Essentialist beliefs, stigmatizing attitudes, and low empathy predict greater endorsement of noun labels applied to people with mental disorders

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A B S T R A C T

Maass, Suitner, and Merkel (2014) identified several negative consequences of the use of noun labels (e.g., *John is a schizophrenic*) applied to people with mental disorders. The current studies examined whether the endorsement of noun labels is associated with individual differences in essentialist beliefs, stigmatizing attitudes, and empathy, seeking to replicate and extend the findings of Howell and Woolgar (2013). In Study 1 (N = 282), undergraduates with high scores on measures of essentialist thinking and stigmatizing attitudes were more likely to endorse noun labels. In Study 2 (N = 258), undergraduates with low empathy scores and high stigmatizing attitude scores were more likely to endorse noun labels. These findings are discussed with respect to additional implications of noun labels applied to those with mental disorders, such as perceived treatability.

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1. Introduction

"There are not 'schizophrenics'; there are only people with schizophrenia"

~ Elyn Saks, June 2012 TED.com talk entitled, *A tale of mental illness – from the inside*

In the context of describing both tribulations and accomplishments during her life as a law professor, spouse, author, and person with schizophrenia, Elyn Saks laments the narrow and dehumanizing manner in which, at times, she is identified with her disorder. Indeed, despite her experiences with periods of debilitating psychotic symptoms and repeated hospitalizations, Saks identifies the use of language that equates people with their disorders (i.e., language which employs *noun labels*) as a prominent concern.

Saks' concern, echoed in other first-person accounts (Boevink, 2006; Deegan, 2001), is well-placed. From a theoretical standpoint, her intuitions can be understood within a *moral experiences* view of stigma (Yang et al., 2007), according to which "much of stigma occurs in the intersubjective space *between* people at the level of words, gestures, meanings, feelings, etc., during engagement with

what matters most" (p. 1532). Being equated with one's disorder is especially likely to affect one's ability to enact socially shared values, with a resultant risk of moral sanctions (Yang et al., 2007). Saks may have felt impeded in her ability to fulfill valued roles or to pursue coveted goals as a result of being equated with her disorder. As summarized by Slovenko (2001), "Referring to the mentally ill by the name of a disorder implies that the disorder is all there is to the person, as if one were schizophrenic rather than human" (p. 22).

From an empirical standpoint, Saks' concern with the ill-effects of "equating descriptions" (Clement & Foster, 2008) is supported by evidence, reviewed by Maass, Suitner, and Merkel (2014), that noun labels employed both outside and within the context of mental disorder are associated with perceptions of the immutability and intensity of behaviour. For example, Carnaghi et al. (2008) showed that noun labels convey greater strength, stability, and resilience of behaviour than alternative phrases (see also Gelman & Heyman, 1999; Markman, 1989), and that they prime stereotype-congruent inferences, inhibit stereotype-incongruent inferences, and impede alternative classifications. Reynaert and Gelman (2007) showed that fictional mental and physical conditions are seen as most enduring if described with a noun label. These findings suggest that the phrase *Elyn is a schizophrenic* (relative to, say, *Elyn has schizophrenia*) will lead others to perceive that Elyn's disorder is relatively longer-standing, less alterable and more severe; to perceive that Elyn exhibits additional features of schizophrenia that she, in fact, may not possess; to fail to recognize

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that Elyn possesses attributes not stereotypically associated with schizophrenia; and to be inattentive to categories occupied by Elyn beyond that of 'schizophrenic'.

1.1. Essentialist beliefs and noun labels

Yang et al. (2007) argued that stigmatizing individuals may adopt a self-preserving posture when they perceive that their welfare is at stake during a particular social encounter. One defensive manoeuver is to draw firm boundaries between the self and others by whom we feel threatened, creating a mentality of *us* versus *them*. A personality trait associated with such tendencies is psychological essentialism (see Medin, 1989), the tendency to "[ascribe] a fixed, underlying nature to members of a category, which is understood to determine their identity, explain their observable properties, render them functionally alike, and allow many inferences to be drawn about them" (Haslam, Bastian, Bain, & Kashima, 2006, p. 64). As applied to understanding people with mental disorders, essentialist thinkers believe that there is a unique essence that characterizes such individuals and that sets them apart from others; as such, more extreme implications of disorders may be assumed. For example, Phelan (2005) showed that an induced essentialist viewpoint toward mental disorders led to heightened perceptions of seriousness, differentness, and family members' vulnerability (for reviews, see Dar-Nimrod & Heine, 2011; Haslam, 2011).

Like essentialist thinking, noun labels imply that an individual's condition reflects his or her very essence (Maass et al., 2014; Zola, 1993). Indeed, noun labels convey attributes of disorders similar to those associated with essentialist beliefs, such as their ease of categorization (Warner, 1976–1977). Supporting this premise, Howell and Woolgar (2013) showed that individual differences in essentialist thinking were positively associated with the endorsement of noun-based phrasing. A first aim of the current research was to replicate this effect.

1.2. Stigmatizing attitudes and noun labels

A second aim of the current research was to examine whether a preference for noun labels applied to those with mental disorders is directly associated with stigmatizing attitudes. Mental disorders are highly stigmatized conditions (Corrigan, 2004; Hinshaw & Stier, 2008) and negative, dehumanizing attitudes are conveyed through derogatory terms applied to mental disorders (e.g., Rose, Thornicroft, Pinfold, & Kassam, 2007) or through the use of noun labels that equate individuals with mental disorders (Slovenko, 2001; Warner, 2001). In line with Yang et al.'s (2007) theory, those who stigmatize may use divisive, estranging language to defend themselves against a perceived threat to what they hold to be valuable. Indeed, research shows that stigmatized conditions are often referred to with noun labels (Clement & Foster, 2008). However, no research has examined, directly, the association between stigmatizing attitudes and the endorsement of noun labels applied to those with mental disorders. Since essentialist beliefs are associated with greater preference for noun labels (Howell & Woolgar, 2013) and essentialist beliefs are associated with stigmatizing attitudes (Bennett, Thirlaway, & Murray, 2008; Boysen, 2011; Howell, Weikum, & Dyck, 2011; Phelan, 2005), there is a firm empirical basis for the prediction that stigmatizing attitudes will be associated with greater preference for noun labels.

1.3. The current research

Study 1 examined associations between essentialist beliefs, stigmatizing attitudes, and endorsement of noun labels in the domain of mental disorder. Our prediction was that essentialist

thinkers and those with stigmatizing attitudes would show a greater preference for noun labels.

2. Study 1

2.1. Method

2.1.1. Participants
A sample of 282 (69.7% female; mean age 21.7) students at a Canadian university completed the study as part of their introductory psychology course.

2.1.2. Measures
2.1.2.1. *Preference for noun labels.* Participants rated their preference, on a 6-point scale, for either a noun phrase ("Harry is a schizophrenic") or for a possessive phrase ("Harry has schizophrenia"). Participants could indicate various degrees of endorsement of *either* the noun phrase (i.e., 1 = strongly prefer; 2 = moderately prefer; 3 = slightly prefer) or the possessive phrase (i.e., 4 = slightly prefer; 5 = moderately prefer; 6 = strongly prefer). This noun bipolar stimulus index was reverse-scored, such that higher scores represent a stronger preference for noun phrasing.

2.1.2.2. *Measure of essentialist beliefs.* Participants completed Bastian and Haslam's (2006) 23-item scale measuring generalized essentialist beliefs toward people (e.g., "A person either has a certain attribute or they do not"). Items were rated on a 6-point scale (1 = *strongly agree*, 6 = *strongly disagree*). Items were reverse-scored where appropriate so that higher scores indicated stronger endorsement of essentialist beliefs, and then summed to create an overall essentialism index.

2.1.2.3. *Measures of stigmatizing attitudes.* The Perceived Dangerousness/Social Distance scale (PDSD; Link, Cullen, Frank, & Wozniak, 1987) measures the perceived dangerousness of, and desired social distance from, those with mental disorders. The first scale, measuring perceived dangerousness, consists of eight items rated on scales ranging from 0 (*strongly agree*) to 5 (*strongly disagree*). The second scale, measuring social distance desired from those with mental disorders, consists of seven items rated on scales ranging from 0 (*definitely willing*) to 3 (*definitely unwilling*). Scores from the two scales were combined into an overall score wherein higher scores indicate more negative evaluations.

The Community Attitudes toward the Mentally Ill scale (CAMI; Taylor & Dear, 1981) is a 40-item scale composed of four subscales, two of which (benevolence and community mental health ideology) assess attitudes supportive of community inclusion of those with mental disorder and two of which (authoritarianism and social restrictiveness) assess attitudes counter to such inclusion. Items are rated from 1 (*strongly agree*) to 5 (*strongly disagree*). A total score was derived such that higher scores indicate an increasing tendency to endorse stigmatizing attitudes.

2.1.3. Procedure
Participants completed the measure of essentialist thinking followed by the measures of stigmatizing attitudes (PDSD and CAMI), and the noun bipolar stimulus index. Participants also completed an additional measure of stigmatizing attitudes, the Attributional Questionnaire – 27 (AQ-27; Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003), which was manipulated to present different versions across participants as part of a separate research question; specifically, a clinical scenario accompanying the AQ-27 was manipulated to depict a person with schizophrenia who was either dangerous to others or not, and to employ either noun label or possessive phrasing throughout the scenario. The