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# No matter of etiology: Biogenetic, psychosocial and vulnerability-stress causal explanations fail to improve attitudes towards schizophrenia



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## ABSTRACT

Many anti-stigma campaigns emphasize biogenetic causes to convey that schizophrenia is an “illness like others”. A growing body of studies shows that although biogenetic explanations reduce blame, they tend to reinforce prognostic pessimism and harsher treatment of people with schizophrenia. In contrast, psychosocial explanations attenuate prognostic pessimism and perceived otherness, but seem less suitable to reduce blame. We hypothesized that a vulnerability-stress model that combines biogenetic and psychosocial explanations would yield clearer stigma-reducing effects than the mono-causal models. In an online-experiment, 416 participants from the general population randomly received either a vulnerability-stress, biogenetic, psychosocial or control-intervention, which consisted of information text and video presentation of a case-example. Causal beliefs, stereotypes and desired social distance were assessed by self-report. Baseline causal beliefs were weakly associated with stereotypes. The vulnerability-stress intervention did not reduce stigma more effectively than the biogenetic or psychosocial intervention and was less effective in reducing perceived blame than the biogenetic intervention. Compared to the control-intervention, no intervention showed significant stigma-reducing effects, but the psychosocial and vulnerability-stress conditions both increased blame. We found no evidence for vulnerability-stress explanations as a mean to reduce stigma. We propose further research to identify more effective ways to tackle stigma.

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## 1. Introduction

Persons with schizophrenia encounter stigmatization in a variety of ways: public conceptions depict them as dangerous, unpredictable, incompetent, responsible for having a mental disorder and as having poor chances of recovery (Crisp et al., 2000; Angermeyer and Matschinger, 2004; Angermeyer and Dietrich, 2006). These stereotypes are related to increased acceptance of structural discrimination (e.g. injustice inherent in social systems) and a desire for social distance (e.g. refusing a person with schizophrenia as a tenant) in the general population (Angermeyer and Matschinger, 2004). For persons with schizophrenia the consequences of stigmatization might exceed the effects of their main condition (Meise et al., 2001), as stigmatization is related to depression and impaired quality of life (Sibitz et al., 2011), lack of insight and impaired recovery (Pruß et al., 2012; Wahl, 2012).

Until recently, a widespread approach to reduce stigma consisted of interventions emphasizing biogenetic (BG) etiological

explanations of schizophrenia (e.g. structural brain anomalies, genetic factors or neurotransmitters dysfunction; Royal College of Psychiatrists, 2005). These interventions proposed that the message that schizophrenia is “an illness like any other” will reduce stigmatizing attitudes (Read et al., 2006) as it is likely to reduce the extent to which patients are held responsible for having their disorder (Holmes et al., 1999). Correspondingly, studies found BG explanations to be associated with less blame (Weiner et al., 1988; Corrigan et al., 2000; Phelan, 2002).

As research on the “illness like any other”-approach progressed, BG explanations were repeatedly shown to be a ‘mixed blessing’ for anti-stigma interventions. Pescosolido et al. (2010) found that, while attribution of BG causes for schizophrenia increased from 76% in 1996 to 86% in 2006, public stigma and perceived dangerousness increased further in the same time. Schomerus et al. (2012) confirmed this result in a recent meta-analysis. Read et al. (2006) found strong endorsement of BG causal explanations of mental illness to be associated with increased stigmatization in 15 out of 16 correlational studies. Psychosocial (PS) causal explanations, contrarily, were associated with decreased stigmatization in nine out of 10 studies. Similarly, a more recent review of population studies found that the initial premise that BG causal attributions would reduce blame was

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rarely investigated in representative population studies and that most studies reported BG causal beliefs to be associated with increased discrimination and stronger rejection (Angermeyer et al., 2011).

The concepts of biogenetic essentialist thinking (Haslam, 2011) may provide an appropriate framework to explain these associations: whether BG explanations reduce blame for a disorder or not, recipients of this information may inadvertently lead to infer that the BG causal factors lead to “a discrete condition that springs from an incurable, specific defect” (Haslam and Ernst, 2002). Attributing schizophrenia to BG causes may even promote the stereotype of dangerousness by depicting affected persons as lacking personal control (Haslam, 2011). Following this rationale, as PS explanations render the disorder more understandable and controllable, they are likely to be associated with more prognostic optimism and less perceived otherness.

Few studies, however, have gone beyond looking at associations and investigated the specific effects of PS and BG interventions on stereotypes in an experimental design. Metha and Farina (1997) found that students blamed a fellow student less for his mental disorder when given a BG explanation compared to a PS explanation. Simultaneously, they perceived his condition as less treatable and were prepared to treat him harsher. Lincoln et al. (2008) investigated the effect of BG and PS interventions compared to a non-informative control-condition in medical and psychology students. Results indicated complex, yet mostly positive effects of both interventions on stigmatization. Neither intervention reduced all stereotypes, but each had specific effects, which further depended on the participants' profession. BG explanations reduced blame, incompetence and desired social distance for medical students but increased poor prognosis for psychology students. PS explanations reduced dangerousness but not blame, and impacted less on stigmatization overall than BG explanations.

Following these ambiguous results of BG and PS explanations, we reflected on how to convey the information in a way that will yield clearer stigma-reducing effects without detrimental side effects. We proposed that anti-stigma campaigns using etiological information might benefit from adopting a vulnerability-stress (VS) model (Zubin and Spring, 1977; Nuechterlein and Dawson, 1984). A VS model incorporates multiple relevant BG and PS factors and thereby provides a more comprehensive and adequate understanding of the etiology of schizophrenia than single biological and psychological models. Furthermore, it provides a framework that may balance the view on each factor. BG causal factors tend to reduce personal responsibility for schizophrenia by emphasizing factors that are out of the reach of personal control, at the cost of perceived differentness and dangerousness. However, within a VS-framework these factors are assumed to lower the resilience to external stressors. Consequently, they neither constitute an inevitable fate nor a ‘natural’ irreversible condition. PS factors, on the other hand, attenuate prognostic pessimism or perceived otherness, but maybe at the cost of overestimating personal control. Within a VS-framework, however, they may be less likely to invoke an overestimation of personal control as the model demonstrates that people's predispositions vary and the impact of personal control is not unlimited. Consequently, a VS-framework may simultaneously produce the positive effects of both BG and PS explanations but compensate for detrimental side effects of each. To date, we only found one intervention study that combined BG and PS explanations (Walker and Read, 2002). In this study, 126 students watched a 5 min film that showed a case example and either included BG, PS or BG and PS explanations. Results indicated negative effects of BG explanations on perceived dangerousness and unpredictability and a non-significant global stigma-reduction following PS and combined explanations.

The present research uses a correlational approach to investigate the associations of baseline causal beliefs and an experimental approach to compare the effects of video-supported educational interventions. We attempted to compensate for limitations of previous research in three ways. First, we included a control condition that held exactly the same information as the experimental conditions (i.e. video presentation of case example, leaflet on schizophrenia symptoms) save any etiological information. Thus, we can distinguish the influence of causal explanations from any further information presented in the intervention. Second, we aimed for a larger and more diverse sample than previous studies (Walker and Read, 2002; Lincoln et al., 2008) to increase statistical power and ecological validity. Finally, as a sample from the general population might consist of participants with different experiences with persons with schizophrenia, we controlled for previous level of contact to persons with schizophrenia (Holmes et al., 1999).

We hypothesized that (1) at baseline the combination of an endorsement of both BG and PS causal beliefs (as an approximation of already existing VS causal beliefs) will be associated with low levels of all stigma-components; (2) an educational intervention including either only PS or only BG explanations will have mixed effects on stigma: compared to a paralleled control-condition, BG explanations will reduce responsibility but increase prognostic pessimism, dangerousness, and social distance, while PS explanations will show isolated small effects on prognostic pessimism or dangerousness, and (3) an intervention including VS-based etiological explanations will reduce all types of stereotypes and desired social distance, and thereby reduce stigma to a larger extent than the single BG and PS conditions or a control condition.

## 2. Methods

### 2.1. Participants

Participants for this online-survey were recruited via advertisements on websites addressing inhabitants of various specific regions and German social network websites (e.g.: “StudiVZ.de”). Participants could win prize money ranging from 10 to 50 Euros for their participation. A total of 416 participants from all federal states of Germany took part in the complete experiment. Their mean age was 29.6 years (*S.D.* = 11), 76.7% were female and 87.5% had Abitur (A-level or high school degree equivalent, 63.9%) or a university degree (23.6%). About half of the participants indicated their current occupation as university students (54.1%), among these 10.8% studied psychology or medicine. Another 28.1% were employees. The remainder either indicated to be pupils or trainees (3.6%), retired (1.9%), unemployed (4.1%) or “other” (8.2%).

### 2.2. Measures

*Stereotypes towards schizophrenia* were assessed using four subscales of a questionnaire developed by Angermeyer and Matschinger (2004) which measure negative stereotypes of schizophrenia by 23 statements for which agreement is rated on a 9-point Likert-scale. The four stereotypes are (1) dangerousness (e.g. “people with schizophrenia commit particularly brutal crimes”), (2) attribution of responsibility (which focuses on blame for the disorder, not behavior in general, e.g. “schizophrenia is a penalty for bad deeds”), (3) unpredictability/incompetence (e.g. “people with schizophrenia are completely unpredictable”), and (4) poor prognosis (e.g. “there is still no effective treatment for schizophrenia”).

*Preexisting causal beliefs* of schizophrenia were assessed by a questionnaire in which the participants responded to nine potential causes of schizophrenia on a Likert-scale ranging from 1 (certainly a cause) to 5 (certainly not a cause). The nine causes represented in equal proportions (1) BG causes: brain disease, brain damage, inheritance; (2) PS causes: stressors and strain, trauma, problematic childhood; and (3) other causes: coincidence/fate, self-induced, God's will. The questionnaire was developed for and used in a previous study (Lincoln et al., 2008). A maximum likelihood factor-analysis revealed three factors with eigenvalues above one. A promax rotation showed that three items from one category of causes loaded high on one factor, respectively. The resulting pattern matrix confirmed correct allocation of the items. Cronbachs  $\alpha$  was satisfying for PS-beliefs (0.74), moderate for BG-beliefs (0.56) and low for “other”-beliefs (0.30).

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