Influence of psychiatric labeling on social distancing

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ABSTRACT

Background: Misconceptions and negative stereotypes towards mental illness exist and consequently result in social distancing. A number of factors contribute to the desire to keep social distance, the assigned psychiatric label being one of them. Understanding how description, along with psychiatric and non-psychiatric labels influences the desire to keep distance from mentally ill might facilitate the creation of strategies to reduce the prevalent negative stigma.

Objective: To assess the influence of psychiatric labeling and description on social distancing.

Materials and Methods: 109 participants from different undergraduate programs of Middlesex University Dubai campus were randomly assigned to one of the four vignettes (Description along with label of ‘troubled person’, ‘non diagnosed person’, ‘diagnosed as depression’ and an ‘extravert’), using between subject multi-group designs. These participants were then assessed on Social Distance Scale. Data was analyzed using descriptive and One Way ANOVA.

Results: The results indicated that the labeling alone did not have significant influence on social distancing. However the description of non-diagnosed (describes psychotic behaviors) vignette influenced social distancing significantly.

Conclusion: Behavioral description that is perceived as unusual seems to play a significant role along with labeling when it comes to socializing.

Key words: labeling, troubled person, non-diagnosed person, depression, social distancing

Citation

INTRODUCTION

Recognizing and labeling mental health problems as they emerge is considered to be a natural part of the help-seeking process. Mental disorders are prevalent in young people, affecting at least one in every four to five each year, yet many do not seek help. Individuals are typically stigmatized as a result of attributes that set them apart from others and which mark them out as in some sense inferior—having what Goffman referred to as a “spoiled identity”. The mentally ill are one group among many others (e.g. ethnic minorities, homosexuals, and individuals with physical and learning disabilities) who are stigmatized in contemporary society. Stigmatization is routinely manifested in the form of negative attitudes, discrimination, exclusion, and inequality of treatment. In this way, individuals with mental illness are often excluded from employment, independent living, and other significant life experiences.

There is considerable amount of research that documents the prejudices against individuals with mental health problems. They are disliked, derogated, negatively stereotyped, and discriminated against. Moreover, they are often portrayed as fundamentally different from “normal” people and as being less competent and more violent. As per Link and Phelan, as cited by Östman and Kjellin, stigma exists when elements of labeling, stereotyping, separating, status loss and discrimination co-occur in a power situation that
allows these processes to unfold. The misconceptions and negative stereotype towards mental illness exist and consequently result in social distancing. A number of factors contribute to the desire to keep social distance, psychiatric label being one of them.

Mental illness is defined as “behaviors of persons, considered being deviations from normal behavior in particular cultures”. These ‘deviations’ are what people view negatively and hence form attitudes towards. Being different from most of the other people in one’s society is partly what classifies a person as affected with mental disorder. When behavior is deviant, distressful, and dysfunctional, psychiatrists and psychologists label it as disorder. A number of people also think of the mentally ill as worthless, dirty, dangerous or violent. These negative perceptions are further strengthened when people are introduced to labels, without proper knowledge or understanding. Labels often create preconceptions that eventually guide perceptions and interpretations. There have been decades of debate about labeling and its potential harm, particularly in relation to fuelling stigmatizing attitudes.

Research into the labeling of mental health problems by the public, and its association with stigma has used a variety of methods. The most common method applied in various labeling research is to examine reactions to the label itself. Research shows that labeling a person as “mentally ill” or having a specific mental disorder can increase social distance. However, some labels elicit greater desire for social distance than others, e.g. “person with schizophrenia” vs. “consumer of mental health services”.

There are two opposing views on the labeling of mental health problems as mental illness. From a clinical point of view it is argued that labeling provides orientation for those afflicted and their relatives. The uncertainty and false beliefs will be replaced by a better understanding of the nature of the problem. People will then know better whom to ask for help and which measures to take to overcome the problem. Sociological role theory points to another positive effect of labeling: if the mental health problem is seen as an illness, the privileges of the patient role will be granted and patients will not be held responsible for their illness. By contrast, the labeling approach stresses the negative effects of psychiatric labeling. According to this theory, through labeling, the negative stereotype of the mentally ill which is still prevalent among the general public will be triggered. This in turn will lead to increased discrimination against those suffering from mental disorder. Empirical evidence for these two opposing views on labeling effects is equivocal. Discussing experimental studies in which the label had been manipulated, previous researchers have come to the conclusion that defining mental health problems as mental illnesses (instead of social problems) neither reduced stigmatization nor improved the perception of the afflicted.

Social distance has been the most frequently examined aspect of stigma. In a review of studies involving experimental and quasi-experimental designs assessing the relative effects of mental illness label vs. some variation of behavior, it was observed that although most studies found some evidence of labeling effects, they had either not been significant across all the outcomes assessed or had not been in the direction of more severe rejection with more severe labeling. However, based on a vignette experiment, the authors were able to show that labeling fosters high social distance among those who perceive mental patients to be dangerous. A rather recent noteworthy study, while evaluating person’s familiarity, perception of, and social distance from people with mental illnesses, found significant influence of acquaintance with the concept of mental illness.

While examining willingness to be involved in relationships of varying degrees of closeness with people who have psychiatric diagnostic labels, the researcher found individuals who have a close friend or family member with a mental illness, desire less social distance from people with mental illness when compared to those who have no such relationship. Those who were given some information about specific diagnoses desired greater social distance from people who have mental illness than participants who were given only diagnostic labels.

The label related to the severity of mental illness still matters. The price schizophrenic patients pay for disclosing their illness seems by far higher than the potential benefits. In view of this, it is not surprising that the majority of patients, when being asked about strategies for...
stigma coping, recommend to keep mental illness a secret or even to avoid contact with other people\(^{11}\). By contrast, labeling people with major depression as mentally ill appears to have no substantial impact on public attitudes. Depression is more accepted than schizophrenia, with or without labeling, by the general public\(^ {11}\). With regard to schizophrenia, one study found significant association between accurate label and social distancing\(^ {13}\), whereas the association was insignificant in another\(^ {8}\). By contrast, social distance was associated with other labels for this vignette such as psychological/mental/emotional problem and brain/mind problem\(^ {14}\). There seems to be greater association between accurate and nonspecific labels and stigma for schizophrenia/psychosis vignettes than for depression vignettes, confirming findings that schizophrenia is generally more stigmatized\(^ {15}\). This is further reinforced in a recent review wherein Silton, Flannelly, Milstein and Vaaler\(^ {16}\) analyzed data from general social surveys of 1996 to 2006 using vignette describing a character presenting with alcoholism, depression, schizophrenia or minor problems. It was observed that desire for social distance from characters whose presenting problems were alcoholism or depression was significantly lower in 2006 than in 1996. The participants’ perceptions that the character was mentally ill and/or dangerous to others partially mediated the association between presenting problem and social distance.

**Justification of the Study**

Most of the previous researches discussed above have studied the impact of mild level, severe level, and non-diagnosed vignette to assess the attitude. The previous researches mainly concentrated on assigned labels; very few have attempted to assess social distancing by utilizing non-psychiatric labels that comprise unusual descriptions that are perceived pathological and using personality dimension as label. The existing body of research is inconsistent and inconclusive. The significance of this research was that it investigated whether psychiatric and non-psychiatric labeling alone or the description of vignettes played a role in social distancing. Therefore the present study aimed at investigating whether description of vignette influenced the desire to keep social distance. The study further attempted to determine the impact of psychiatric and non-psychiatric labeling on social distancing. It was hypothesized that description of vignette would have significant impact upon social distancing. It was further hypothesized that psychiatric or non-psychiatric labeling as well as personality dimension would have significant impact on social distancing.

**MATERIALS AND METHODS**

The research design employed for the investigation was between subjects multi-groups wherein each participant was exposed to one of the four levels of independent variable, labeling. The four levels were: a troubled person, non-diagnosed person, person diagnosed with depression and an extravert. The dependent variable was social distance. The troubled person and diagnosed with depression were experimental, whereas non-diagnosed person and extravert vignette were control groups. Psychiatric label in the present research was defined as a title used to denote a clinically diagnosed and a non-diagnosed individual. Social distance was defined as the degree of closeness or acceptance an individual feels toward another individual. The total sample comprised 109 students (59 males and 50 females) of Middlesex University Dubai. It comprised all ages and nationalities, and was drawn using simple random sampling technique from undergraduate degree programs of psychology, tourism, business and human resource management, and business administration. The sample was not proportionate as a slightly higher number of students came from psychology and tourism than from other areas.

Four different vignettes were used to determine how participants’ social distance would be affected with different labels. Two vignettes (troubled and non-diagnosed person) were adopted from a previous study\(^ {17}\). The ‘troubled person’ vignette described anxiety and general stress whereas the ‘non-diagnosed person’ vignette described psychotic behavior. Third vignette describing a person diagnosed with depression was adopted from a previous research\(^ {18}\), and the vignette of an extravert was based on the description given by Eysenck.

The Social Distance Scale\(^ {6}\) was used to assess social distancing in relation to psychiatric labeling. The scale consists of 14 questions to be rated on a 7-point scale, ranging from definite agreement to definite disagreement. This scale demonstrates a reliability of 0.88. A lower score on this scale
indicates high desire for distancing and a high score lower social distance.

Once selected using simple random technique, participants were further randomly allocated to vignette groups. An information sheet was distributed along with a brief orientation to the study. All participants were asked to sign a written consent form. Those who consented to participate were provided with a form for recording general demographic data. Each participant was contacted individually and was given a particular vignette describing and labeling a person. They were asked to complete the Social Distance Scale questionnaire after reading vignette. All participants were briefed about the research purpose and possible prediction at the completion of study.

The data collected was coded and entered into IBM SPSSv19 for analysis. Data was analyzed using descriptive, One Way ANOVA, Post hoc, and effect size (Cohen’s $d$) were applied as statistical techniques.

The research was reviewed and approved by the Ethical Committee of Middlesex University Dubai campus.

RESULTS

As shown in Table 1 the mean social distance for the “non-diagnosed” vignette was the lowest, whereas for the “Depressed person” vignette was the highest, closely followed by the “Extravert” group. ANOVA and Post Hoc were computed to determine whether there was significant difference in the Social Distance scores among the four vignettes. The influence of psychiatric labeling as per vignette on social distancing was significant ($p<0.05$).

Bonferroni showed significant difference between depressed and non-diagnosed vignette,

<table>
<thead>
<tr>
<th>Label</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Differences of Means</th>
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</thead>
<tbody>
<tr>
<td>Depressed person</td>
<td>28</td>
<td>64.35</td>
<td>8.08</td>
<td></td>
</tr>
<tr>
<td>Non-diagnosed person</td>
<td>29</td>
<td>57.65</td>
<td>9.46</td>
<td>6.70*</td>
</tr>
<tr>
<td>Troubled person</td>
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<td>61.35</td>
<td>10.20</td>
<td>3.00</td>
</tr>
<tr>
<td>Extravert</td>
<td>24</td>
<td>64.12</td>
<td>7.47</td>
<td>0.23</td>
</tr>
</tbody>
</table>

*Differences of means significant at 0.05 level

Cohen’s $d=0.75$. Further, the non significant difference between non-diagnosed and extravert displayed a trend approaching to significance, Cohen’s $d=0.73$. The noteworthy finding of this research was the non-significant difference between extravert and depressed vignette, Cohen’s $d=0.03$.

According to the Bonferroni post hoc analysis, the participants were more uncomfortable being around non-diagnosed person (who had psychotic description) than people who were labeled as troubled, depressed or an extravert.

DISCUSSION

The debate on labeling mental disorders and consequent impact on interpersonal relationship is ongoing. Different perspectives, i.e. clinical and social, and labeling view have proposed positive and negative impact of labels assigned to psychiatric problems. Labels have often been found to create stigma which further reinforces desire to maintain distance especially in social contexts. The present study aimed at investigating whether description of vignette influenced the desire to keep social distance by assessing the impact of psychiatric and non-psychiatric labeling on social distancing.

The results indicate that participants felt most uncomfortable being around people perceived to be mentally ill as opposed to someone perceived as 1) depressed, 2) troubled individual or 3) an extravert. The participants had higher social distance towards the ‘Non-diagnosed person’ whose description indicated unusual and pathological behavior, revealing that they would not be comfortable around such an individual. On the other hand, there was no significant difference in social distance among other vignettes. The results further showed that labeling alone might not be a factor influencing socialization.

As predicted in the first hypothesis, results largely supported that description of vignette had an influence on the desire to keep social distance from people whose behavior was perceived unusual or pathological. The effect size shown between depression and non-diagnosed description was found to be large, suggesting that despite the small sample size there was an important distinction made by the participants in their desire to keep social distance from non-
diagnosed persons (having description of pathological behavior). Although the labeling was non-pathological yet the highest social distance was reported by the participants who were provided with this vignette. These results are in accordance with previous research\cite{15}, which reported nonspecific labels and stigma for schizophrenia/psychosis vignette than for the depression vignette, confirming that the psychotic description yields more social distance; and greater desire for social distance from people having mental illness was seen with information about specific diagnoses rather than the diagnostic labels\cite{5}. The results of the present research is further supported by another research which found positive association between description of presenting problem and social distance, confirming an association between behavioral presentation and desire not to socialize than “just” the label\cite{16}.

The findings support the second hypothesis that predicted that the difference in social distance score among four vignettes will be significant. It was found that the vignette with depressed person followed by extravert created the lowest social distance compared to the vignette describing psychosis. The findings are completely in agreement with previous research\cite{10,19} which found that severity of mental illness still matters as it causes more prejudice and discrimination against mental patients rather than the label itself. Depression was more acceptable compared to schizophrenia with or without being labeled as has also been shown by past researchers\cite{11,13}. This might in part be due to the term depression designating spectrum of psychological disturbance which is common, compared to a description that suggests frank psychotic behaviors. The prevalent stigma resultant of various factors like perceived dangerousness, prejudice, discrimination, etc. contributes significantly to the desire for keeping oneself away from those who exhibit unusual behaviors. The participants viewed vignette description as acceptable or non-acceptable and consequently, the desire for social distance. Our results are further supported by Link, Cullen, Frank and Wozniak\cite{12}, who in a significant review of experimental and non-experimental studies, noted that the effect of just labeling was not significant across all the outcomes, rather the perception of dangerousness was more contributing to the desire for social distancing.

**CONCLUSION**

In summary, the findings of present investigation suggest behavioral descriptions of vignette to be more influential than mere label of psychiatric and non-psychiatric problems. The description of frank psychotic behavior seems less acceptable compared to depression, psychological stress and extravert personality dimension.

**Implication of Study**

This study points towards an important aspect of labeling research, the perceived pathological behavior in the absence of a specific psychiatric label being still important as it generates negative perceptions, less understanding, perceived dangerousness and resultant social distance. Therefore the educational awareness program towards better acceptance needs to be behavioral pattern-oriented rather than just label-focused.

**Limitations and Future Directions**

The study has applied between groups designs in which although randomization to groups was applied, differences may increase due to individual variation. Therefore, within group design can be applied for future research. Although the small sample size affects generalization, Bonferroni still could detect that the difference and the effect size were large between depression and non-diagnosed descriptions, indicating a larger sample would yield promising findings. The study concentrated on only one aspect of stigma; future researchers might include other components of stigma as well as effect of the demographic characteristics of sample.

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References