



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



Short report

The effects of a documentary film about schizophrenia on cognitive, affective and behavioural aspects of stigmatisation



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ARTICLE INFO

Article history:

Received 18 May 2015

Received in revised form

6 August 2015

Accepted 6 August 2015

Available online 11 August 2015

Keywords:

Schizophrenia

Stereotypes

Stigmatisation

Prejudice

Discrimination

Intervention

ABSTRACT

Background and Objectives: Stereotypes about schizophrenia may lead to prejudicial attitudes and discrimination with debilitating effects on people diagnosed with schizophrenia. There is thus a need to develop interventions aiming to prevent, reduce or eliminate such stereotypes. The aim of this study was to evaluate the effects of a documentary film on schizophrenia on cognitive, affective and behavioural aspects of stigmatisation.

Methods: Forty-nine participants were assessed on measures of stereotypes and social distance, and on the Model of Stereotype Content, which includes measures of stereotypes, emotional reactions and behavioural tendencies. Participants were randomly assigned into either a condition in which they viewed the documentary film (Film group), or into a control condition in which no intervention was conducted (Control group).

Results: Only participants in the Film group revealed a significant decrease of negative stereotypes (Dangerousness and Unpredictability) and desired Social distance, and a significant increase in the perception of sociability in persons with schizophrenia.

Limitations: Small sample size and its reduced generalizability are the main limitations in this study.

Conclusions: These findings suggest that a documentary film promoting indirect contact with people diagnosed with schizophrenia is a promising tool to prevent and reduce stigmatisation regarding schizophrenia.

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1. Introduction

Stereotypes are commonly used in order to simplify our surrounding world, thus making it more predictable (Whitley & Kite, 2013). Nevertheless, stereotypes can lead to prejudice (i.e., negative attitudes) and discrimination (i.e., unfair treatment) (Corrigan, Kerr, & Knudsen, 2005). Studies clearly show that people diagnosed with schizophrenia are particularly stigmatised (Fiske, 2012; Sanders Thompson, Noel, & Campbell, 2004). Stigmatisation might be as damaging as the symptoms, leading notably to social rejection, family conflicts and employment discrimination (Feldman & Crandall, 2007). Although studies indicate that

stereotypes are slowly changing towards a better understanding of mental illness, negative attitudes persist (Sanders Thompson et al., 2004) or may even have worsened (Schomerus et al., 2012). Therefore, it is crucial to find ways of preventing or modifying these negative stereotypes in order to avoid or reduce the prejudice and discrimination experienced by people diagnosed with schizophrenia.

Combining anti-stigma strategies may be the most effective solution to reduce stigmatisation. For instance, Rüsch et al. (Rüsch, Angermeyer, & Corrigan, 2005) argued that the most promising approach consists of a combination of contact and education. Contact-type strategies have been reported to be the most efficient for reducing prejudicial attitudes and discrimination of people diagnosed with a serious mental illness (Overton & Medina, 2008; Schachter et al., 2008; Schultze, Richter-Werling, Matschinger, & Angermeyer, 2003). Documentary films are one example of combining education and contact with people diagnosed with

Abbreviations: MSC, Model of stereotype content.

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schizophrenia, and a number of studies have examined the efficacy of this type of intervention on reducing negative stereotypes about schizophrenia (Brown, Evans, Espenschiede, & O'Connor, 2010; Corrigan, Larson, Sells, Niessen, & Watson, 2007; Larøi & Van der Linden, 2009). For instance, Larøi and Van der Linden (Larøi & Van der Linden, 2009) used a documentary film ("Radio Schizo") that follows young people diagnosed with schizophrenia in their daily lives. In contrast to other documentary films presenting schizophrenia by interviewing mental health professionals, in the film used in the study it is the patients themselves who talk about their mental illness through individual interviews. This kind of indirect contact – first person account – has already shown to have broader positive effects on stigmatisation than information given by, for instance, a mental health professional or a teacher (Corrigan et al., 2007). Larøi and Van der Linden (Larøi & Van der Linden, 2009) observed that the intervention reduced negative beliefs and desired social distance with those diagnosed with schizophrenia in a group of psychology (second-year) students. Although these results are promising, the study presented an important limitation. A control group, consisting of participants who did not view the documentary film, was not included and therefore the observed changes in attitudes could not exclusively and specifically be attributed to the intervention itself.

The goal of the present study was to evaluate the effects that the documentary film "Radio Schizo" might have on general stereotypes and the desired social distance regarding people diagnosed with schizophrenia. Moreover, another important goal was to assess the change in three components of stigmatisation: stereotypes, prejudice, and discrimination, i.e., cognitive, emotional and behavioural components. In this respect, we used the Model of Stereotype Content (MSC) (Fiske, Cuddy, Glick, & Xu, 2002). The MSC allows predicting emotional reactions and behavioural tendencies grounded on a primary evaluation involving two dimensions: warmth and competence. Warmth (or "sociability") refers to the assessment of the other's intentions (i.e., "Does that person have good or bad intention?"), whereas competence refers to the assessment of the ability to enact these intentions. The combination of the two dimensions forms the stereotype content. Further, four main patterns of emotional reactions (i.e., prejudicial attitudes) emanate from the two dimensions: pity, admiration, envy and contempt. In addition, four behavioural tendencies (i.e., discrimination) are linked to these emotions: active and passive help, and active and passive harm (Fiske, Cuddy, & Glick, 2007).

In the current study it was hypothesized that, compared to control condition, viewing the film would have a significant positive impact in terms of stereotypes, emotional reactions, desired social distance and behavioural tendencies towards people with schizophrenia.

2. Methods

2.1. Participants

Participants were recruited from the general population via social networks, and among first-year psychology students (i.e., who do not have any experience in the mental health field yet) via email distribution and information given in classes. Potential participants were informed that the study aimed to evaluate people's knowledge about schizophrenia in order to avoid any biases in future answers. The sample included 53 volunteer participants from different educational levels and with varied occupations. Exclusion criteria included being under the age of 18, or working or studying in the mental health field. Participants were paired as best as possible in terms of age, sex, educational level, occupation and knowledge about schizophrenia. Two participants dropped out

after the first session and two participants were excluded due to non-compliance with the procedure.

Socio-demographic data for the entire sample, and for each group, are presented in Table 1. As assessed by a *t*-test, average age and years of education did not significantly differ between groups. Fisher's exact tests were carried out, revealing that there were no significant differences between groups in terms of proportion of male-female ($p = .75$), psychology students ($p = 1.00$), participants knowing about schizophrenia ($p = 1.00$) and participants having had previous contact with persons with schizophrenia ($p = .72$).

2.2. Procedure

All participants provided written informed consent and the study was conducted in accordance with the Faculty of Psychology's (Catholic University of Louvain) ethical code regarding research with human participants. Participants were paired and randomly assigned to the Film or Control groups. Both groups were assessed on different variables at study entry. Within a week, participants from the Film group watched the documentary film about schizophrenia. Participants from the Control group did not watch any film. About one week after the first assessment, both groups were re-assessed on all variables. The average interval between the first and the second assessment was 7.67 days ($SD = 3.43$). Both groups were debriefed at the end of the study.

The documentary film, "Radio Schizo" (duration: 55 min), follows five young persons diagnosed with schizophrenia, all of whom are relatively stabilised but differ on many levels (e.g., symptom severity, awareness of illness, living conditions, working status, etc.). They are presented in various social situations (e.g., with their friends, relatives, psychiatrist, etc.) and locations (e.g., in the hospital, in a shared supervised house, at home, etc.). Some scenes are more intimate, consisting of interviews where they share their feelings and thoughts about their illness. The camera also follows them in their radio project, which involves creating a radio programme that introduces schizophrenia to the general public. The key messages that the documentary film wants to present are that schizophrenia varies in its manifestation and that there are regular human beings behind the illness. Interestingly, experts in the field agree upon the fact that this latter issue (seeing the person instead of the illness) is the type of message that should be included in population-level campaigns that aim to reduce mental health-related stigma (Clement, Jarrett, Henderson, & Thornicroft, 2010).

Participants of the Film group were provided with a DVD of the film and instructed to watch it alone, in its entirety, in a quiet environment, without having consumed alcohol or drugs, and without being too tired. They were also asked not to talk about the documentary film with others, including other study participants.

2.3. Measures¹

Stereotypes and social distance This 29-item questionnaire consisted of all the items from Schultze et al. (Schultze et al., 2003). Further, in order to create a more complete and nuanced questionnaire, additional items (not already included in Schultze et al.) were also included based on Angermeyer and Matschinger (Angermeyer & Matschinger, 2004) and Link, Cullen, Frank, and Wozniak (Link, Cullen, Frank, & Wozniak, 1987). The questionnaire

¹ We originally included an implicit measure using the Affect Misattribution Procedure (AMP; Payne, Cheng, Govorun, & Stewart, 2005), but as it lacked sensibility, information on this was removed. The interested reader can, however, find information regarding the implicit measure and the results for this measure in the supplementary appendix A.

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