

Can reading a magazine story destigmatize mental illness?

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Mental illness is a significant problem in Canada today: two out of every 10 people in this country will, at some point in their lives, experience a mental illness. The other eight out of 10, as Health Canada's *A Report on Mental Illnesses in Canada* elucidates, "will be affected by an illness in family members, friends or colleagues." Researchers have calculated that the economic burden of mental illness in Canada is \$14.4 billion. The personal and private cost is incalculable.

Researchers have found that stigma prevents people from seeking help. The stigma process begins with a label - *crazy, psycho* - to which negative attributes such as dangerousness are attached. These stereotypes separate "us" from "them" and lead to discrimination. Research indicates that the most effective way to reduce stigma is through personal contact, which reduces social distance. Narrative persuasion suggests that stories that are highly

transporting (immersive, absorbing) can also change beliefs and attitudes. This study tested whether a highly transporting magazine story could be another route to stigma reduction.

Design

Since stigma cannot be studied overtly, this study employed deception: students were told that we were interested in learning how attitudes influence responses to stories of varying lengths. Participants (undergraduate students) were randomly assigned to either the intervention or control group. They provided demographic information, then filled out the Need for Cognition scale, and a scale measuring familiarity with mental illness. Participants then read either the intervention or control story. The intervention story was about a young woman who had recovered from early psychosis. The control story was about eye disorders. Everyone then read a second, shorter story about diabetes (as part of the deception), then the vignette

Look straight ahead

The QEII's Eye Care Centre provides exemplary care, in part because it's closely allied with researchers

By Melanie Furlong

A Mended Mind

Jenna has recovered from a condition that left her feeling that she just wasn't herself

By Jan Matthews

Three-year-old Jenna Marshall was visiting a friend in another city when strange things began to happen. She saw things that looked real, but later didn't seem real at all. She was so troubled by what she described as not feeling like herself that she woke her friend, together, they called Jenna's parents. "She started to cry," says Jenna's dad. "She was talking about things, but we didn't know where they were coming from."

The softspoken, pretty young woman returned home the next day. After picking her up at the airport, her parents noticed that Jenna was behaving oddly: she stopped several times in front of posters and slowly traced all the letters with her index finger. In the days that followed, Jenna became afraid of talking on the phone. "I was on the phone," she says. "It was kinda weird." While watching television, she thought the actors were talking about her. "I was telling my mom to come in and see what they were saying about me on TV." Something was happening to Jenna that was separating her from the world she once knew.

Her family doctor's early diagnosis was a first episode of psychosis. Jenna's behaviour was bizarre and she had stopped participating in all of her usual activities, phone calls included. People experiencing this condition can also find it really difficult to handle everyday activities. They might be anxious or irritable, and have trouble paying attention to things. Although this sounds dire, if given a chance, the brain can often heal itself. The prognosis is promising if symptoms are treated early.

In Nova Scotia, New Brunswick and Newfoundland, anyone who believes they may be having a first episode of psychosis can get help quickly, and without a referral. In Halifax, the Nova Scotia Early

While watching a television program Jenna thought the actors were talking about her. "I was telling my mom to come in and see what they were saying about me on TV."

The centre has three colour-coded modules, each with for walk-in services, where clients can hold for people with conditions such as inflammation or irritation of the eye, a green area, devoted to retina specialists, who frequently treat macular degeneration and glaucoma patients. The blue module is the location for clients at recent appointments, which covers the interaction between the team and the eye. In an example, Dr. Kwon cites vision problems that are manifestations of a systemic disease.

The centre's clinical research department has a worldwide reputation in the field of glaucoma, partly because clinicians work closely with full-time researchers. This kind of collaboration has led to a better

portrait of a young man

This man is 20 years old. He is not married and lives with his parents. One day he becomes ill and his doctor says he is schizophrenic.

that forms the first part of the stigma questionnaire. After reading each story, participants filled out transportation and stigma scales.

Hypotheses & Results

- Participants who read the intervention story did not, as hypothesized, score lower on the stigma scale that followed the schizophrenia vignette

compared to participants who read the control story. However, participants did not stigmatize the individual in the intervention story any more than the character in the eye disorders story.

- The hypothesis that participants who are more highly transported will have lower stigma scores was supported ($F_{(1,56)} = 3.29, p < .05$).

Part 2 (A)

The following questions are based on the story you have just read. Please answer every item.

- The name of the young woman in the story is: Martha Elizabeth Elmer Emma don't know
- The primary health concern in the story is: arthritis early psychosis concussion kidney damage don't know
- In the story, the main character: recovered relapsed stayed did not respond died don't know
- In the story, treatment generally begins with: eye drops music medication diet changes don't know
- In the story, the main character was helped by: family pet music school don't know

Part 1

- Gender: female male
- How old are you? _____
- What is your background/ethnicity? Caucasian Black Asian Native Other _____
- We would like to assess your experience with several health conditions. For each of the items that follows, circle as many numbers as best reflect your own experience.
 - I have read about this
 - I have seen broadcast stories about this
 - I have had academic or professional dealings with someone who has experienced this
 - A friend of a friend has experienced this
 - Someone I care about has experienced this
 - I have experienced this myself

How much personal experience have you had with: _____

CONSENT FORM

Media & health promotion study
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I'm a magazine journalist and a graduate student in health promotion at Dalhousie University. My supervisor is Dr. Lyne Robinson. I am inviting you to participate in my research. You will be asked to read three stories and respond to those in this classroom today. We are interested in learning more about how attitudes influence responses to stories of varying length. This information will assist in developing stories for health promotion. The entire procedure should take no more than 30 minutes. Any student in this classroom today may take part in this study.

You will not directly benefit from participating. However, I will be holding seminars on substantive editing, fact-checking and display writing for students in this year's magazine workshop. That is in exchange for a chance to talk to you today. There is a risk that you may feel some emotional discomfort during this study.

Your participation is completely voluntary. You may withdraw from this study during this session and for the next seven days without penalty.

All information obtained in this study will be kept strictly confidential. Please do not put any identifying information on any of the forms. To further protect individual identities, this consent form will be removed from the corresponding data package, sealed in an envelope and stored separately. Furthermore, the results of this study will be presented as a group and no individual participants will be identified.

If you have questions or want to know about study findings, please contact the principal researcher, Jan Matthews, at (902) 420-9194 or jan.d.matthews@gmail.com, or thesis supervisor Dr. Lyne Robinson, at (902) 494-1157 or lyne.robinson@dal.ca. If you have any concerns about this study or your participation in the study, you may contact Patricia Lindley, Director of Dalhousie University's Office of Human Research Ethics Administration for assistance at (902) 494-1462; patricia.lindley@dal.ca. This research has been reviewed by the Dalhousie University Research Ethics Board.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

Participant's Signature: _____
 Date: _____
 Researcher's Signature: _____

Once the deception was revealed, participants were asked to give consent again and had seven days to withdraw their data. One person did so.

• The hypothesis that the higher the level of familiarity with mental illness, the lower the stigmatization scores, was also supported ($r=-.36$, $p<0.01$, $N=56$).

Discussion & Implications
 Although the early psychosis story was associated with low levels of stigma toward mental illness, the results did not appear to generalize to the

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schizophrenia vignette. People may not have equated early psychosis with schizophrenia. As well, transportation was a significant variable, and while people were highly transported into the intervention story, that was not the case with the schizophrenia vignette. Without a transporting narrative to frame a mental disorder, it is possible that people relied on negative stereotypes.

Half of the study participants had personal experience with a mental illness; the greater the familiarity, the lower the stigma scores, as previous research predicts.

Terror-management theory suggests that people create comfortable worldviews to protect against the terror of death; anything perceived as a danger threatens worldview and so is rejected. If mental illness is perceived as dangerous, these individuals are likely to be distanced. Familiarity may undo the stereotype of dangerousness, thereby virtually eradicating stigma.

Worldviews are maintained by consensual validation. To the extent that consensus is formed and reinforced by news media and entertainment vehicles, other people's stories may help to shape worldview. Long-term exposure to positive stories about mental illness may be a particularly important influence when individuals have no personal experience with mental illness with which to help re-form consensus. It is possible that through positive, prolonged and transporting media exposure, consensus can shift, thereby expanding worldviews.

However, much more research is needed to fully understand the factors in play. Factors worth exploring include illustration vs photography and type of image; display copy; use of pronouns; medium; perception of the publication; a writer's credibility. Individual differences such as empathy may also be significant when attempting to destigmatize mental illness. •

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