



## “Social dangerousness and incurability in schizophrenia”: Results of an educational intervention for medical and psychology students



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### ABSTRACT

This study explored the influence of an educational intervention addressing common prejudices and scientific evidence about schizophrenia on medical and psychology students' views of this disorder. The intervention - consisting in two three-hour lessons with an interval of a week between - was run at first for medical students and then for psychology students. Participants' views of schizophrenia were assessed at baseline vs. at post intervention by matched questionnaires. At medical school, participation was voluntary and also included a six-month online re-assessment, while at psychology school, participation was mandatory. A total of 211 students attended the educational initiative. At post intervention assessment, students more frequently mentioned psychosocial causes of schizophrenia, and more firmly believed that recovery in schizophrenia is possible and that persons with this disorder are not unpredictable and dangerous vs. their baseline assessment. The online six-month assessment confirmed favourable changes in medical students' views found at post intervention. These results confirm that an educational intervention including personal experiences and scientific evidence can be successful in reducing students' prejudices toward persons with schizophrenia.

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### 1. Introduction

In contrast to scientific evidence showing that more than 50% of persons with schizophrenia recover from this disorder (Lieberman and Kopelowicz, 2005; Bellack, 2006; Hopper et al., 2007; Warner, 2009; Levine et al., 2011) and that the majority of them do not act aggressively, “schizophrenics” are still perceived as being dangerous, unpredictable, and affected by an incurable illness (Magliano et al., 2004; Angermeyer and Dietrich, 2006; Read et al., 2006; Sartorius, 2007; Thornicroft et al., 2009; Henry, et al., 2010; Read et al., 2013c). The consequences of these stereotypical views of schizophrenia for persons who have received this diagnosis and their families, are dramatic in terms of discrimination (Magliano et al., 2005; Schulze, Rössler, 2005; Thornicroft et al., 2009) and psychological burden, including internalized stigma (Read, 2013a).

This situation has been made worse by the portrayal of schizophrenia as a “brain, genetic disease” (Luchins, 2004; Read et al., 2006; Read et al., 2013b). Belief in this etiological model of psychosis has been found to be associated with increased fear and social distance toward persons with schizophrenia, perceived inability to control their behaviors, and higher unpredictability and dangerousness (Read et al., 2013b).

In psychiatric contexts, the overemphasis on the biology of schizophrenia has led clinicians to focus the management of this disorder on life-time antipsychotic treatments (Hutton et al., 2013; Kvaale et al., 2013), and to give less attention to evidence-based psychological interventions (Magliano et al., 2002; Phelan et al., 2006; Dixon et al., 2010). Despite the strong association of childhood adversities with increased risk of psychosis (Varese et al., 2012; Read, 2013a), and the fact that experiencing psychosis may represent a traumatic event for the sufferers, psychologists are viewed as optional resources and rarely involved in the routine treatment of schizophrenia. For their part, psychologists tend to distance themselves from persons with this disorder and to view “schizophrenics” as considerably more ineffective and incomprehensible than individuals with other types of mental problems

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(Servais & Saunders, 2007). The reluctance of psychologists to work with persons diagnosed with schizophrenia may contribute to inadequate provision of psychosocial interventions to users with this diagnosis (Phelan et al., 2006; Dixon et al., 2010).

In non-psychiatric medical contexts, stigma associated with schizophrenia has led to disparities in the quality of medical treatments provided to these persons, whose physical health is lower than that of the general population (Corrigan, 2004; Thornicroft, 2011). Furthermore, physical complaints of “schizophrenics” are frequently attributed by clinicians to their mental problems, and underestimated in severity (Jones et al., 2008), while communication with persons with this diagnosis is perceived as difficult by medical and non-medical health personnel (Corrigan, 2004).

As future professionals, students of disciplines such as medicine and psychology constitute a crucial target population for improving attitudes towards, and the quality of interventions provided to, persons with schizophrenia. However, as members of society, these students are not immune to the stigma associated with “schizophrenia”. Findings from studies on medical students show that 71–89% of them believe that persons with schizophrenia are unpredictable, while 26–78% are convinced they are dangerous (Magliano et al., 2011b; Magliano et al., 2012b). Furthermore, 4–21% of medical students view “schizophrenics” as affected by an incurable disorder (Read et al., 2006; Economou et al., 2012; Magliano et al., 2012b; Magliano et al., 2013). Research has also found that both labeling a case as “schizophrenia” and attributing this disorder to genetic factors are associated with an increased perception of social distance among medical students (Magliano et al., 2012b; Magliano et al., 2013). On the other hand, explaining schizophrenia within a bio-psycho-social model is associated with lower social distance, more optimistic beliefs about recovery, greater confidence in psychologists, and greater acknowledgement of service users’ right to be informed about the drugs they receive (Magliano et al., 2013). Research has also revealed that medical students’ acquisition of psychiatric skills improves students’ confidence with psychiatric drugs but has limited effects on their attitudes towards persons with schizophrenia (Arkar and Eker, 1997; Economou et al., 2012; Fischel, et al., 2008; Magliano et al., 2013).

A study of 236 Italian psychology students (Costanzo et al., 2013) found that 59% believed that persons with psychotic symptoms are dangerous, and 65% that they are unpredictable. Furthermore, psychology students who identified a case-vignette as being indicative of “schizophrenia” more firmly believed that persons with this diagnosis are dangerous and unpredictable, and more frequently reported genetic factors and chemical imbalance among the causes of the disorder, but less frequently mentioned stress and family conflicts as causal factors. Although not focused specifically on “schizophrenia”, a study of 469 New Zealand psychology students found the students tended to agree that ‘mental patients’ are unpredictable, antisocial and dangerous (Read, Harré, 2001). The study also found that the students tended to reject biological and genetic explanations of mental health problems in favor of psychosocial explanations focused on negative life events. It also confirmed previous findings that biological and genetic causal beliefs are related to negative attitudes, including perceptions that ‘mental patients’ are dangerous, antisocial and unpredictable, and reluctance to become romantically involved with them (Read et al., 2013c). The only experimental study measuring actual behavior change found that 55 male psychology students in the USA increased the intensity of electric shocks for a partner’s mistakes in a learning task more quickly if they were told that their partner’s difficulties were caused by a biologically based mental illness than if the difficulties were explained in psycho-social terms such as the way they were

raised, loneliness etc. (Mehta and Farina, 1997). Recently, a number of studies investigated whether negative attitudes of university students toward persons with schizophrenia could be changed through educational interventions. A study by Lincoln et al. (2008) on 60 medical students and 61 psychology students found that a biogenetic-oriented intervention reduced a sense of blame towards persons with schizophrenia, increased pessimism about recovery among psychology students, and weakened the stereotype of unpredictability/incompetence among medical students. Furthermore, the psychosocial model reduced the widespread stereotype of dangerousness as well as social distance in the group of medical students. Another study, on 87 medical students who participated in a 3-hour workshop, which included both a video about a person with schizophrenia and an experience of simulated hallucinations, reported significant improvement in students’ attitudes (Galletly and Burton, 2011). A study by Altindag et al. (2006), on 25 medical students in their 1<sup>st</sup> year of training vs. 35 controls, found that an anti-stigma program including education, video contact and a film on a “schizophrenic”, changed medical students’ beliefs about the etiology of schizophrenia, social distance, and the care and management of this disorder at immediate post intervention assessment. Finally, a study of 126 psychology students in New Zealand found that a series of lectures presenting the psychosocial causes of, and solutions to, severe mental health problems, including psychosis, improved attitudes towards ‘mental patients’, particularly on the key variables of dangerousness and unpredictability (Read and Law, 1999). It seems educational interventions can have some positive effects, but studies typically fail to provide follow-up data so the effects may be short-term only (for a systematic review see Yamaguchi et al., 2013).

In 2011, we developed an educational intervention for students of health disciplines at the Second University of Naples, addressing common prejudices and scientific evidence about “schizophrenia”. The initiative, run in collaboration with persons who have recovered from or are successfully living with the symptoms of mental disorders, specifically addresses topics such as clinical and social recovery, the association of schizophrenia with the perception of social dangerousness and unpredictability, and the effects of media on stereotypes against “schizophrenics”. The initiative was initially implemented with medical students, and its influence on participants’ views of schizophrenia was evaluated at the start of the intervention and at its completion. A six-month online re-assessment of participants’ views was also performed. Preliminary data on 112 medical students revealed that the initiative improved students’ beliefs at immediate post intervention assessment (Magliano et al., 2012a). In particular, the percentage of medical students who firmly believed that persons with schizophrenia are unpredictable decreased from 30% at baseline to 6% at post intervention, and that of students who were convinced that persons with schizophrenia were dangerous to others fell from 8% to 1%. Moreover, the percentage of medical students who believed that persons with this disorder could recover increased from 32% at baseline to 83% at post intervention. We also found that at immediate post intervention assessment, there was an higher percentage of medical students reporting psychological traumas (55% vs. 78%), stress (37% vs. 83%) and family conflicts (36% vs. 72%) among the causes of schizophrenia than to baseline assessment. The initiative was subsequently replicated for psychology students of the same University.

In the current paper, we report the results of the educational intervention provided to the total of 211 students, including the 112 above-mentioned medical students that were re-assessed online at six month, and a further sample of 99 psychology students. With the combined, total sample of students, we tested whether the intervention was able to change: (1) Students’ beliefs

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