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Media Consumption and Stigma Towards Schizophrenia

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Abstract

The current study examined how negative attitudes about schizophrenia can be influenced by exposure to media as well as other types of contact with the condition. Participants ($n = 141$) completed an online survey assessing their knowledge of schizophrenia, the type and level of contact they had with someone with the diagnosis, the type and level of mass media they consumed, and their perceptions of schizophrenia, including dangerousness and aggression. Results showed that type of contact was correlated with attitudes about dangerousness. Contact, which includes media consumption, was related to less stigmatizing attitudes towards schizophrenia, although the correlation between media use specifically and attitudes was not significant. Limitations and future directions are discussed.

Keywords: mental illness, schizophrenia, stigma, mass media

Media Consumption and Attitudes Towards Schizophrenia

How do we make decisions about who to form friendships with, who to hire for a job, or sit next to on the bus? Many of the decisions we make are influenced by the preexisting ideas that we have about people in our world (Lester, 2021). Such attitudes can be neutral, positive, or negative, with the latter leading to stigma, or the negative stereotypes and prejudices we hold about others based on perceived characteristics (Merriam-Webster, n.d.). Previous researchers have shown that serious mental illnesses (SMI) such as schizophrenia, bipolar disorder, and schizoaffective disorder are highly stigmatized, with individuals often perceived as unstable and a danger to themselves or others (e.g., Watson et al., 2005). SMI is defined as a smaller subset of mental illnesses that result in severe functional impairment (SAMHSA, 2023). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes schizophrenia as an illness that impairs occupational and social functioning, however individuals will vary widely in the features present and seriousness of the dysfunctions. Other features of the illness include mood episodes, inappropriate affect, anxiety, depression, irregular sleep patterns, lack of an appetite, phobias, vocational impairments, issues with memory and language function, a lack of insight of their illness, and impairments in motor coordination (American Psychiatric Association, 2013).

People with SMI may already face struggles with self-stigma, but also live in a hegemonic society that is largely uneducated about the true nature of mental illness (Oexle et al., 2017). For example, people with SMI are commonly misperceived as violent and dangerous (Parcesepe & Cabassa, 2014), yet they are in fact more likely to be the victims of violent crime than the perpetrators (Stuart, 2003; Parcesepe & Cabassa, 2013; Watson et al., 2001). One in four adults experience some form of mental illness each year (Duckworth, 2013). Thus, it is critical to

understand how stigmas form and influence dispositions toward individuals diagnosed with SMIs (Riles, 2020).

Numerous factors are potentially involved in the formation of stigma, including age, religion, education, knowledge, college major, gender, and cultural background (Asfaw, 2015; Collins et al., 2014; Chan et al., 2019; Grandon et al., 2022; Mannarini, 2018; Wesselmann & Graziano, 2010; Yoldi-Negrete et al., 2019). Exposure to mass media is another potential contributor to the formation of mental illness stigma that has received comparatively less research attention. In mass media, including TV shows, movies, internet postings, people with SMI are often portrayed in a negative light. One of the most common stereotypes found in movies and TV shows is the portrayal of someone with SMI as being aggressive, dangerous, or homicidal (Owen, 2012; Smith et al., 2019).

Previous researchers have shown that high levels of media consumption can lead to the formation of stigma (Gerbner et al., 1986; Granello et al., 1999; Kimmerle & Cress, 2013). These studies have shown that people learn and take in information from the television they watch, and this can lead to the formation of ideals, beliefs, stigmas, etc. Although, not all studies have reported this (e.g., Morgan et al., 2022; Riles, 2018). It is also possible that a single media exposure may be sufficient to alter attitudes. For example, Chan and colleagues (2019) surveyed public attitudes about SMI both before and after a news report was published detailing a homicide committed by a person with schizophrenia. Results indicated that public perceptions of dangerousness in those with SMI increased after reading the news report, although overall stigma levels did not (Chan et al., 2019).

Both the type and amount of exposure, or contact, a person has with mental illness can also play an important role in stigma formation or reduction, as proposed in the Intergroup

Contact Hypothesis (Allport, 1954). The expectation is that by coming into contact with SMI, people are more likely to form positive perceptions rather than negative ones (Allport, 1954; Lee & Seo, 2018; although see Jorm, 2020 for a critique of studies in this area). Contact can be classified as either indirect or direct. Indirect contact in this case would refer to a person experiencing SMI through something or someone else (e.g., watching a movie or hearing someone tell a story), whereas direct contact refers to personal interactions with someone with SMI (Lee & Seo, 2018). Several studies have reported that greater levels of both indirect and direct contact with SMI are significantly related to attitudes towards mental illness (e.g., Kimmerle & Cress, 2013; Granello et al., 1999; Lee & Seo, 2018).

The Current Study

The current study aims to examine the relationship between attitudes about SMI, specifically schizophrenia, mass media consumption, and level of contact. This study approaches the gaps in previous research on the interaction of media and stigma formation with a joint effort to understand contact and stigma formation. We predict that greater exposure to mass media, a type of indirect contact, will be related to more stigmatizing attitudes. The subsequent hypotheses are as listed below.

Hypothesis 1: More mass media consumption is negatively correlated with attitudes towards schizophrenia.

Hypothesis 2a: More media consumption will be positively correlated with perceived dangerousness of a person with schizophrenia.

Hypothesis 2b: More media consumption will be positively correlated with perceived aggression of a person with schizophrenia.

Hypothesis 3: Indirect contact will be correlated with perceived dangerousness and aggression of a person with schizophrenia.

Hypothesis 4: People who have more direct contact with schizophrenia (education, familial relations) will have less stigmas than people who have had more indirect contact (mass media, news reports) with schizophrenia.

Hypothesis 5: If someone has both direct and indirect contact with schizophrenia, they will have less stigma than someone with just indirect contact.

Method

Participants

The study used a snowball sampling technique, in which the survey link was shared by the original survey participants to others that may have been interested in the topic. Participants were initially recruited from a small liberal arts university and completed an online Google survey that was posted onto university class websites and social media sites such as Facebook and Instagram. Participants were not compensated for taking part in the study. To prevent participants from taking the survey multiple times, repeated IP addresses were removed by the online survey platform. Participants were 76% female, 23% male, and 1% non-binary. The racial makeup of participants was 88% White, 5% Multi-racial, 2% Black/African American, 2% other, 1% Asian, and 1% American Indian/Alaskan Native. The ethnicity of participants was 90% non-Hispanic or Latino and 10% Hispanic or Latino, with 57% having levels of schooling higher than high school (see Table 1). One hundred and forty-three participants between the ages of 18-80 completed the study. Two surveys were excluded from the study because the participants were under age 18, resulting in a reduced sample size of 141. Some participants failed to respond to the questions of gender and race, resulting in 140 responses in each respectively.

Materials

The online survey was created by the researchers with the questions from the survey being adapted from Furnham and Rees (1988), Holmes et al. (1999), and Hori et al. (2011). The questions collected basic demographic information and assessed contact with schizophrenia, mass media consumption, knowledge of schizophrenia, and perceptions of dangerousness and aggression (refer to Appendix for complete survey). An example demographic item is, “What is your gender?” Other questions required participants to indicate their level of agreement on a 6-point Likert scale ranging from 1 (completely disagree) to 6 (completely agree). An example statement to assess the level of contact with schizophrenia is, “I have a relative with schizophrenia.” An example item to assess mass media consumption is, “I frequently watch mass media that showcases someone with a mental illness,” an item to assess knowledge of schizophrenia is, “The prevalence rate of schizophrenia is 1/100,” and an item to assess perceptions towards schizophrenia is, “People with schizophrenia are not violent.”

Procedure

The study was approved by the Marymount University Institutional Review Board on March 31, 2022. The survey was available for a five-month period and took approximately 15 minutes to complete. Participants were provided with a consent form at the start of the survey as well as a debriefing form at the end.

Statistical Analysis

The current study used a quasi-experimental research methodology and was designed to examine the relationship between media exposure and stigmatizing attitudes towards people with schizophrenia. Data collected was analyzed using SPSS statistical analysis software, version 27. Descriptive statistics were calculated on the sample data (e.g. means and standard deviations), as

well as inferential statistics, including Pearson correlation, univariate general linear model, and analysis of variance (ANOVA). An alpha level of .05 was used to determine statistical significance, and effect sizes were also reported. Results were collected and discussed in regard to relationships between variables and their significance.

Results

Upon examining the outcomes of the study related to demographic characteristics, a Pearson correlation showed there was no significant relationship found between age and attitudes towards schizophrenia ($r(140) = .15, p = .08, r^2 = .02$), and an ANOVA showed no effect of race on attitudes ($F(5,130) = 1.180, p = .32, \eta^2 = .04$). However, there were differences in attitudes as a function of gender, with females showing more positive attitudes overall ($F(2, 133) = 3.5, p = .03, \eta^2 = .05$) (see Figure 1).

A Pearson bivariate correlation was calculated to address if greater mass media consumption was correlated with attitudes towards schizophrenia. Results revealed no significant relationship between media consumption and attitudes ($r(130) = .08, p = .177, r^2 = .01$) (see Figure 2). A second Pearson correlation, examining the relationship between knowledge of schizophrenia and attitudes about schizophrenia, also was not significant ($r(130) = -.05, p = .296, r^2 = .003$).

Exposure to mass media can be considered as one form of indirect contact, so the following analyses were designed to assess the effect of both direct and indirect contact on attitudes about schizophrenia. In examining participant responses, an overall contact variable, combining direct and indirect contact, was created because only one participant endorsed having only direct contact with someone with schizophrenia. Hence, the analyses were conducted using three groups: those who had no contact, those who had indirect contact only, and those who had

both direct and indirect contact (including the one person who endorsed direct). Being that gender alone had a significant effect on attitudes, this variable was co-varied in the analyses. The 66 participants who endorsed indirect contact had a mean attitude score of 57.85 ($SD = 5.68$) out of a maximum possible attitude score of 78 (higher scores represent more positive attitudes). The 14 participants in the both types of contact group had a mean score of 59.71 ($SD = 5.45$), and the 55 participants in the no contact group had a mean score of 53.38 ($SD = 6.19$). Results of a one-way between subjects ANOVA revealed that there was a significant difference between the groups ($F(2, 132) = 11.43, p = .001, \eta^2 = .15$), with post hoc tests showing that the ‘both’ group had significantly higher attitude scores than the ‘none’ group, $p = .002$. There was no significant difference between the ‘both’ and ‘indirect’ groups (see Figure 3).

The final analysis examined specific attitudes about dangerousness and aggression. The results of two Pearson bivariate correlations showed that dangerousness was significantly positively correlated with indirect contact ($r(139) = .30, p = <.001, r^2 = .09$) (see Figure 4), whereas aggression was not significantly related to indirect contact, ($r(139) = -.16, p = .066, r^2 = .03$).

Discussion

The goal of this study was to understand how media consumption and type of contact related to attitudes towards schizophrenia. It was hypothesized that consuming mass media would correlate with negative attitudes regarding mental illness, specifically schizophrenia. Results indicated that there was no significant relationship between media consumption and attitudes towards schizophrenia, in contrast to a number of previous studies (e.g., Chan et al., 2019; Granello et al., 1999; President’s Commission on Mental Health, 1978; also see Morgan et al. 2022; Riles, 2018). Findings were hence inconsistent with the hypotheses formulated at the

beginning of the study. One potential explanation for this discrepancy could relate to the specific types of media participants are consuming. Questions were asked regarding the frequency of watching crime shows, documentaries, podcasts, etc.; however, there was no measure on how these media types portray mental illness, whether positively or negatively. The current study proceeded under the assumption that most of the media portrays mental illness negatively, as based on studies such as Diefenbach (1997) and Owen (2012). However, these studies are no longer contemporary, and it is possible that current media could be portraying mental illness more positively, which would have an effect on the study results. Certainly, there are some indications that media portrayals of mental illness are progressing in a more positive and accurate direction (e.g., Rhydderch et al., 2016; Whitley & Wang, 2017).

When examining whether contact type played a role in attitudes towards schizophrenia, results suggested that any type of contact was associated with higher positive attitudes towards schizophrenia. However, the small effect size of 0.18 means the strength of the relationship between contact and attitudes was quite modest and likely of little real-world significance.

When examining the relationship between contact type and specific beliefs about dangerousness and aggression, results showed that as indirect contact increased, attitudes about dangerousness increased. At face value, this would suggest that learning about schizophrenia, whether through the media, the classroom, or online, is associated with increased attitudes about dangerousness. The most likely explanation for these results is that the wording of the dangerousness measures may have caused participants to think on the scale of unpredictability instead of violent behavior. We note that previous studies have also reported conflicting results regarding the association between indirect contact and perceived dangerousness (Kimmerle & Cress, 2013; Leo & Seo, 2018). The indirect contact variable encompasses media consumption

among other factors. As there was a significant correlation between indirect contact and dangerousness but not between media consumption and dangerousness, this would suggest that media consumption alone is not sufficient to influence attitudes about perceived dangerousness.

The current study did not find statistical evidence to support a link specifically between media consumption and attitudes towards schizophrenia, although there was support for a relationship between contact in general and attitudes. This is important to note as indirect contact does include media along with classes, books, podcasts, etc. Surprisingly, the study found that any contact was associated with positive attitudes, except when considering dangerousness.

Limitations and Future Directions

There are limitations to the present study that need to be addressed. First, it is important to note that several factors that were not examined, such as education, religion, and culture, that could have played a potential role in stigma formation. Studies have shown how varying levels of education, religion, and culture may have different opinions of mental illness (Asfaw, 2015; Chan et al., 2018; Grandon et al., 2022; Wesselmann & Graziano, 2010). Additionally, our sample identified as predominantly female, and those who reported having some form of higher education, which may have skewed findings in a certain direction. Despite this, results support the notion that greater exposure to schizophrenia in various forms relates to more positive attitudes about the condition. Addressing these limitations in future studies could lead to finding significant correlations between mass media and attitudes as well as providing an overall better understanding. Furthermore, the current study found a significant difference between the attitudes of females and males regarding schizophrenia. Perhaps, this could be an avenue for future research in relation to SMI and gender.

Stigma is difficult to quantify, as there are many factors involved in its formation and maintenance (Lester & O'Reilly, 2021). Attitudes and beliefs shape the world and how people choose to act and interact with one another. Due to the nature of this interaction, it is crucial to continue to research stigma so those who suffer from mental health disorders have a chance to be free from the restraints that stigma places around them, from the public, and within themselves.

Within the realm of stigma research, it can be argued that there is still a pressing need to study the relationship between media consumption and attitudes. Many popular crime shows misrepresent individuals with mental illness as dangerous (Parrot & Parrot, 2015). These shows do not help reduce the stigma surrounding mental illness, as they portray individuals who are not representative of the larger population of people with SMI. When viewers engage with inaccurate or misleading information in mass media, it may lead to reinforced bias against those with mental illness (Diefenbach, 1997; Gerbner et al., 1986). Ultimately, more research, like the current study, is needed to help reduce stigma and educate the public about the true nature of mental illness. Only with increased research can those with SMI live an improved life, without the fear of rejection and isolation by society.

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Table 1

Demographic Characteristics

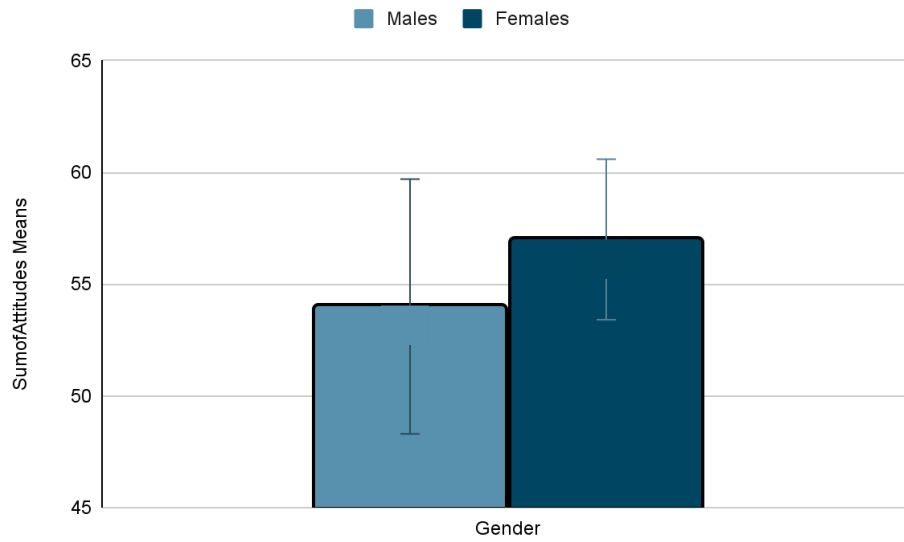
Age (years)	
<i>Mean ± SD</i>	38.5 ± 17.52
<i>Range</i>	18-80
Gender (n / (%))	
<i>Female</i>	106 (76)
<i>Male</i>	33 (23)
<i>Non-Binary</i>	1 (1)
Education (n / (%))	
<i>Less than high school</i>	1 (.7)
<i>High school</i>	59 (41.5)
<i>Associate's degree</i>	27 (19)
<i>Bachelor's degree</i>	30 (21.1)
<i>Master's degree</i>	19 (13.4)

<i>Doctoral degree</i>	5 (3.5)
Race (n / (%))	
<i>American Indian/Alaskan Native</i>	2 (1)
<i>Asian</i>	1 (1)
<i>Black/African American</i>	3 (2)
<i>White</i>	124 (88)
<i>More than one race</i>	7 (5)
<i>Other</i>	3 (2)
Ethnicity (n / (%))	
<i>Hispanic or Latino</i>	14 (10)
<i>Not Hispanic or Latino</i>	127 (90)

Note. The table includes demographic information of the sample ($n=141$).

Figure 1

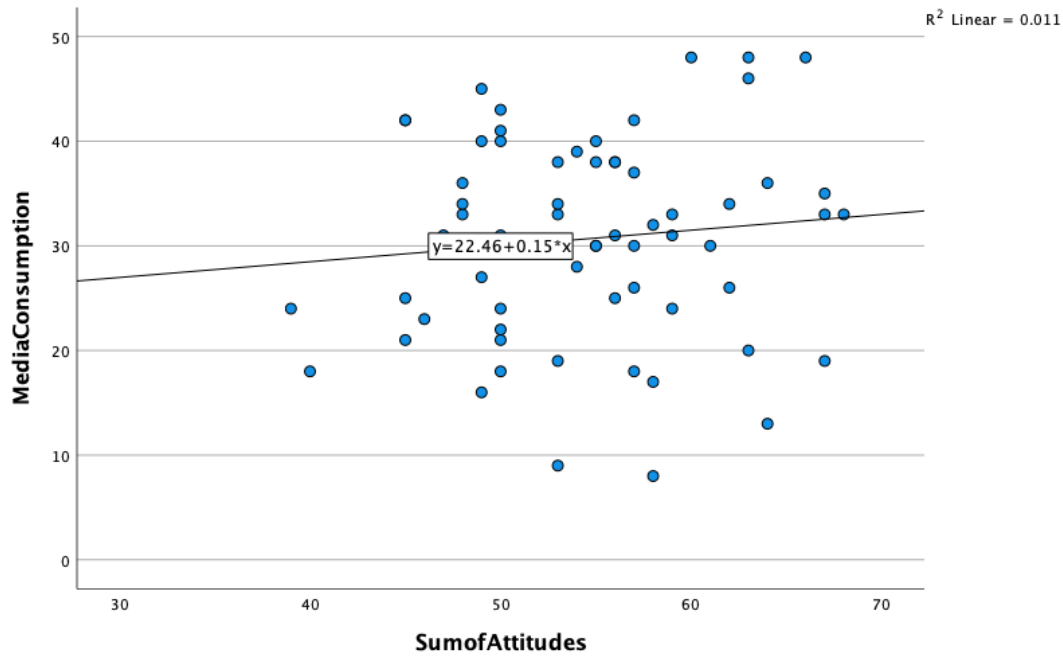
Bar Graph of the Means of Attitudes (with Higher Scores Representing More Positive Attitudes) as a Function of Gender



Note. The graph shows that female participants had more positive attitudes than male participants.

Figure 2

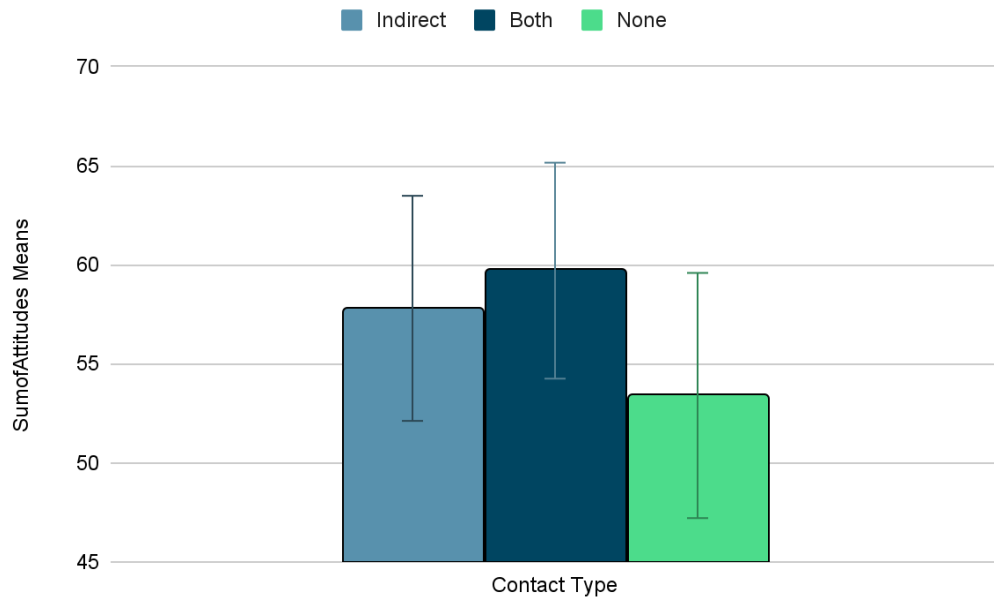
Scatterplot of the Correlation Between Media Consumption (Hours Per Week) and Attitudes



Note. The graph shows there is no significant correlation between media consumption and attitudes held by the participants.

Figure 3

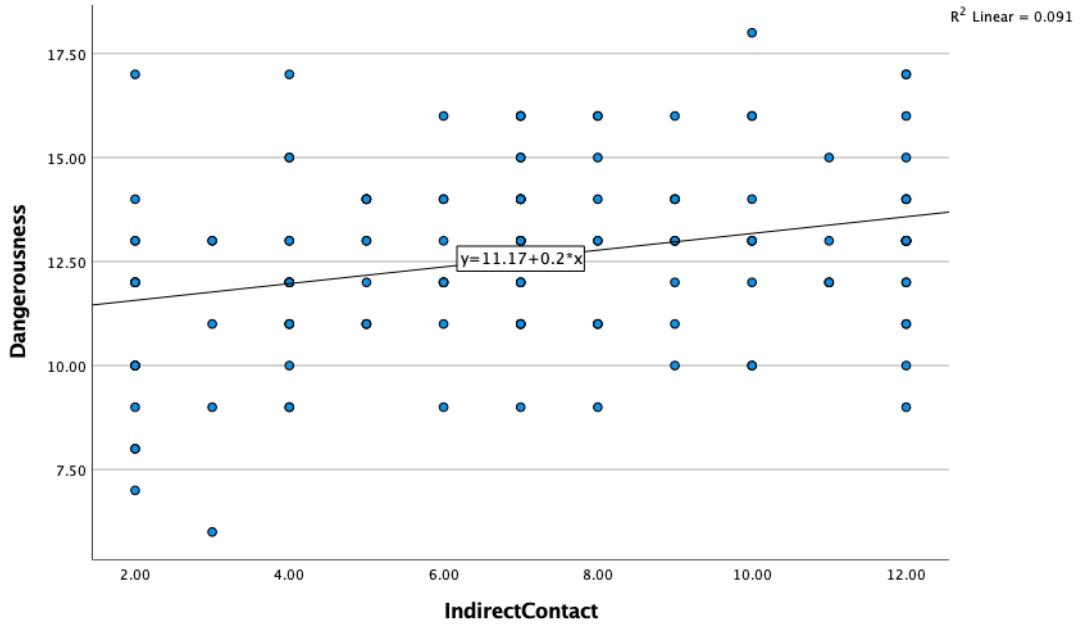
Bar Graph of the Means of Attitudes (with Higher Scores Representing More Positive Attitudes) as a Function of Contact Type



Note. The graph shows that having both types of contact lead to having the most positive attitude about schizophrenia.

Figure 4

Scatterplot of the Correlation Between Indirect Contact and Dangerousness



Note. The graph shows the significant positive correlation between indirect contact and beliefs of dangerousness.

Appendix

Survey Questions

Demographic information

- What is your highest level of education achieved?
- What is/was your college major?
- What is your age?
- What is your gender?
- What is your race/ethnicity?

Level of Contact

- I have a relative with schizophrenia (e.g., parent, sibling, cousin, self)
- I have a friend with schizophrenia.
- I know someone with schizophrenia.
- I have learned about schizophrenia in an educational setting (e.g., taken a class, attended a seminar, etc.)
- I have learned about schizophrenia through other sources.

Knowledge of Schizophrenia (adapted from Hori et al., 2011)

- The prevalence rate of schizophrenia is 1/100. (true)
- The typical age of onset of schizophrenia is middle to late adulthood. (false)
- The characteristic symptom of schizophrenia is visual hallucinations. (false)
- Schizophrenia is most likely caused by an issue in the brain. (true)
- Paranoia is not a common symptom of schizophrenia. (false)
- Schizophrenia can be completely cured. (false)

- Someone with schizophrenia is more likely to be the victim of a crime rather than the perpetrator. (true)
- About 1.2% of the U.S. population suffers from schizophrenia. (true)
- There are five subtypes of schizophrenia. (true)
- Schizophrenia is treated with the same methods as antisocial personality disorder (sociopathy). (false)

Media Consumption

Before the questions, media is defined as involving social media, movies, tv shows, news reports, YouTube, magazines, podcasts, etc. (adapted from Holmes et al., 1999).

- I frequently watch mass media that showcases someone with a mental disorder.
- The shows I watch frequently show someone with mental illness as evil or the perpetrator of a crime.
- I do not frequently watch crime shows or true crime documentaries.
- I watch at least one show that shows someone with mental illness.
- I listen to true crime podcasts at least once a month.
- I often watch the news and see reports of a situation with a mentally ill person.
- I have seen at least one movie where a character had a mental disorder.
- I do not watch or listen to any kind of media that involves mental illness.
- The most memorable character I have seen or read about with schizophrenia is_____.

Attitudes Towards Schizophrenia (Adapted from Furnham & Rees, 1988)

- People with schizophrenia are not violent.
- The term “psychopath” is the best way to describe someone with schizophrenia.

- It would be impossible for a schizophrenic to be employed as they cannot be trusted.
- People with schizophrenia are dangerous.
- Most sexual crimes we hear of are committed by schizophrenics.
- People with schizophrenia have bad hygiene.
- People with schizophrenia can successfully hold a job.
- People with schizophrenia are unpredictable.
- Aggression towards others is a common trait of schizophrenia.
- Someone with schizophrenia is no different than anyone else.
- I would not trust someone with schizophrenia.
- People with schizophrenia are valuable members of society.
- Schizophrenia is caused by evil spirits.