

Public Attitudes Toward Mental Illness: An Experimental Design Examining the Media's Impact of Crime on Stigma

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Background

Mental health consumers encounter numerous barriers that complicate their lives such as housing, employment, social support (Hinshaw, 2007), and resulting low self-esteem (Sartorius & Schulze, 2005). Stigma has been found to be a primary deterrent for individuals who need mental health services as well as impacting those already receiving services (Hinshaw, 2007).

The deinstitutionalization movement has led to increase in the number of consumers who live in the community so consequently, a better conceptualization of the attitudes held by the general public toward mental health consumers is critical in understanding how these consumers are ultimately treated by others. What has not been clear in the research is how stigma varies across psychiatric disorders

Studies have shown that the public learns about mental illness primarily through the media, particularly newspapers (Corrigan, 2005; Wahl, 1995). Negative stories far outnumber positive ones and the message being delivered to the public is that people with mental illness are dangerous and are to be feared.

When consumers commit a crime, their psychiatric diagnoses are often reported as if to justify violent and unpredictable behavior or establish an often erroneous cause and effect dynamic (Wahl, 1995).

Public attitudes toward a generic reference to "mental illness" are no longer adequate and need to be further investigated based on disorder. This study employs an experimental design to fill this gap.

Labeling Theory

Labeling theory has been utilized as a framework to explain the impact of the label "mental illness" through the works of Scheff (1966) and Goffman (1963) and more recently, Link and colleagues (1989).

Merriam-Webster Dictionary defines "mental illness" as "mentally disordered, mad, or crazy."

Goffman (1963) defines resulting stigma as an "attribute which is deeply discrediting" (p.3).

By varying only the diagnostic label in this study, it will provide further evidence as to the impact of a psychiatric label to affect attitudes which serve as a proxy for behavior.

If no differences are found between disorders, then the label featured in each vignette is irrelevant. However, if respondents' attitudes do differ based on disorder, then support is found for labeling theory.

Methods

A convenience sample of adults (N=313) was obtained from a public science center in a large Midwestern city.

Participants were not informed as to the true nature of the study due to self-selection limitations in past research. Thus, deception was used in this study.

Participants were randomly assigned to read one of six vignettes (schizophrenia, bipolar disorder, panic disorder, major depressive disorder, cancer, control).

Respondents were presented a packet with materials in the following order: vignette, CAMI, Social Distance Scale, Impression Management Scale, and a demographics questionnaire. Researcher hypothesized that schizophrenia and bipolar disorder would be associated with the most stigma on each of the dependent variables.

Major Depressive Disorder Vignette

Mental Patient Charged with Murder

May 4, 2009
Springfield, Montana – Tony Rafenna, a 42 year-old man was charged with murder yesterday following an attack on another man, 38 year-old Bobby Mills. It was reported that Mr. Rafenna assaulted the man around 4:30 pm causing head trauma to Mr. Mills who died a few hours later on the way to the hospital close to 6:45pm.

According to doctors, Mr. Rafenna had been diagnosed with major depressive disorder for the past 9 years. He had been severely depressed and was feeling worthless most of the time. He also had difficulty sleeping and lost 15 pounds from not feeling like eating.

Mr. Rafenna has been married to his wife Amy Rafenna for the past 12 years, and they have two children together, a 3 year-old son, and a 5 year-old daughter. He also had been working a part-time job. Mr. Rafenna is currently in jail and awaiting trial.

Instruments

Community Attitudes toward the Mentally Ill (CAMI) - Forty items using a 5-point Likert scale ranging from *strongly agree* to *strongly disagree*. The CAMI is comprised of four subscales: authoritarianism, benevolence, social restrictiveness, and community mental health ideology.

Social Distance Scale – Seven items using a 5-point Likert scale that measure the willingness of participants to interact with someone like the perpetrator in the vignette.

Impression Management Scale – Social desirability measure of the degree to which participants manage or exaggerate the impressions they give to others.

Results

Correlations between the dependent variables and the IM were low ($r < .12$) indicating that respondents were likely being truthful regarding their attitudes.

MANCOVA analyses revealed no difference between vignette type on any of the four subscales of the CAMI ($\alpha=.05$). However, there was a statistically significant difference between groups on the Social Distance Scale, and post-hoc analyses found that panic disorder without agoraphobia and major depressive disorder were different.

Surprisingly, major depressive disorder was associated with the highest social distance indicating *least* favorable attitudes whereas panic disorder without agoraphobia was associated with the *most* favorable attitudes.

Sample Characteristics

Characteristic	Frequency/Valid Percent
Gender	
Female	209(67)
Race	
White	245(80)
Marital Status	
Married	198(64)
Social Political Beliefs	
Moderate	104(34)
Highest Level of Education	
At least Bachelor's Degree	170(55)
Age	Mean = 39.27, SD = 13.40

Social Distance Scale

Vignette	Mean	SD
Major Depressive Disorder	26.37	5.17
Control	25.34	5.02
Bipolar Disorder	25.06	5.82
Schizophrenia	24.40	5.40
Cancer	23.70	5.51
Panic Disorder	22.33	4.92

*Note: Higher scores reflect greater social distance.

Conclusions

Results suggest that there may be different factors contributing to social distance other than fear. The tendency for depressed individuals to engage in excessive reassurance-seeking may be a possible explanation for the respondents' uncharacteristically negative attitudes toward consumers with major depressive disorder.

Differences between disorders, and the ineffectiveness of anti-stigma interventions to date, may suggest that these interventions need to be modified according to disorder.

Findings may also reflect an increase in acceptance by the public toward those with panic disorder or perhaps anxiety in general.

The social work voice is almost completely absent from the stigma literature despite the number of social workers engaged in mental health practice. These practitioners need to be mindful of the impact of stigma on consumers' lives.

Collaboration with media sources is also critical to help promote not only positive portrayals of those with mental illness but *accurate* depictions as well.

Limitations are the use of a convenience sample as well as difficulty transferring attitudes to behavior.

References

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