Predictors of Participation in Campaigns against Mental Illness Stigma

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The social opportunities of persons with severe psychiatric disorders are greatly diminished by societal stigma (Farina, 1998; Link et al., 1989; Penn et al., 1994). Citizens are less likely to hire persons who are labeled mentally ill (Bordieri and Drehmer, 1986; Farina and Felner, 1973; Link, 1987) or to lease them apartments (Alisky and Iczkowski, 1990; Page, 1977, 1983), and more likely to falsely press charges against them for violent crimes (Sosowsky, 1980; Steadman, 1981). Hence, advocacy groups like the National Alliance for the Mentally Ill and the National Mental Health Association have identified anti-stigma campaigns as a necessary adjunct to clinical services for enhancing the quality of life of people with psychosis and other mental illnesses.

These campaigns frequently include petitions against stigmatizing images of mental illness in the media (Flynn, 1987; Wahl, 1995). Analyses of film and print media have identified several disrespectful misconceptions about mental illness, e.g., that people with mental illness are homicidal maniacs who need to be feared or have childlike perceptions of the world that should be marveled at (Farina, 1998; Gabbard and Gabbard, 1992; Hyler et al., 1991; Mayer and Barry, 1992). Advocacy groups have protested these misconceptions by sending petitions to media production companies. For example, Paramount Pictures changed the headline of an advertising campaign-"Warning: Crazy people are coming"-in response to public outcry (Wahl, 1995).

As advocacy groups become more organized in their antistigma efforts, they need a better understanding of factors that influence participation in these kind of campaigns. One would expect that persons who endorse attributions about severe mental illness that foster stigma would be less likely to participate in anti-stigma efforts. Persons viewed as not in control of negative events (e.g., criminal behavior, AIDS, substance abuse habits, poverty, or psychiatric disabilities) are more apt to be pitied for their circumstances (Dooley, 1995; Graham et al.,...
1997; Schmidt and Weiner, 1988). Moreover, this pity is associated with a willingness to help them (Dooley, 1995; Menec and Perry, 1998; Reisenzein, 1986; Zucker and Weiner, 1993).

Conversely, people believed to be in control of the negative event tend to be blamed for their troubles, rarely pitied, and offered little help (Dooley, 1995; Menec and Perry, 1998). Hence, we expect that citizens who blame persons for their mental illness are less likely to offer them help and less likely to join in an anti-stigma effort like signing a petition against media representations of mental illness.

Methods

Data were taken from the Prairie State Stigma Study, an investigation of ways to change stigmatizing attitudes about mental illness (Corrigan et al., submitted 3). Research participants were 152 community college students who were approached in groups of 10 to 30 and asked to participate in a study about mental health disability. All students recruited for the study agreed to participate. After completing a brief demographic questionnaire, they were administered the Psychiatric Disability Attribution Questionnaire (PDAQ), a 36-item measure of attributions about psychiatric and physical disabilities. Participants rated agreement with each statement on a 7-point scale (7 = strongly disagree). Results of a factor analysis revealed two attributional factors: controllability (persons with disability are to blame for their problems and should be avoided), and stability (persons with disability do not benefit from counselling or medication and will not recover; Corrigan et al., submitted 3). Earlier research showed these factors to have good test-retest reliability and concurrent validity (Corrigan et al., submitted 3).

Scoring direction is reversed on the controllability and stability factors. A high score on the controllability factor represents a positive attribution about the disability group; they are not to blame for their disability. A high score on the stability factor represents a negative attribution; persons will not change over time nor benefit from treatment.

Research participants were then provided individual copies of the petition with the following written instructions:

Public opinion has been shown to have a variety of effects on people from all walks of life. The media in particular have generated many inaccurate stereotypes, often portraying persons with mental illness as dangerous and unsafe. If you agree, please sign this petition. We will collect signatures into one document and send to the Chicago Tribune.

They were told to place the folded petition—whether signed or unsigned—into a box at the front of the room. By following these directions, no one else in the group would be aware of their decision.

Results

A total of 78.9% of the research sample signed the petition and placed it into the box. The sample had an average age of 25.7 years (SD = 9.7) and was 67.8% female. They were 35.5% African-American, 50.0% European-
American, 7.9% Latino, and 6.6% other (including Asian and Native American). In terms of marital status, 76.3% were single, 11.8% were married, and 11.9% were separated, divorced, or widowed. In terms of income, 28.3% reported a household income less than $19,999, 27.0% ranged from $20,000 to $39,999, 21.1% ranged from $40,000 to $59,999, and 23.6% had a household income greater than $60,000. Correlational analyses failed to show that signing the petition was significantly associated with gender, age, education, marital status, or income ($p > .10$).

Means and standard deviations of PDAQ factor scores for the group who signed the petition and those who did not are summarized in Table 1. Results showed petition signers produced significantly higher PDAQ mental health controllability scores ($F[1,150] = 7.18, p < .01$). They were less likely to believe persons with mental illness were to blame for their disorder and should be avoided. No differences were found across groups on the stability factor ($F[1,150] = 7.18$, NS).

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<thead>
<tr>
<th></th>
<th>Controllability</th>
<th>Stability</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Signed</td>
<td>42.8</td>
<td>7.5</td>
</tr>
<tr>
<td>Not signed</td>
<td>38.9</td>
<td>7.3</td>
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TABLE 1 Means and Standard Deviations of Controllability and Stability Factor Scores for Groups that Signed and Did not Sign the Petition

Discussion

An important question in social cognition research is whether causal attributions actually correspond to behavior (Devine, 1995; Fazio, 1995). In this study, we examined whether knowledge structures such as expectations about the controllability of psychiatric symptoms correspond with anti-stigma behaviors. Results suggested that attributions about controllability were correlated with anti-stigma behaviors. Citizens who disagreed with the belief that persons were to blame for their mental illness were more likely to sign petitions against stigmatizing representations of mental illness by the media. Beliefs about the stability of psychiatric disabilities were not found to be associated with signing antistigma petitions.

Unfortunately, the effect sizes for these correlations were very small and the direction of effect was not clear; i.e., whether attributions affected these behaviors or joining in signing petitions led to diminished negative expectations. However, these results are a first step in identifying some of the factors relevant to understanding those who might participate in anti-stigma campaigns.

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