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Background and Introduction

- Social etiological explanations suggest mental illnesses result from life stressors, while biogenetic etiological explanations suggest mental illnesses are hereditary or caused by imbalanced brain chemicals (Cheng, 2014)
 - Beliefs in biogenetic etiological explanations have been linked to increased levels of mental health stigma (perceived dangerousness, desires for social distance from people with mental illness, and overall pessimism towards them), whereas beliefs in social explanations have been found to elicit lower levels of stigma (decreased desires for social distance, reduced levels of fear) (Cheng, 2014; Haslam & Kvaale, 2015)
- Continuity information explains mental health and mental illness on a continuum, such that everyone experiences symptoms of mental illness, just to varying degrees or severities, while dichotomous information explains mental health and mental illness categorically, such that mental illness symptoms are unique only to diagnosed individuals (Schomerus et al., 2016)
 - Continuity information has been found to elicit lower stigma levels than dichotomous information

Hypotheses:

- Biogenetic etiological explanations will elicit higher levels of stigmatized attitudes than social etiological explanations
- Dichotomous information will elicit higher levels of stigmatized attitudes than continuity information
- We predicted those who read a vignette containing continuous information would have slightly lower stigma scores when paired with a social etiological explanation compared to a biogenetic explanation, and that those who read vignettes with dichotomous information would have much lower stigma scores when paired with a social explanation compared to a biogenetic explanation

Methods

Participants:

- 139 Winona State University students
 - Ages ranged from 18-23 years old
 - 12.2% male and 87.8% female
 - Predominantly Caucasian (84.2%)
 - Year in school breakdown: 43.9% freshman, 27.3% sophomores, 12.9% juniors, 13.7% seniors, & 2.2% seniors+
 - 39.6% psychology majors/minors & 60.4% not in WSU's psychology program

Materials:

- Independent Variable:
 - Continuity/dichotomous info was borrowed from Schomerus et al. (2016) while social/biogenetic etiologies were borrowed from Cheng (2015)
 - Materials were combined to create 4 vignettes about a hypothetical character with depression which contained either continuous/social, continuous/biogenetic, dichotomous/social, or dichotomous/biogenetic info
- Dependent Measure:
 - Community Attitudes Towards the Mentally Ill (CAMI) (Taylor & Dear, 1981)
 - 40 items measuring 4 facets of mental health stigma (authoritarianism, benevolence, social restriction, & community mental health ideology)

Procedure:

- Participation took 20-25 minutes
- Random distribution of packets containing all materials
- The packet included basic demographic questions, followed by a vignette variation, and lastly the CAMI
- Participants were instructed to flip the packet over when finished
- Packets were collected and then participants were debriefed

Analyses

Table 1: Mean Stigma Scores for Main Effects

	Information		Etiology	
	Continuous	Dichotomous	Social	Biogenetic
Authoritarian	2.03	2.10	2.04	2.10
Benevolence	1.82	1.87	1.86	1.82
Social Restriction	1.81	1.92	1.85	1.83
Community Mental Health Ideology (CMI)	1.98	2.16	2.08	2.06

Figure 1. Authoritarian interaction between continuity information and etiological explanation

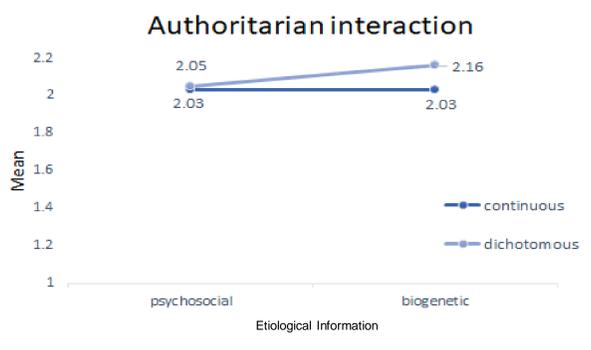


Figure 2. Benevolence interaction between continuity information and etiological explanation

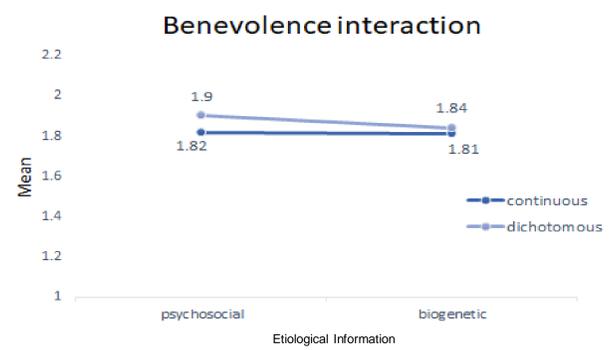


Figure 3. Social restriction interaction between continuity information and etiological explanation

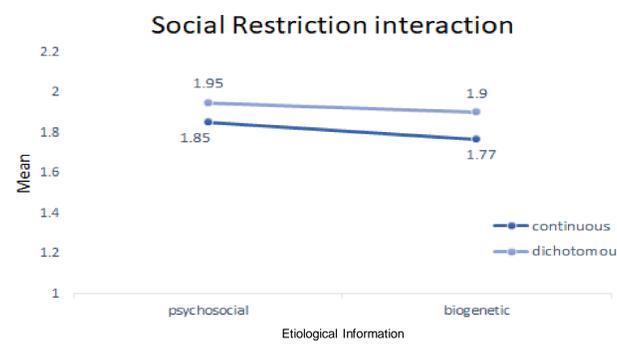
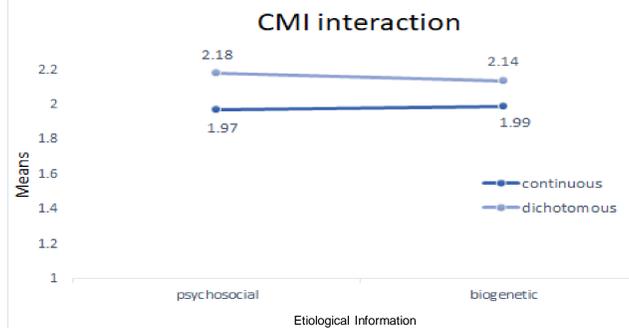


Figure 4. Community mental health ideology interaction between continuity information and etiological explanation



Results

- No main effect was found for either continuity information or etiological explanation provided in the vignettes (see Table 1)
- No interaction effect was found between continuity information and etiological explanation in relation to their impact on levels of stigma towards individuals with mental illnesses (see Figures 1-4)

Discussion

Independent Variable Limitations:

- Manipulation of our vignettes was not strong enough, such that we highly restructured the order and content of our vignettes from Cheng (2015) and Schomerus et al. (2016)
- Vignettes contained little information on etiological explanations
- Continuity and dichotomous information was broken up throughout vignettes

Dependent Variable Limitations:

- Previous studies we modeled our experiment after did not use the CAMI to assess levels of stigma
- Previous studies used dependent measures that were tailored to the character in their excerpts, and the CAMI was not tailored to the character in our vignettes

Further Limitations:

- 40% participants were psychology majors/minors. It's possible being in a psychology program alters attitudes about people with mental illnesses
- It was also noticeable that our study was measuring levels of stigma in participants; there could have been instances where people were faking good to provide lower levels of stigma than actuality

Conclusion

- Regardless of finding significant results, mental illness stigma is still an important concept to pursue in research
- Stigmatizing attitudes can have detrimental effects on the psyche of those who are battling mental illnesses (Cutler & Ryckman, 2018)
- Further exploration of such factors is necessary to combat stigma and increase the well-being of those suffering from mental illness and stigmatization

References

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