

Emotional Reactions to the Mentally Ill Are Positively Influenced By Personal Acquaintance

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Abstract: The study sought to evaluate whether personal acquaintance with a psychiatric patient increases or decreases stigmatization. **Material and Method:** The research was carried out in a Turkish university. The Social Distance Scale and the Affective Reaction Scale were completed by final year students. The subjects were then asked whether they have ever been acquainted with a patient with a mental disorder. **Results:** Subjects who had not been acquainted with a patient with mental disorder had a higher score on the Affective Reaction Scale than subjects who had been acquainted. **Conclusion:** This finding suggests that acquaintance with a psychiatric patient reduces negative emotions towards people with mental disorders. It is suggested that this result is related to the resolution of sensitization.

Introduction

A person with mental illness not only has to struggle with this common yet serious health problem for the rest of his life, but also has to overcome the obstacles of the society in which he lives (1).

Several studies have suggested that the barriers constructed between society and the mentally ill would diminish if they were to interact more with each other in daily life (2, 3).

In this study, we tried to understand whether the assumption that knowing a mentally ill person well reduces stigmatization is correct in Turkey. At the same time, we attempted to grasp the way in which this happens. In our opinion, there are two possible mechanisms:

1. Past acquaintance with a mentally ill person may have an effect on the conscious level.
2. Past acquaintance with a mentally ill person may also desensitize and diminish prejudice. In this case, we would expect personal experience to show its effect on the unconscious level.

In order to measure these two different aspects, two scales were used. The Social Distance Scale may be viewed as meaning conscious attitudes, while the options of the Affective Reaction Scale measure the emotional response towards the mentally ill (4). This can be seen in the 7 questions of the Social Distance Scale and in the 10 options of the Affective Reaction Scale that are cited under Materials and Methods. In order to answer the questions in the Social Distance

Scale, respondents are encouraged to use their judgment and common sense, i.e., their consciousness. In other words, these questions are designed in such a way that their attitudes are brought to conscious awareness of the respondents. On the other hand, the options in the Affective Reaction Scale only try to investigate the emotions of the respondents by encouraging them to reveal their feelings regarding two alternatives. Therefore, if the respondents have already been acquainted with a mentally ill person, the first possibility, a conscious effect, would result in a lower score on the Social Distance Scale, while the second possibility, an unconscious effect, would result in a lower score on the Affective Reactions Scale.

Materials and Methods

The research was carried out on 700 final year students at the Management and Economy Department of the University of Marmara, Istanbul.

The following scales were used: the Social Distance Scale (SDSc) and the Affective Reaction Scale (ARSc). The subjects were then asked *whether they have ever been acquainted with a mentally ill person*. They

were asked to answer the question either in the affirmative or in the negative. It was made clear to the respondents that answering the question in the affirmative did not necessarily mean that the mentally ill person was a friend or a family member. We analyzed the sums of the scores of the Social Distance Scale (SDSc), and the Affective Reaction Scale (ARSc). Cronbach Alpha Reliability scores were the scales 0.79, and 0.83 respectively for their Turkish translations. The Social Distance Scale contains seven questions. Each question is rated by the subject on a 4-point Likert scale. The scale measures the judgments of the respondents regarding the mentally ill. The Affective Reaction Scale measures the respondents' emotional reactions towards the mentally ill. The scale contains 10 opposite adjective pairs having emotional contents. The subjects were asked to rate each item on a seven point Likert scale. Midpoint (4) was indicated as neutral. The response levels of the items of each scale were adjusted in such a way that the higher the level of response is, the higher the stigmatization it shows. The questions of the scales are as follows:

Social Distance Scale

Please rate the following statements on the following scale:

1 = definitely willing, 2 = probably willing, 3 = probably unwilling, 4 = definitely unwilling.

1. How about renting a room in your home to someone who is mentally ill?
 2. How about being a worker in the same job with someone who is mentally ill?
 3. How about having a mentally ill person as a neighbor?
 4. How about having a mentally ill person as a caretaker of your children for a couple of hours?
 5. How about having your child marry someone with a mental illness?
 6. How about introducing someone with mental illness to a young woman you are friendly with?
 7. How about recommending someone with mental illness for a job working for a friend of yours?
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Affective Reaction Scale

If you were to interact with a person with mental illness, please indicate how you would feel:

		Neutral						
1. Pessimistic	1	2	3	4	5	6	7	Optimistic
2. Tranquil	1	2	3	4	5	6	7	Anxious
3. Supportive	1	2	3	4	5	6	7	Resentful
4. Fearful	1	2	3	4	5	6	7	Confident
5. Empathic	1	2	3	4	5	6	7	Angry
6. Disgusted	1	2	3	4	5	6	7	Sympathetic
7. Apprehensive	1	2	3	4	5	6	7	Comfortable
8. Irritable	1	2	3	4	5	6	7	Patient
9. Relaxed	1	2	3	4	5	6	7	Tense
10. Calm	1	2	3	4	5	6	7	Nervous

Factor analysis was conducted on the results in order to see whether the data itself conceptualized the questionnaires when they were taken together. In other words, we checked whether the two scales really measured the conscious and the unconscious, and whether there were overlaps between the two scales, i.e., whether there were some emotional components in the answers to some of the questions in the Social Distance Scale.

Results

The size of the group that had been acquainted with a mentally ill person in the past was 448, whereas the size of the one that had not been acquainted was 194. There were 58 subjects who did not answer the

question. The ages of the respondents varied from 18 and 32, with a mean value of 22.48, and with a standard deviation of 1.80. The number of the female respondents was 290, and the number of the male respondents was 352.

Since both groups of respondents in each scale were in a normal distribution verified by the Lilliefors test, and since the subject size of each of them was sufficient, we conducted student t-tests designed for two independent groups. Taking into account the ordinal measurement characteristics of the scales, we also conducted non-parametric Mann-Whitney U test to analyze the data. The results of both analyses are shown in detail in Table 1.

Table 1. *Social distance and affective reaction scores and acquaintance with a mentally ill person among university students in Turkey*

Acquainted with a mentally ill person?	NO mean±SD (n) (95% CI)	YES mean±SD (n) (95% CI)	t-TEST t, P	Mann-Whitney-U Test
Social Distance (range: 7-28)	17.84±4.26 (194) (17.23 to 18.44)	17.84±3.86 (442) (17.48 to 18.20)	t=0.02 P=0.98	Z=0.08 P=0.93
Affective Reaction (range: 10-70)	36.67±9.67 (189) (35.27 to 38.05)	34.67±8.89 (436) (33.83 to 35.51)	t=2.5 P=0.013*	Z=2.19 P=0.029*

Analyses were conducted for each scale separately. The results of the Student-t tests were as follows:

1. Social Distance Scale (SDSc) (NS),
2. Affective Reaction Scale (ARSc) ($P < .05$).

Results of the factor analysis:

Kaiser-Meyer-Olkin Measure of Sampling Adequacy = 0,86483

Bartlett Test of Sphericity = 3094,9329, Significance = 0,00000

Principal Components Analysis (PC) was chosen for the extraction of two factors.

Rotated Factor Matrix (VARIMAX rotation):

	Factor 1	Factor 2
ARSc10	.69727	.15203
ARSc5	.66399	.05392
ARSc6	.66025	.15041
ARSc3	.63648	.10435
ARSc9	.63391	.15818
ARSc4	.61173	.12788
ARSc8	.60275	.08493
ARSc2	.59248	.13996
ARSc7	.55766	.20405
ARSc1	.52666	.07988
SDSc6	.06375	.72230
SDSc4	.07611	.69866
SDSc5	.05202	.69499
SDSc7	.17159	.64156
SDSc3	.27539	.62329
SDSc2	.23919	.62267
SDSc1	.10456	.55873

Factor Transformation Matrix:

	Factor 1	Factor 2
Factor 1	.80463	-.59378
Factor 2	-.59378	.80463

Conclusion

In order to answer the questions on the Social Distance Scale, respondents were encour-

aged to use their judgment and common sense, i.e., their consciousness. In other words, these questions are designed in such a way that attitudes are brought to the conscious awareness of the respondents. On the other hand, the options on the Affective Reaction Scale only try to investigate emotions by encouraging respondents to reveal their feelings regarding two alternatives. Therefore, if the respondents have already been acquainted with a mentally ill person, the first possibility would result in a lower score on the Social Distance Scale, while the second possibility would result in a lower score on the Affective Reactions Scale.

Statistical analysis of the two scales supported the assumption that the scales measure different responses. Factor analysis showed no overlap between the items of the two scales (see rotated factor matrix), and the concepts that they represent were totally contradictory (see factor transformation matrix).

In summary, higher order consciousness frees inner experience from the prison of the present and allows for views of the past and plans for the future. Included in those forms of consciousness is a scene of the present situation in which the self is placed in a temporospatial context. It is clear that the subjects allow for views of the past and plans for the future and show a scene of the present situation in which the self is placed in a temporospatial context when they answer the questions of the Social Distance Scale. On the other hand, they are unconscious, that is, they show their unaware form of perception as it is understood by the type of questionnaire which let them show their perceptions that could directly influence a person's emotional state and thought. It is the unconsciousness which is described as out of experience or not in phenomenal experience. Phenomenal experience is the subjective experience of being aware or cognizant of a phenomenon (5).

Consciousness has intrigued philosophers for centuries and is an active domain of study for cognitive scientists. However, it should be kept in mind that intricate and multidimensional concepts such as consciousness and unconsciousness are not commonly used in such community surveys. Therefore, it is necessary to approach the proposed methodology critically, and to test the validity of the interpretation that is put forward here by further research that will use other methods to measure consciousness and unconsciousness.

This study suggests that acquaintance with a mentally ill person in the past reduces the negative emotions towards psychiatric patients. This finding is supported by several studies conducted in different cultures (6, 7). Although there may be alternative explanations, this result is most likely related to desensitization. This is the second possibility of our hypothesis. Since the scores on the Social Distance Scale do not show any statistically significant difference between the groups, it can be claimed that interacting with a mentally ill person in the past possibly influences the unconscious feelings of society. Thus, persons who were acquainted with a mentally ill person in their past are desensitized for their negative feelings produced by their false perceptions on mental illnesses. This finding indicates two important points:

1. Society is readily sensitized emotionally against the mentally ill.
2. It is also possible to be desensitized emotionally by acquaintance with the mentally ill.

One of the most important sources which sensitizes society against the mentally ill is mass media (8). Even if the media tries to be supportive or at least neutral about the mentally ill, nevertheless news, information, discussions and programs tend to engender

a fear in society of becoming like one of them. Thus, the media does not usually aid destigmatization (9).

On the other hand, this study suggests there is an anti-stigmatizing effect of keeping society in constant contact with psychiatric patients. Providing opportunities for employment, health care at work, social and economic incentives for the mentally ill may be some of the effective strategies to reach this aim.

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