

Effect of aetiological explanations on negative attitudes towards individuals with psychosis.

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Why Aetiology?

Experiences of discrimination and negative attitudes, leading to suffering, social isolation, and reduced rates of recovery (Read, Haslam, Sayce, & Davies, 2006).



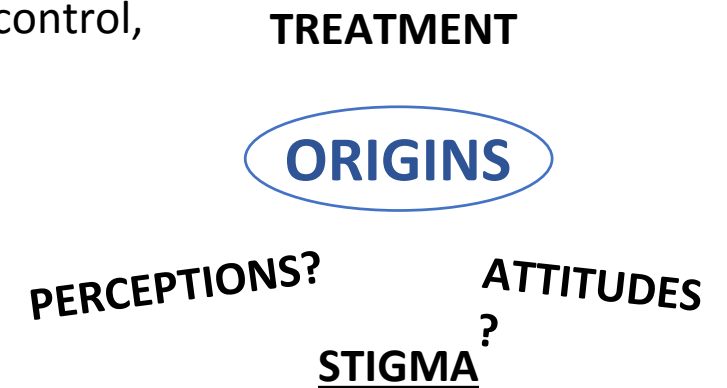
Particularly among individuals who have experienced psychosis (Anglin, Greenspoon, Lighty, Corcoran, & Yang, 2014).

Despite efforts to reduce the stigma and negative attitudes to mental health difficulties / psychosis, negative attitudes have been increasing (Read & Dillon, 2013).

Endorsement of a biomedical paradigm for illness explanation: ***'An illness like any other'***

- Evidence of increased stigma with bio endorsement;
 - Biogenetic → Intolerance
 - Biologically-determined / Brain Disease → dangerousness, actions beyond control, pessimism for recovery (Read, Haslam & Magliano, 2013)

The way we explain it has implications on how society views it.



Walker & Read, (2002)

'Anthony' :Paranoid delusions, self harm voices

Maths Undergrads



“Schizophrenia: a brain disorder with a genetic predisposition”
N= 37

“Schizophrenia: biological and environmental factors”
N= 47

“The long term effects of trauma”
N= 42

Dangerous & Unpredictable



medical condition

Bennett, Thirlaway & Murray, (2008)

'Simon'; paranoid delusions, hearing controlling voices

Social Science Undergrads



- Desire for social distance
- **Associative stigma towards close family members**
- **The perceived potential for recovery***
- Perceived accountability
- **Assumption of dangerousness***

Genetic
predisposition
within family

Onset following
sudden death of
wife

→ Higher associated stigma in genetic vignette.

Experimental Script

Script

- Integration of previous descriptions from other similar studies (Walker & Read, 2002; Bennet et al., 2008).
- Non-inclusion of labels (*“Psychosis”/“Schizophrenia”*) – intentional, but considered for future experiments.

Video

- 1 per condition, content changed depending on condition.
- Given by actor, male in white lab coat – impression of being a doctor describing an individual case.



Sequence 1 - Case presentation

- Description of subject's background / common symptoms of Psychosis (voice hearing)
 - remained same for each condition



Sequence 2 - What caused John's difficulties?

- Explanations – representations of each aetiological explanation.
- Biomedical, Psychosocial, Combined –

Malfunctioning Brain / Growing up in 'critical environment' / Combined



Sequence 3 – Treatment

- Based on aetiological explanation. Attempt not to overload with information, establishing clarity between treatments.

Antipsychotic medication / CBT / Antipsychs + CBT

Attempt not to overload with information, establishing clarity between treatments.



Measures

- Demographics – Gender, Nationality, Highest Level of Education
 - Known someone with Psychosis, Accuracy / Understanding of Video.
- Five attitudes measured using separate likert attitude scales (Bennett and Thirlaway, 2008) with 37 statements in total.
 - Desire for social distance
 - I would feel uncomfortable inviting John along to a friend's party.
 - Associative stigma towards close family members
 - If my partner told me that their father had problems just like John, this would not worry me.
 - The perceived potential for recovery
 - John will always be 'mentally ill'. Even if his symptoms disappear they could come back at any time.
 - The perceived accountability of an affected individual
 - I don't think it would be right to hold John entirely responsible if he were to cause somebody offence.
 - Assumption of dangerousness
 - I would feel unsafe if I were left alone with John.

Recruitment

Log of recruitment actions by employability volunteers 2017

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	A	B	C	D	E
2	DATE	PLATFORM (email, facebook, twitter, etc)	ACTION (tweeted, retweeted, posted, emailed, etc)	VOLUNTEER (y	RESPONSES? Eg if by email, v
3	2/10/2017	Moodle	Posted on Front Page	Trish	
4	5/10/2017	email/ MOODLE	contacted CHANTAL LADIAS (marketing), BRID LANE (computing a business) and MARY GORDON (law) to request posting on moodle page and mention in class	Trish	
5	11/10/2017	class visit	visited Chantal Ladias' marketing post grad class	Trish	
6	12/10/2017	Email via Outlook - Work	Contacted Distribution List at office	Orla	Reply from a client (architect) for (students over 18) Received sev
7	12/10/2017	Email via Gmail	Contacted friend/Student	Orla	
8	26/09/17	Twitter	Set up separate DBS account for twitter, retweeted post	Fiona	
9	4/10/2017	Email	Shared the link with Ciara Losty (lecturer IT Waterford) ; Kieran Collins & Keith Hennessy (Lecturers IT Tallaght	Fiona	Post was retweeted and shared v posted to IIT Sports Science stud
10	4/10/2017	Twitter	Followed and tweeted post to @TheUSI, @DBSCollege, @PleaseTalkUCD, @PleaseTalkOrg, @Headlineireland, @DCUVolunteer, @DCUResLife, @UL, @maynoothsu @Maynoothuni, @SNHS_DCU, @DCUFSH, @DCUEngineering, @GamesSoc, @DCUEndSoc, @ucdarchaeology, @UCDFitness, @ucdsocilaw @UCDEngArch, @UO_News, @GreenRibbonIrl, @UCDLawSchool, @ColizScott, @UCCLawSociety, @uccsocieties, @UCCFilmSoc, @LawUCC, @IADT_animation, @dcucomputing, @IADTSU, @STACSSU, @WITSU, @dcujourno, @DCUHP, @DCUBS, @DubCityUni, @waterfordit, @NUIGSU, @CITSU, @itcarlow, @CIT_ie, @PSI_SAG, @UCDStudentdesk,	Fiona	
11	15/10	Twitter	Followed and tweeted to @PessLimerick, @MentalHealthHour, @UCCSamh @UCCSoc	Fiona	retweeted x 4
12	15/10	Twitter	Tweet using hash tags - Message: Looking for 3rd level #students studying in #ireland to take part in survey on #MentalHealth (link) Pls retweet & share!	Fiona	retweet x 3



Results

Total Participants: N = 230 172 Females / 51 Males

Age (M) = 29.82 (Range: 18 – 65)

Have you ever known someone with Schizophrenia / form of psychosis?

Yes = 117 / 109 = No

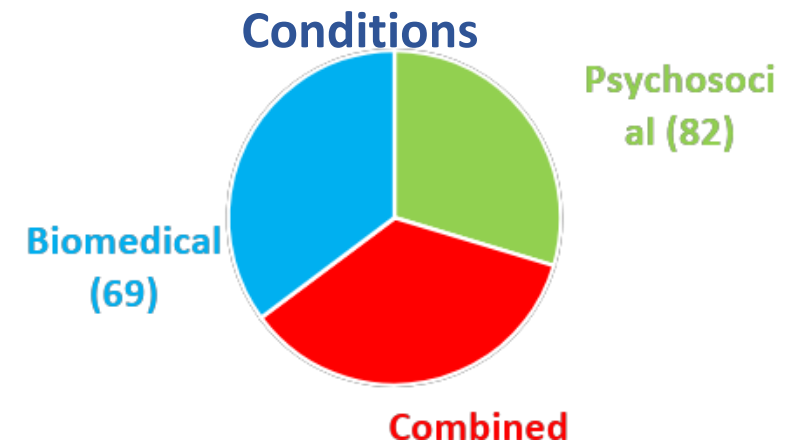
Understanding of content in video (1-10):
Belief that Doctor's explanation was 'accurate' (1-10)

M = 7.63 (1.92)

M = 6.58 (1.83)* → *N = 96

Current field of study:

Psychology related (Psychology, Counselling, Psychotherapy)	73
Non psych-related	93
Missing / Not currently studying	64



Multivariate Analyses

Between Conditions

No significant difference in attitudes between conditions (F (10, 418) = 1.45, p = .157, effect size = .033, (1-β) = .73.

***LOWER stigmatising attitudes in BIOMEDICAL condition.**

Known someone with Schizophrenia / Psychosis

Significant difference between those who had known someone with psychosis and those who did not (F (5, 213) = 2.53, p = .030, effect size = .057). (1-β) = .78

→ Significant difference for Perceived Accountability (F (1,214) = 7.95, p = .005, effect size = .04, 1-B = .80)

***LOWER stigmatising attitudes among those who DID KNOW someone w Psychosis, EXCEPT for Perceived Accountability??**

Field of Study

Significant difference between those in Psych-related fields and non-Psych-related fields (F (5, 154) = 3.49, p = .005, effect size = .102), (1-β) = .91.

→ Significant difference for Perceived Accountability (F (1,213) = 14.42, p <.001, effect size = .08, 1-B = .97)

***LOWER stigma in NON-psych-related fields.**

Measure	Condition	M	SD
Desire for social distance	Biomedical	29.83	4.84
	Psychosocial	28.51	5.89
	Combined	28.37	5.15
Associative stigma towards close family members	Biomedical	27.87	3.08
	Psychosocial	27.69	2.98
	Combined	27.01	2.92
Perceived potential for recovery	Biomedical	16.06	2.53
	Psychosocial	15.47	1.97
	Combined	15.73	2.21
Perceived accountability	Biomedical	22.32	4.17
	Psychosocial	21.5	3.86
	Combined	23.09	3.81
Assumption of dangerousness	Biomedical	27.31	3.68
	Psychosocial	26.33	3.85
	Combined	26.65	3.66

Overall attitudes less stigmatising across measures compared to original Bennett et al., (2008) study.

Discussion

Results in favour of biomedical paradigm?

- Biological attributions can reduce stereotypes, lower help-seeking stigma, and increase willingness to seek aid in comparison to psychological attributions (Gangi, Yuen, Levine & McNally, 2016).
- *Treatability*: Decrease sense of essentialism attributed to mentally ill as a result of biomedical paradigms? (Kichuk, Lebowitz & Adams, 2015).
 - Contemporary reviews continue to discount such paradigms (Longdon & Read, 2017).

Knowing someone with Psychosis → reduced stigma?

- History of personal use / knowledge of others' use of psychiatric services (Walker & Read, 2002).

Higher stigma among psychology students?

- Cases of Schizophrenia: Higher perception of dangerousness and more prognostic pessimism as education progresses (Magliano et al., 2017).



Going forward....

- Aetiology = Red Herring? (Schlier, Schmick & Lincoln, 2014)

- What other factors can be attributed to stigmatising attitudes?
 - Treatability → recovery?
 - Help-seeking behaviour?
 - Illness labels?
- How do we 'measure' stigma?
- i.e. perceived accountability?
 - Is the appropriate 'direction' of attitudes based on flawed measurement?



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Thank You

Any Questions?

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Project Link:

<https://www.researchgate.net/project/Effect-of-aetiological-explanations-on-negative-attitudes-towards-individuals-with-psychosis>

