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Effects of symptom versus recovery video, similarity, and uncertainty orientation on the stigmatization of schizophrenia

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ABSTRACT

191 participants either watched a video of a person with schizophrenia who discussed his recovery or the symptoms he experienced when acutely ill. Participants were asked to focus either on similarities or differences between themselves and the person depicted. Uncertainty orientation, the extent to which people prefer to resolve uncertainty (uncertainty-orientated) or avoid it in order to main certainty (certainty-orientated) was assessed for each participant. Results showed that for explicit attitudes, the recovery video and uncertainty orientation were significantly associated with more positive responses. The similarity manipulation interacted with video content and uncertainty orientation in influencing implicit attitudes. As expected, compared to those who are uncertainty-oriented, participants who are certainty-oriented were more likely to hold positive implicit attitudes after watching the recovery than symptoms video, particularly when attending to similarities.

1. Introduction

Stigma of mental illness refers to the process by which people with mental illness are ascribed negative stereotypes such as being dangerous and unpredictable, faced with negative evaluations and attitudes, and subjected to society-wide discrimination such as social rejection and exclusion (Link & Phelan, 2001). Such stigma has been found to interfere with seeking treatment and can interfere with recovery and compromise quality of life for those with mental illness (Corrigan, 2005; Corrigan & Watson, 2002). Many different strategies have been used in an attempt to reduce stigma (Corrigan, 2005; Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012; Dalky, 2012). Among them, contact, including video-based contact, has been identified as more effective than other approaches in lowering stigma (Corrigan et al., 2012; Couture & Penn, 2003). Video-based contact often entails having viewers watch videotapes of people diagnosed with mental illness talking about their experiences with the illness (Clement et al., 2012; Matteo, 2013).

Although video contact has been shown as an effective and cost-efficient strategy of reducing stigma, little is known about the factors that contribute to effective videos and influence the impact of these videos. The present research sought to close this gap of understanding by examining potential moderating effects of three factors: (1) content of the video, (2) mindset of the audience, and (3) individual differences of the audience on the impact of video contact on stigma reduction.

1.1. Symptoms-focused versus recovery-focused videos

There is some initial evidence that people react differently to the provision of different types of information about mental illness (Corrigan, Powell, & Michaels, 2013; Reinke, Corrigan, Leonhard, Lundin, & Kubiak, 2004). Of particular relevance is the work of Reinke et al. (2004) who found that a video presentation by an individual with a psychotic disorder which emphasized acute symptoms did not improve reaction to those with severe mental illness, but a presentation by the same person which placed more emphasis on recovery did. It has also been found that viewing a video of a positive interaction between a person and someone with schizophrenia can lead to more positive attitudes towards people with schizophrenia (West & Turner, 2014).

The existing evidence, then, seems to suggest that for the purpose of reducing stigmatization, videos about recovery may be more effective than videos about symptoms. Furthermore, it has been found that increased knowledge can reduce prejudice, whereas increased contact anxiety can elevate prejudice (Pettigrew & Tropp, 2008). Both symptoms-focused and recovery-focused videos could increase people's knowledge of mental illnesses, but a symptoms-focus could also heighten contact anxiety by drawing attention to symptoms such as hallucinations and emotional instability, that make the target person appear challenging to interact with or even dangerous. There has been little research other than Reinke et al. (2004) that directly assesses the effect of

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different video material on the stigma of serious mental illness. The current study provided further investigation of this issue.

1.2. Similarity/dissimilarity focus

Perceived similarity has been found to serves as a mediator between positive inter-group contact and positive evaluations of the out-group (Stathi & Crisp, 2010, Study 3). Asking participants to focus on similarities between themselves and a target person or group has been found effective in facilitating perceived similarity (Corcoran & Mussweiler, 2009; Hewstone, Hassebrauck, Wirth, & Waenke, 2000). We therefore anticipated that, when instructed to focus on similarity between themselves and the person in video, participants would have more positive responses that when instructed to focus on dissimilarity.

1.3. Uncertainty orientation

In the extant literature on the effect of video-based contact in reducing stigmatizing attitudes towards mental illnesses, little has been done to examine potential individual differences that could lead to different responses to the same videos. Uncertainty orientation reflects differences in motivation to seek new information and in dealing with uncertainty brought about by novel situations (Sorrentino & Short, 1986). When facing uncertainty about themselves and/or their environment, uncertainty-oriented people (UOs) are more likely to seek out new information in order to resolve uncertainty, whereas certainty-oriented people (COs) are more likely to resort to their existing beliefs and knowledge and strive to maintain clarity even at the cost of not knowing the "true answer" (Sorrentino, 2013; Sorrentino, Bobocel, Gitta, Olson, & Hewitt, 1988).

Past research on uncertainty orientation and perceived similarity (e.g., Hodson & Sorrentino, 2001, 2003; Roney & Sorrentino, 1987) has found that UOs perceive greater similarity across different groups of people than COs, but are motivated to process information when they expect others to be different from themselves. In contrast, COs tend to see a greater amount of dissimilarity across different groups, but are motivated to process information when people are expected to be similar to themselves. These findings led to the prediction of a main effect of uncertainty orientation in the current study, with UOs responding more positively than COs, because the former may perceive more similarities between themselves and Andrew than the latter. Furthermore, we anticipated an interaction between uncertainty orientation, video content, and the similarity manipulation. Specifically, COs were expected to show greater motivation to process information in the video when asked to focus on potential similarities, rather than dissimilarities, leading to a greater difference between their responses to the recovery and symptoms videos. In comparison, looking for differences should activate information processing for UOs, leading to greater difference between their responses to the recovery and the symptoms video. Thus, to the extent that the recovery video leads to more positive attitudes towards schizophrenia than the symptoms video, this difference should be greater for COs when asked to attend to similarities but for UOs when asked to attend to differences.

1.4. Current study

The current study aimed to extend the existing literature on stigmatization against those with mental illness by including both explicit and implicit response measures. In recent years there has been advocacy for the greater use of such "implicit" methods (Payne & Gawronski, 2010) to assess responses to those with mental illness (Lincoln, Arens, Berger, & Rief, 2008; Stier & Hinshaw, 2007). There is evidence that both explicit and implicit have validity, but reflect different processes, and differentially predict deliberative or more automatic behaviors (Asendorpf, Banse, & Mucke, 2002; Gawronski & Bodenhausen, 2006). It is thus interesting to examine how the stigmatization process manifests itself at both the implicit and the explicit levels, and whether video content, a similarity/dissimilarity focus, and uncertainty orientation influence responses at these two levels differently.

1.5. Hypotheses

We hypothesized that while the recovery video (vs. symptoms video), a focus on similarity (vs. dissimilarity), and an uncertainty orientation (vs. certainty orientation) would be associated with more positive responses to people with schizophrenia; these differences will be subsumed by a three-way interaction among them. That is, COs will have more positive responses elicited by the recovery video than the symptoms video when focusing on similarity than dissimilarity between the person in the video and themselves. UOs, in comparison, will have more positive responses elicited by the recovery video than the symptoms video when focusing on dissimilarity than similarities.

2. Method

2.1. Participants

191 (142 women and 49 men) participants were recruited through advertisement for a "study of impression formation" on the campus of a North American university. Each participant was paid $15 for participation. The age of the participants ranged from 17 to 62, with a mean age of 21.

2.2. Procedure

All participants completed the study protocol on computers in the social psychology laboratory at the university. Participants first completed the resultant measure of uncertainty orientation (RUM; see Sorrentino, Roney, & Hanna, 1992). After completing the RUM, participants were randomly assigned to one of four conditions. Participants watched either a symptoms or a recovery video of "Andrew", who was diagnosed with schizophrenia and is in recovery.[2] Both videos were about 10 min in length. After watching the videos, all participants were asked to complete the explicit and implicit measures in a counterbalanced order.

2.3. Materials and measures

2.3.1. Uncertainty orientation measure

The measure of uncertainty orientation, RUM, consists of two components, the need to resolve uncertainty, and the desire to maintain certainty. The first component was assessed using a modified Thematic Apperception Test (TAT; Murray, 1937; Sorrentino et al., 1992), in which participants composed four stories in response to four sentence leads (e.g. "Two people are working on a piece of equipment in the laboratory"). Participants' stories were scored by a trained scorer whose inter-rater reliability was above 0.90 with the scoring manual (Sorrentino et al., 1992), and another expert scorer. A story received a +1 if imagery for uncertainty was present and then scored +1 for up to 10 content subcategories (e.g., need, positive affect, etc.), leading to a maximum score of +11 for each story. When the story did not contain any uncertainty related imagery, or when uncertainty was present but the characters did not actively seek out resolution of the uncertainty, it received a score of −1 or 0, respectively. The final TAT score for each participant was their total score over the four stories.

The second component, need to maintain certainty, was inferred from an acquiescence-free measure of authoritarianism (Cherry &

[2] Andrew was diagnosed with schizophrenia in real life, and all the material in the videos reflected Andrew's actual personal experiences.