INFLUENCE OF PSYCHIATRIC LABEL ATTACHED TO A NORMAL CASE ON ATTITUDES TOWARDS MENTAL ILLNESS

INTRODUCTION

Many researchers have demonstrated the significant effect on attitudes of society toward the individuals labelled "mentally ill" and also demonstrated the negative role of the labelling on the outcome and the treatment of mental disorder. According to some writers on labelling theory, negative stereotypes of the mentally ill play an important role in the etiology of mental disorder. For example, Scheff (1986) argues that people labelled mentally ill internalize the negative societal conceptions of mental illness. Eventually, the labelled person's identity crystalizes around this label; in effect, the negative societal reactions create the mental disorder. More recently, a modified labelling theory suggests that even if societal reaction doesn't directly create mental illness, negative societal reactions do exist and engender self-devaluation and expectation of devaluation by others (Link 1987, Link et al. 1989).

The labeling perspective pointed out that the existence of negative mental illness stereotypes in society play an important role in the etiology of mental disorder. In almost all cultures, the behaviors of mentally ill persons are considered to be deviations from the normal and these deviations are disapproved of and stigmatized by the society. The labelled person is then encouraged to learn and accept the role of the mentally ill. Moreover societal agencies contribute to the labeling process and, thus, create problems for those they treat rather than easing their problems (Murphy 1976). The label of mental illness effects on the other people's attitudes to mental ill, independent of and prior to, a labeled person's actual behaviour and may cause rejection. Nieradzik and Cochrane (1985) demonstrated a

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NORMAL BİR OLGUYA EKLENEN PSİKİYATRİK ETİKETİN AKIL HASTALIKLARI İLE İLGİLİ TUTUMLAR ÜZERİNE ETKİSİ

ÖZET

Amaç: Akıl hastası etiketi, kişinin davranışı ne olursa olsun, akıl hastalığı ile ilgili tutumları etkilemektedir ve reddedilmeye yol açabilmektedir. Etiketleme bakış açısı olumsuz akıl hastası stereotiplerinin akıl hastalığının etiyolojisinde önemli bir rol oynadığını ileri sürmektedir. Bu çalışmada, bir akıl hastası etiketinin, kişinin davranışından bağımsız olarak, olumsuz ve reddedici tutumlara neden olacağı öngörülmüştür.
Yöntem: Özgül psikiyatrik etiketlerin çeşitli tutumlar üzerine etkisi, Dokuz Eylül üniversitesi Sağlık Hizmetleri Yüksek Okulu birinci sınıf öğrencilerinin oluşturduğu bir örneklemde (N=129) araştırıldı. Psikiyatrik etiket eklenmiş veya eklenmemiş normal bir kişiyi tanımlayan olgu uyarım aracı olarak kullanıldı ve bu olgular ile ilgili tutumlar bir anket ile değerlendirildi.
Bulgular: Sonuçlar belirli tutumlar üzerine etiketlerin kuvvetli etkisi olduğunu göstermiştir. Normal bir olgu ile birlikte verilen iki psikiyatrik etiket, psikiyatrik etiket eklenmemiş olgu ile kıyaslandığında anlamlı olarak daha fazla akıl hastalığı algılaması, daha fazla sosyal mesafe ve daha fazla tedaviye ihtiyaç olduğu inancına neden olmuştur.
Sonuç ve Tartışma: Akıl hastalığı etiketi, kişinin davranışı ne olursa olsun, akıl hastalığı ile ilgili tutumları doğrudan etkilemektedir ve reddedilmeye yol açmaktadır.
Anahtar Kelimeler: tutumlar, akıl hastalığı, psikiyatrik etiket

ABSTRACT

Purpose: The label of mental illness effects on the other people's attitudes to the mentally ill, independent of and prior to, a labeled person's actual behaviour and may cause rejection. The labeling perspective pointed out that the existence of negative mental illness stereotypes in society play an important role in the etiology of mental disorder. In this study, it was hypothesized that a mental illness label, regardless of a person's behaviour, can result in negative attitudes.
Method: The influence of specific psychiatric labels on various attitudes were investigated in a sample (N=129) of first year students from a two-year school training medical technicians in Dokuz Eylül University, İzmir. A vignette representing a normal subject with and without labels was used as the stimulus material and the attitudes toward these descriptions were assessed with the use of a questionnaire.
Findings: The results provide strong support for the influence of labeling on certain attitudes. Two psychiatric labels which are given with a vignette representing a normal subject resulted in significantly higher perception of mental illness, greater social distance and higher perception of need for treatment.
Discussion and Conclusion: This finding provides support for a fundamental labeling theory proposition; namely, that a mental illness label, regardless of a person's behavior, can result in negative attitudes.
Keywords: attitudes, mental illness, psychiatric label

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strong relationship between a psychiatric label and attitudes in a general urban sample. Similarly, Fryer and Cohen (1988) demonstrated that labeling patients "psychiatric" rather than "medical" renders them significantly less likable from the viewpoint of hospital staff.

Many studies have pointed out that a labeled mentally ill person is perceived with more negative atttitutes and rejection regardless of his behaviour (Di Nardo 1975, Link 1987, Link et al. 1989, Socall and Holtgraves 1992, Temerlin 1968). Link et al. (1991) suggested that mentally ill persons are affected by negative attitudes and find it difficult to cope with this effect.

A study by Arkar and Eker (1994) examined the influence of psychiatric labels on the various attitudes of the general public in a developing country, namely Turkey. The results provide strong support for the influence of labels on certain attitudes. Providing a psychiatric label resulted in a significantly higher perception of mental illness, greater social distance, more expectation of physical burden, and a higher perception of need for treatment. On the basis of these findings, it appears that in our country at least for the behavior patterns used, most likely for some others also, there maybe significantly less accepting attitudes when a label is learned. Besides, a label of mental illness has a role on the outcome and course of mental illness (Eker and Arkar 1997).

There has been a shift of emphasis from institutional to community-based mental health care. This has resulted in greater interest in the public definitions of attitudes toward mental illness. Public definitions and attitudes have significance for early detection, prevention and community treatment. Such information is necessary in the successful introduction and utilization of community-based mental health care (Eker 1989).

Link and associates (1987) argue that presentation of a mental illness label activates for subjects a set of beliefs about the mental ill people. As the extension of these beliefs is negative, behaviour attributed to them will likely be negatively evaluated. The present investigation was carried out to examine the influence of two psychiatric labels, (paranoid schizophrenia and depression), which were included in a vignette representing a normal subject, on various attitudes, recognition of

mental illness, social distance, expected burden, prognosis and treatment. Previous study (Arkar and Eker 1994) manipulated label by telling some subjects the vignette representing certain type of psychopathology is mentally ill, while the remaining are not given this information. In this study, a vignette representing a normal person was matched with a mentally ill label in order to see pure effect of label. It was hypothesized that a mental illness label, regardless of a person's behaviour, can result in negative attitudes.

METHOD
Subjects

The subjects of this study consist of 129 first year students from a two-year school training medical technicians in İzmir, Turkey. Participation was on a voluntary basis and none declined to participate in the study. The sample consisted of three groups, one of which received a case description with a depression label attached, one of which receives a case description with schizophrenia label, and the other which received a case description without any label attached, each with 43 subjects. The subjects were all Turkish citizens and Muslims. Detailed demographic information is given in Table 1. Both males and females are represented in the sample. Most of the subjects had lived in an urban environment for most of their lives.

Instrument and Procedure

A questionaire with a section on demographic information, a one-paragraph vignette illustrate a "normal" person, a social distance scale, and questions on expected burden, recognition of mental illness, necessity of treatment, prognosis, and preferred treatment modality were used.

The English translation of the vignette, developed by Eker (1989), is as follows; "This male, who

Characteristics	Normal without label group (n=43)		Normal with dep. label group (n=43)		Normal with sch. label group (n=43)	
Table 1: Demographic characteristics of the sample.						
Age (mean years)	18.95 (1.2)		18.95 (1.5)		18.88 (1.4)	
	Frequency	%	Frequency	%	Frequency	%
Gender						
Fema	22	30	25	35	25	35
Male	21	37	18	31	18	31
Residence						
Rural	0	0	4	9	2	5
Town	5	12	8	18	5	12
City	21	49	12	28	18	42
Big City	17	39	19	44	18	42

we will describe briefly, can easily express his feelings and thoughts among those close to him, although he sometimes gets anxious while talking in a group consisting of strangers. He gets along all right with his family most of the time and it is easy to understand that they love each other. Generally he also gets along all right with other people and they seek his company. When compared to those of his own age, his life can be considered organized. That is one can say that he established a good balance between his social life and studying. In summary, he is generally an optimistic and happy person."

The subjects were assigned to one of the three conditions of the vignette. One condition involved adding the sentence "this young man has been diagnosed as having depression by the doctor who examined him" to the end of the vignette. Second condition involved adding the sentence "this young man has been diagnosed as having schizophrenia by the doctor who examined him" to the end of the vignette. In the third condition no psychiatric label was attached to the vignette.

Each vignette was followed by 25 questions to be rated on seven-point scales ranging from definite agreement to definite disagreement with the question content, except for question 19 about the necessity of treatment which was to be answered in a yes/no format. The questions from 1 to 14 formed a scale developed to measure the social distance between oneself and the person described in the vignette (see the Appendix for the English translation of the scale). The reliability (Cronbach's alpha) of the scale was found to be 0.88 in a earlier study (Arkar and Eker, 1992).

Following the social distance scale there were three questions (see the Appendix) which were intended to assess the possible burden expected of a mentally ill person one may associate with. These three questions were developed and used by Eker (1989). Question 18 asked whether according to the subject the person in the vignette was a mentally ill person and question 19 asked whether the person in the vignette needed treatment. The subjects who answered yes to question number 19 were required to continue answering the remaining six questions. Question 20 asked the probability of the person in the vignette becoming healthier after being admitted to a hospital. Finally, the last five questions were about the preferred types of treatment for the person in the vignette and were to be rated on seven-point scales ranging from no probability to high probability of becoming well as a result of the specific treatment. The English translations of these questions, who's original Turkish Equivalents were developed and used in previous research by Arkar and Eker (1992), are also given in Appendix.

The ratings were analyzed by using the one-way analysis of variance for each attitudes component separately. All the statistical analyses were carried out by using the appropriate subprograms of the SPSS.

FINDINGS
The means and standard deviations of the total sample and the subgroups are given in Table 2.

The three groups of the study were compared with each other by using one way ANOVA. Comparisons on social distance ($F_{(2.126)}= 8.645$, $p<0.00$.) and recognition of the mental illness ($F_{(2.126)}= 19.782$, $p<0.001$) were significant. However, expected physical and emotional burden, negative influence on one's own mental health did not give significant results.

The Duncan procedure was used for the pairwise comparisons. On the social distance, there was a significant difference between vignette without any label attached and vignettes with depresssion and schizophrenia labels at-

Table 2: Mean attitudes ratings of the total sample and subgroups							
	Groups						
Variables	**Total Sample**		**Normal without label**		**Normal with dep. label**		**Normal with sch. label**	
Social dist [a]	34.10	(13.7)	28.0	(8.8)	34.74	(13.3)	39.56	(15.7)
Emot.Burden [a]	3.10	(1.9)	2.63	(1.6)	3.23	(1.9)	3.39	(2.2)
Phys.Burden [a]	2.64	(1.7)	2.23	(1.5)	2.97	(1.7)	2.72	(1.7)
Inf.on health [a]	2.38	(1.6)	2.04	(1.4)	2.58	(1.6)	2.51	(1.8)
Recogn.of ill. [a]	2.11	(1.5)	1.37	(0.9)	1.81	(1.1)	3.14	(1.9)
Prognosis [b]	2.12	(1.2)	2.80	(1.1)	1.88	(1.2)	2.20	(1.2)
Pharmacother [b]	3.66	(1.9)	4.20	(2.3)	3.84	(2.2)	3.43	(1.8)
Counseling [b]	1.60	(0.9)	2.20	(1.1)	1.44	(0.8)	1.63	(1.0)
ECT [b]	5.13	(1.7)	3.80	(2.9)	5.24	(1.6)	5.27	(1.5)
Psychotherapy [b]	1.47	(1.0)	1.80	(1.3)	1.64	(1.4)	1.27	(0.4)
Fam.consult. [b]	2.03	(1.4)	1.20	(0.4)	2.40	(1.6)	1.87	(1.3)

a. High scores indicate greater social distance, burden, influence on health and recognition of mental illness.
b. Low scores indicate good prognosis and greater preference of the treatment modality.
Note: Standard deviations are given in parentheses.

Table 3: Attitudes on the necessity of treatment.				
	Treatment necessary		Treatment unnecessary	
	Frequeny	%	Frequency	%
Total Sample	60	47	69	53
Normal without Label	5	12	38	88
Normal with depression label	25	58	18	42
Normal with schizophrenia label	30	70	13	30

tached, which did not differ significantly from each other. This means that the subjects showed significantly less social distance (more acceptances) for the case without a psychiatric label than for the cases with a psychiatric label. On the recognition of mental illness, there was a significant difference between vignette with schizoprenia label attached and the other two. The vignette without label and vignette with depression label did not differ significantly from each other. That is, the subjects showed significantly more recognition of mental illness for the case with schizoprenia label than for the cases with depression label and without label.

In necessity of treatment, the majority of the subjects received a case description without any label (88%) accepted the inappropriateness of treatment, whereas, the majority of the subjects who received a case description with schizophrenia label (70%) accepted the appropriateness of treatment (see Table 3 for the necessity of treatment in the subgroups).

As indicated above, those who felt treatment was appropriate answered the questio ns on prognosis and types of treatment. The analyses did not show any significant differences in terms of above variables. That is, labeling had no significant influence on any of the treatment preferences.

DISCUSSION and CONCLUSION

The basic purpose of the present study was to examine the influence of labeling on various attitudes. The results provide strong support for the influence of labeling on certain attitudes. Two psychiatric labels which are given with a vignette representing a normal subject resulted in significantly higher perception of mental illness, greater social distance and higher perception of need for treatment. This finding provides support for a fundamental labeling theory proposition; namely, that a mental illness label, regardless of a person's behavior, can result in negative attitudes.

Although Eron and Peterson (1982), on the basis of their review of research on the labeling versus the medical model, concluded that studies do not support extreme views and that abnormal behavior

is most likely a result of an interaction between the charecteristics of the individual and the context, yet in our findings labeling mentall ill - whatever the person's behavior is- has an influence on the attitudes toward mental ill and mental illness and results with rejection. The findings of this present study on labeling are in line with the previous research on labeling by Fryer and Cohen (1988), Di Nardo (1975), Socall and Hotgraves (1992), Temerlin (1968), Temerlin and Trousdale (1969), Nieradzik and Cochrane (1985), and Arkar and Eker (1994).

Of the attitudes assessed in this study, in the case of expected emotional and physical burden, expected influence on one's mental health, type of treatment and in prognosis, labeling did not have a significant influence. This specificity of the influence of labels should alert researchers and program developers in the community to the possibility that labeling may not have an appreciable influence under all circumstances. In appreciating research results, in addition to sample differences such as demographic variables, the specific attitudes assessed should be carefully considered.

On the basis of these findings normal case description with a label had a significantly less social acceptance (higher social distance). It appears that at least for the behavior pattern used there may be significantly less accepting attitudes when a label is learned. Eker and Arkar (1995) found that patients with psychiatric, psychological problems perceived less social support in general as compared to normals or medical patients. Apperently, being labeled mentally ill has social consequences. Rejection and lack of social support, in turn, may futher negatively contribute to the course of illness.

Certain types of attitudes toward mental illness may become fixed at a relatively early age under socialization pressures and may not be open to further change. How early various attitudes are formed and which of them are still open to change in a realistic direction should be addressed in future research. It seems that at the level of attitudes, a few isolated attempts in particular samples at changing them toward a more desirable direction may not be of much use. To have a widespread and long term effect it should be started early, as Eker (1991) indicated, possibly at elementary school or even earlier, and use the educational system and all types of media in our attempts to change the attitudes. As Bhugra (1989) said, 'it takes more than one generation for any change to filter through' (p. 9), we should not expect widespread changes of all levels of a society for a couple of generations and even more.

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Appendix

Social Distance Scale

1. Would you be disturbed sitting close to him in a city?

2. Would you be disturbed sitting close to him in an intercity bus on a long journey?

3. Would you be disturbed shopping from a market which he runs?

4. Assume that you have a house for rent. Would you rent your house to him?

5. Assume that you live in an apartment. Would you be disturbed by his working as a door-keeper in the building?

6. Would you be disturbed participating in a social gathering to which you know that he would also come?

7. Would you play cards, etc. with him if you saw him in a social gathering?

8. Would you have a chat with him about political matters, etc. when you saw him in a social gathering?

9. If you know him, would you tell him about your own private problems?

10. Would you disturbed by his becoming your next door neighbor?

11. If he was a barber/hairdresser, would you have your hair cut/done by him?

12. Assume that both of you work at the same place. Would you be disturbed sharing a room with him?

13. Assume that both of you work at the same place but in different rooms. Would you be disturbed working with him at the same place?

14. Assume that you have a sister. Would you be disturbed by your sister wanting to marry him?

Questions on Expected Burden

1. Would he be an emotional burden on you in your friendship with him? That is, would he wear you out emotionally?

2. Would he exhaust your physical energy in your friendship with him? That is, would your friendship tire you physically?

3. Would your friendship with him have a negative influence on your mental health?

Questions on Types of Treatment

1. If he is treated with various drugs and pills what is the probability of him becoming healthier in your opinion? (pharmacotherapy)

2. If he is treated by talking to him and by using guidance what is the probability of him becoming healthier in your opinion? (counselling)

3. If he is treated with electro-convulsive therapy what is the probability of him becoming healthier in your opinion? (ECT)

4. If he is treated by encouraging him to talk about his feelings what is the probability of him becoming healthier in your opinion? (psychotherapy)

5. If he is treated by talking to his family and by guiding his family what is the probability of him becoming healthier in your opinion? (family consultation)