



## Reports

## Using extended contact to improve physiological responses and behavior toward people with schizophrenia

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## HIGHLIGHTS

- Extended contact improved physiological responses and behavior.
- Participants viewed an interaction with a person with schizophrenia.
- We then monitored cardiovascular and skin response before a real interaction.
- Extended contact buffered stress responses, improved non-verbal behavior.
- Our confederate (blind to condition) also found these interactions more positive.

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## ABSTRACT

Extended contact has been shown to improve explicit and implicit attitudes toward a number of outgroups, but not yet toward people with mental health conditions. Using people with schizophrenia as the target group, this experiment is the first to demonstrate that extended contact can reduce explicit prejudice, buffer stress responses to future interactions, improve non-verbal behavior, and improve the quality of interactions in a manner detectable by the target group member. Participants watched a video of a brief, positive interaction between two strangers, one of whom they were led to believe had schizophrenia. Control participants watched the same video without being told that the person had schizophrenia. They then participated in a social interaction with a confederate whom they were led to believe had the disorder. Participants' cardiovascular and electrodermal activity were monitored immediately before the interaction. The interaction was also secretly recorded to allow independent judges to assess the participants' non-verbal behaviors. The confederate also rated the positivity of each interaction. Participants in the extended contact condition reported more positive attitudes toward people with schizophrenia, displayed more positive non-verbal behaviors, and had a more positive interaction with the confederate. Moreover, just prior to the interaction, participants in the extended contact condition displayed smaller anticipatory stress responses, as reflected in smaller changes in interbeat interval and non-specific skin conductance responses during this phase. Together, these findings support the use of the extended contact as an intervention that could lead to genuine changes in attitudes toward and treatment of people with severe mental health disorders.

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## Introduction

Over 450 million people worldwide are affected by mental disorders (World Health Organization, 2010), and prejudice against these people negatively affects their professional lives (Marwaha & Johnson, 2004), personal lives, and quality of healthcare (Schulze & Angermeyer, 2003; Sylvestre, Nelson, Sabloff, & Peddle, 2007). Even among people with mental health problems, people with schizophrenia suffer from particularly severe (Crisp, Gelder, Goddard, & Meltzer, 2005; Crisp,

Gelder, Rix, Meltzer, & Rowlands, 2000) and socially accepted (West & Hewstone, 2012) stigmatization. They are perceived as particularly dangerous, and are particularly feared (Angermeyer & Matschinger, 2003; Angermeyer & Schulze, 2001; Crisp et al., 2000; Read, 2007; Schulze & Angermeyer, 2003).

One of the most widely used, reliably effective social-psychological interventions for reducing prejudice is intergroup contact – interaction with a member of another group (Allport, 1954; Pettigrew & Tropp, 2006). However, though contact can reduce prejudice against people with mental health disorders (Couture & Penn, 2003; Evans-Lacko et al., 2013), identifiable contact with people with schizophrenia is rare, partly because sufferers often hide their condition to reduce the associated stigmatization (Schulze & Angermeyer, 2003). A most helpful

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intervention would provide the benefits of intergroup contact, while eschewing some of the cost and inconvenience (e.g., West & Bruckmüller, 2013; West, Holmes, & Hewstone, 2011).

Extended intergroup contact – observing members of one's own group interacting (positively) with members of another group – offers a means of accomplishing this goal. Thus far, no research has investigated whether extended contact reduces prejudice against people with mental health difficulties. However, much evidence demonstrates that these vicarious experiences of intergroup contact can improve intergroup relations, and rules out several alternative explanations for extended contact's effects (see Turner, Hewstone, Voci, Paolini, & Christ, 2007 for a review). For example Wright, Aron, McLaughlin-Volpe, and Ropp (1997) found that White American students who knew that one of their White friends had a non-White friend, reported lower levels of prejudice against the relevant ethnic group. These effects remained despite controlling for the direct contact that the participants themselves had had with ethnic minorities. Subsequent research has yielded supporting evidence in a range of intergroup settings, such as reducing prejudice against immigrant students (Liebkind & McAlister, 1999) and between Catholics and Protestants in Northern Ireland (Paolini, Hewstone, Cairns, & Voci, 2004).

These vicarious experiences of cross-group interactions have specific benefits: (1) knowledge of positive interactions between an ingroup and an outgroup member can improve perceived ingroup behavioral norms toward the outgroup (2) it can similarly improve perceived outgroup behavioral norms toward members of the ingroup and (3) knowledge of ingroup–outgroup interactions can lead to greater inclusion of the outgroup in the self (Aron, Aron, & Smollan, 1992). Recent research has found support for all three mechanisms. In two studies Turner, Hewstone, Voci, and Vonofakou (2008) found that perception of ingroup norms, perception of outgroup norms, and inclusion of the other in the self mediated the relationship between extended contact and attitudes toward South Asians in the UK. In a quasi-experimental design, Cameron, Rutland, Hossain, and Petley (2011) also found support for these mechanisms using children in the UK as participants and Indian-English children as the target group.

### Can extended contact affect physiological responses and subsequent behavior?

As well as investigating extended contact as an intervention for reducing prejudice against people with schizophrenia, this research will also add to the basic understanding of extended contact by investigating its effects on physiological responses, non-verbal behaviors, and the *target group member's* perception of the subsequent interaction. It has been hypothesized that extended contact not only reduces prejudice, but also prepares individuals for real interactions, resulting in more positive intergroup interactions (Eller, Abrams, & Gomez, 2012). This experiment is the first to investigate this claim directly.

Prior research suggests that extended contact should affect physiological responses. Much research demonstrates that people experience anxiety before and during intergroup interactions (see Stephan & Stephan, 1985), and that intergroup contact can reduce some physiological correlates of this anxiety (Mendes, Blascovich, Lickel, & Hunter, 2002; Page-Gould, Mendes, & Major, 2010). Mendes et al. (2002) found that White participants exhibited more cardiovascular threat responses when interacting with a Black confederate than with a White confederate, and Page-Gould et al. (2010) found that prior intergroup contact predicted faster physiological recovery following an interracial task.

It is worth noting that these are not physiological *measures* of anxiety; the relationship between anxiety and physiological responses is complex and no such direct measures currently exist (Cacioppo, Tassinari, & Bernston, 2000). Unsurprisingly there is often a disjunction between explicit measures and physiological correlates of anxiety or stress. For example, Mendes et al. (2002) found a dissociation between

self-report measures and physiological responses; despite exhibiting more cardiovascular threat responses, participants reported *more positive* evaluations of Black confederates than White ones. This highlights the value of physiological measures, which are continuous and covert, and can measure responses to intergroup situations that are resistant to self-presentation (Blascovich, 2000; Cacioppo et al., 2000). This is particularly important as we move beyond investigating extended contact's effects on reported attitudes toward investigating extended contact's effects on intergroup behavior.

Although no research to date has employed genuine subsequent interaction, some research suggests that extended contact should positively impact future intergroup relations. Gomez, Tropp, and Fernandez (2011) found that extended contact improved *expectancies* of future intergroup interactions, as well as intergroup attitudes and perceptions of social norms. Importantly, extended contact improved expectancies for both majority (Spanish) and minority (immigrant) group members, and these effects remained even when cross-group friendship and the quality and quantity of prior direct contact were taken into account. Similarly, across three studies using both cross-sectional and longitudinal data, Eller et al. (2012) found that extended contact predicted more voluntary engagement with outgroup members, particularly when there was limited opportunity for direct contact.

Finally, despite the focus on majority-members' attitudes in much contact-based research (Devine, Evett, & Vasques-Suson, 1996) the ultimate goal of direct and extended intergroup contact is improving intergroup relations for both majority and minority group members (Allport, 1954; Pettigrew & Tropp, 2006). The real test of the usefulness of extended contact must, therefore, not be limited to the participants' attitudes, but should include the quality of the subsequent interaction, particularly from the target's perspective (see Devine et al., 1996). This is important because these two goals are sometimes misaligned: participants who attempt to appear less prejudiced may inadvertently appear more prejudiced (Plant, Devine, & Peruche, 2010). Considering these dissociations between motivation, physiological responses, reported attitudes and behaviors, it is very important to investigate whether this ultimate goal of improved intergroup relations is truly achieved by extended contact – something that has never been demonstrated with any target group.

### Present research

This research is the first to experimentally test the hypotheses that extended contact (1) improves explicit responses toward people with schizophrenia (2) buffers physiological correlates of anxiety about future contact (3) improves non-verbal behaviors during subsequent contact and (4) improves the quality of subsequent interaction in a manner detectable by an interaction partner.

Our experimental design restricted our mediation model by the order of events; extended contact predicted our outcome variables, and a reversed model could not be considered. We hypothesized that the relationship between extended contact and explicit behavioral intentions would be mediated by explicit attitudes, a relationship found in much contact-based research (see Brown & Hewstone, 2005). We further predicted that participants' non-verbal behaviors would predict the quality of the interaction, as has been observed in social psychology for several decades (see Word, Zanna, & Cooper, 1974). We focused on anticipatory physiological responses because we expected that higher levels of physical activity and physiological arousal *during* the actual interaction could make meaningful differences between conditions harder to discern. Given the complex relationship between physiological responses and explicit measures (Cacioppo et al., 2000), we expected extended contact to buffer physiological correlates of anxiety, but did not necessarily expect these physiological responses to correlate with other measures.

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