & Stier, 2008). Self-report measurement is subject to well-known limitations across the spectrum of psychological science (Wilson & Nisbett, 1978), but these problems may be especially acute in the context of psychiatric stigma research. The public's endorsement of explicit bias toward various groups is increasingly socially unacceptable, and thus, it has waned (Rudman, Ashmore, & Gary, 2001). Frank reporting of negative attitudes toward individuals with psychiatric problems may be uniquely socially undesirable. Laboratory-based research would permit measurement of stigma-relevant behavior – an intrinsically important outcome – that has been impossible in the online experimental research conducted to date on continuum intervention.

The present study examines effects of a laboratory-based manipulation of continuum beliefs on several indices of psychiatric stigma, including a novel behavioral measure. Undergraduates were led to believe that they would meet a man with schizophrenia ("Allen") and were then randomized to read a bogus scientific article that (1) attested to a categorical view of schizophrenia, (2) attested to a continuum view, or (3) merely described schizophrenia. Some participants then completed a task that required written reflection on their differences from (categorical group) or similarities to (continuum group) the man with schizophrenia. After completion of several self-report measures of psychiatric stigma, they moved to an adjacent room and sat in one of several seats that varied systematically in their proximity to a seat they thought was occupied by the man with schizophrenia (a substantial modification of a procedure developed by Macrae, Bodenhausen, Milne, & Jetten, 1994; see also Bessenoff & Sherman, 2000).

We expected that this laboratory-based procedure would lend itself to a more potent manipulation of continuum beliefs than the text-based, online manipulations carried out to date. First, ours is the first study that asks participants to confront categorical or continuum information in an ostensible scientific article. This approach marshals scientific authority to maximize the legitimacy of the information. Second, we think that the follow-up task that we described previously is very important. The personal application of categorical or continuum information should facilitate participants' unearthing of potentially powerful supporting evidence, derived from one's own experience, of the information's veracity. It should also increase the emotional salience of information that could otherwise be appraised as academic, abstract, and inaccessible. Finally, we assume that the expectation of a personal encounter with a man with schizophrenia will increase participants' engagement with the articles that deliver the experimental manipulation, rendering them more vivid, compelling, and ultimately, effective.

We hypothesized that the continuum group, compared to the categorical and control groups, would show decreased self-reported psychiatric stigma. We made a similar prediction

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