

## ATTITUDES TOWARDS MENTAL ILLNESSES: EFFECTS OF LABELS AND ASSOCIATIONS WITH MATERIALISM

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### ABSTRACT

**Background:** Despite growing awareness, stigma against mentally ill individuals is still prevalent in society. Different labels attached to mental illnesses receive varying amounts of stigma. Moreover, materialistic societies have been shown to display a more negative outlook towards mentally ill individuals while compulsive disorders in general, elicit more negative attitudes. However, there has been only little research on the impact of materialism and the use of labels attached to mental illnesses, in relation to mental illness stigma. The current study focused on effects of materialism and label attachment on mental illness stigma in relation to perception of two compulsive disorders: oniomania (compulsive shopping) and kleptomania (compulsive stealing).

**Materials & Methods:** A multicultural sample of 120 participants was recruited from Knowledge Village, Dubai. Participants were randomly assigned to one of four conditions; oniomania labeled or oniomania non-labeled (questionnaire depicting oniomania with either illness name present or absent), kleptomania labeled or kleptomania non-labeled (questionnaire depicting kleptomania with either illness name present or absent). Materialism and attitudes towards mentally ill individuals were assessed in two self-report questionnaires and participants were requested to watch a video depicting the illness between filling the questionnaires.

**Results:** No significant influence of materialism or labels on mental illness stigma was found, as  $ps > .05$ . However, this study found that illness type appeared to be a stronger predictor of mental illness stigma than the other predictors of materialism and label attachment.

**Conclusion:** This study suggests that stigma can be reduced more effectively by creating awareness of mental illnesses.

**Keywords:** stigma; materialism; oniomania; kleptomania; label-attachment

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### INTRODUCTION

Stigma towards the mentally ill is common today. Moreover, awareness about mental health and illnesses does not necessarily lead to less stigma<sup>1</sup>. Stigma is a multifaceted construct that involves feelings, attitudes, and behaviours<sup>2</sup>. Stigma towards a mentally ill individual implies that they are perceived or branded as different which leads them to be devalued in society<sup>3</sup>. Moreover, mentally ill individuals are often discriminated against in employment and viewed as incapable of handling social relationships<sup>4</sup>.

Stigma against mental illnesses has been found to have adverse effects on mentally ill individuals in everyday life. Research has found that individuals labeled as mentally ill are less likely

to be employed<sup>5</sup> and employers often assume that people with a mental illness may be more likely to be absent, dangerous or unpredictable<sup>6</sup>. Once people have been labeled as mentally ill, they are more likely to be underemployed or earn less than people with the same psychiatric difficulties who have not been labeled as mentally ill<sup>7</sup>. These findings show that labeling alone can affect employment opportunities without taking a person's ability, knowledge, education, or qualifications for a particular job into account<sup>7</sup>.

Importantly, stigma towards mental illnesses can pose a barrier towards seeking treatment. Due to stigma, individuals would rather live with the mental illness rather than disgrace their family and community by making it public by seeking professional help<sup>8</sup>. Stigma towards a mentally ill individual may lead as well to a stigmatization of the family members of the mentally ill individual causing the family to be shunned in society and

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making them reluctant to help their family member suffering from the mental illness<sup>9</sup>. Furthermore, mental illnesses that are perceived as consisting of dangerous behaviours have been found to be more stigmatised and socially distanced as opposed to others<sup>10</sup>. The presence of an illness label, as opposed to the description of the mental illness, may also have an effect on the attitudes that are held towards a mentally ill individual<sup>8</sup>. A mental illness label can be a diagnostic label like the name of the illness or a social label. It has been suggested that one reason for the hesitance to seek treatment for mental health illness may be that such labels promote stigma, due to the associated negative stereotypes and behaviours<sup>8</sup>.

Interestingly, it has been described in other accounts that attaching a label to mental illness descriptions leads to lowered stigma and in turn more favourable attitudes towards the described persons compared to non-labeled illness descriptions<sup>11</sup>. Certain people have also been found to sympathise with an individual with mental illness when they are identified and labeled and they perceive this sympathy as a way of helping or assisting the individual with mental illness<sup>12</sup>. This implies that the impact of the label on its own may not necessarily result in stigma. To date, it remains unclear whether there are differences in stigma between certain mental illnesses<sup>8</sup>.

It has been suggested that those labeled as mentally ill are often excluded by society, in particular materialistic societies<sup>4</sup>. This poses a problem when forming social relationships, as the key aspects of a healthy social relationship include acceptance, understanding and respect<sup>4</sup>. People often perceive that physical contact or even proximity to the stigmatized mentally ill person can be dangerous or contagious for one's own health<sup>13</sup>. Individuals avoid those with mental illness and believe that being associated with a stigmatized mentally ill individual may influence society's perception of own self<sup>4</sup>.

People with materialistic attitudes have been observed to possess more stigmatising attitudes when compared to people who are less materialistic in nature<sup>15</sup>. Materialism has been reported to be associated with inflated views of self, which leads to viewing others as lower to own self<sup>15</sup>.

Moreover, the media has been found to have an effect on attitudes towards mental illnesses as it has often been seen to portray mental illnesses in a negative view<sup>16</sup>. This has been demonstrated in a review of different forms of children's media, including television, films, and cartoons<sup>17</sup>. It has been shown that the common images of people

with mental illness in these formats directed at children were similar to portrayals in adult media<sup>17</sup>. Mental illness is typically shown to be unattractive, violent, and associated with criminal behavior in popular media<sup>18,19</sup>. Scheff<sup>20</sup> suggested that stigma attitudes are acquired in early childhood. Labels like 'crazy', 'mad' or 'losing their mind' are common in the media<sup>21</sup>.

The current study focuses on two specific mental illness diagnoses; kleptomania and oniomania. Oniomania is described as a persistent, habitual primary reaction to any form of negative feeling or event, through the action of making purchases (i.e., compulsive shopping)<sup>22</sup>. Kleptomania has been described as the unsuccessful attempt to refrain oneself from the impulsive urge to steal things which are not required for personal use, irrespective of the monetary value (i.e., compulsive stealing)<sup>23</sup>. However, there has only been little research so far on differences in perception of oniomania and kleptomania<sup>24,25</sup>.

Furthermore, there is a scarcity of research conducted on stigma towards mental illnesses in the Middle East<sup>26</sup>. The current study adds to the scientific literature as it aims to examine how label attachment and materialism among a sample of UAE residents affects attitudes held towards two compulsive mental illnesses; kleptomania and oniomania. We hypothesize (1) an association between materialism and attitudes held towards mental illness; (2) less favourable attitudes in the absence of a label, when compared to the presence of a label, and (3) kleptomania receiving more negative attitudes compared to oniomania.

## MATERIALS AND METHODS

### Design

An experimental between groups design was adopted for the present study.

The dependent variables were attitudes towards mental illnesses on two factors; *psychological stigma* and *biological stigma*. Independent variables were *label attachment* with two levels (presence of label and absence of label) and *illness type* (oniomania and kleptomania). Scores on a *materialism* scale were used as a covariate.

### Participants

In all, 120 volunteers (47.5% of; mean age = 24.98, *SD* = 8.68) were recruited opportunistically from Knowledge Village, Dubai. Participants were from 30 different countries, the majority being from India (32.5%), Pakistan (15%), Britain (8.3%) and the rest from other countries.

## Materials

**The Material Value Scale (MVS):** A 17-item self-report measure, which uses a 5-point Likert-typed scale with options ranging from 1 being “strongly disagree” to 5 being “strongly agree”<sup>27</sup>. An example statement of the MVS scale is, “I like to own things that impress people.” The internal consistency of the MVS was satisfactory (Cronbach’s alpha = 0.84). The MVS has been demonstrated to possess good discriminant validity<sup>28</sup>.

**Case Vignettes and Vignette Rating Measure (CVVRM):** This scale consists of a case vignette with questions related to the vignette which described each of the two illnesses of either Kleptomania or Oniomania with presence and absence of the diagnostic illness label. It is a 7-item self-report measure, using a 6-point Likert-typed scale with options ranging from 1 being “strongly disagree”

to 6 being given a value of “strongly agree”<sup>29</sup>. An example question of the CVVRM is “If Sarah were a member of my family, I would be embarrassed if people knew she was treated by a psychologist or psychiatrist.” An overall score was derived from the CVVRM in which a higher score means greater the stigma. The CVVRM vignettes were presented to each participants in one of the four conditions (1) oniomania labeled, (2) oniomania non labeled, (3) kleptomania labeled, (4) kleptomania non labeled. A principal component analysis was used with varimax rotation to investigate the dimensionality of the scale (Table 1). The results of the varimax rotation showed two emerging factors of attitudes towards mental illnesses with Eigenvalues > 1. These were labeled as (1) Psychological stigma and (2) Biological stigma. The psychological stigma demonstrated high internal consistency (Cronbach’s alpha = .65) while biological stigma demonstrated moderate internal consistency (Cronbach’s alpha = .51).

Table 1: Rotated factor solution of CVVRM

	Factor 1: Psychological stigma	Factor 2: Biological stigma
1. I believe Sarah has a psychological disorder	.773	
5. I believe Sarah should seek treatment from a mental health professional, such a psychologist or psychiatrist	.727	.047
3. I believe the causes of Sarah’s problems are psychological in origin	.716	
2. I believe Sarah has a medical disorder	.548	.425
6. I believe Sarah should seek treatment from a medical doctor other than a psychiatrist	.184	.826
4. I believe the causes of Sarah’s problems are biological in origin		.802
7. If Sarah were a member of my family, I would be embarrassed if people knew she was treated by a psychologist or psychiatrist		.439

Note. Eigenvalues for Factor 1 was 2.177 and for Factor 2 was 1.649

Following previous approaches to mental illness vignettes, two corresponding vignette videos (1-2 minutes long) were used showcasing the two illness conditions. The videos were obtained through YouTube and were modified for length and content. The video depicting oniomania was constructed by editing together related videos. The

oniomania video showed a man having bought numerous expensive watches and later showed him to be distressed while the video implied financial problems. The video depicting kleptomania showcased a girl who was habitual of stealing arbitrary items from her classmates and shops and the video later showed her to be distressed<sup>30</sup>.

**Procedure**

Prior to collecting the consent, the participants were given an information sheet and briefed about the research. Informed consent was then obtained from the participants at the onset of the study. Participants were first requested to fill in the Materialism Value Scale (MVS). Subsequently, participants were requested to watch a short video clip depicting either kleptomania or oniomania without specifying a label for the video. After the video, participants were requested to fill the Case Vignette Rating Measure (CVVRM) in one of four conditions. Namely, the case vignette described the same illness as the video clip that the participant had previously watched (i.e., either kleptomania or oniomania), and was either labeled or not labeled with the corresponding mental illness. Upon completion of the questionnaires, participants were thanked and debriefed. Individual data collections took about 15 to 20 minutes. The present research has been reviewed and approved by the Ethical Committee of Middlesex University Dubai.

**Statistical analysis**

A 2 (presence of label vs. absence of label) x 2 (oniomania vs. kleptomania) analysis of covariance with materialism being treated as covariate was adopted for the analysis. Data was analyzed using Statistical Package for the Social Sciences (SPSS Version 21).

**RESULTS**

No significant differences between type of illness and presence of label on attitudes for psychological stigma were observed (Table 2). Type of illness had no significant effect on attitudes for psychological stigma ( $F(1,115) = 1.510$ ,  $MSe = 1.20$ ,  $p = .222$ ) while label attachment also had no significant effect ( $F(1,115) = 0.246$ ,  $MSe = 0.20$ ,  $p = .621$ ). No interaction effect was observed of illness type and label attachment on psychological stigma ( $F(1,115) < 0.001$ ,  $MSe < 0.01$ ,  $p = .984$ ; Figure 1). The covariate also had no significant effect ( $F(1,115) = 0.168$ ,  $MSe = 0.13$ ,  $p = .683$ ).

**Table 2:** Means and standard deviations for psychological stigma

Type of mental Illness	Mean	SD	95% Confidence Interval	
			Lower Bound	Upper Bound
Oniomania	4.464	.779	4.237	4.692
Kleptomania	4.665	.971	4.437	4.893

Presence of Label	Mean	SD	95% Confidence Interval	
			Lower Bound	Upper Bound
Present	4.605	.778	4.377	4.833
Absent	4.524	.979	4.296	4.752

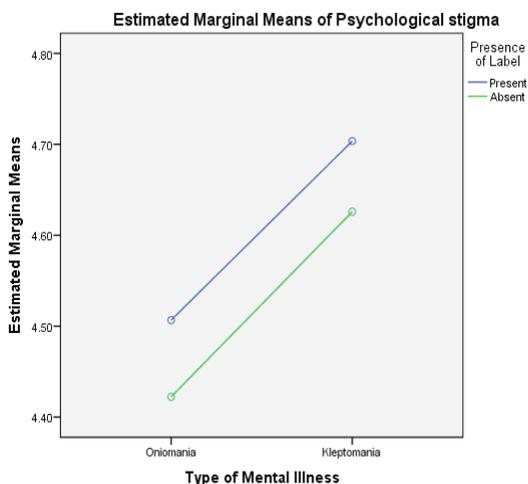


Figure 1: Interaction effect of illness type and presence of label on psychological stigma.

No significant difference between type of illness and label condition on attitudes for Biological stigma were observed (Table 3). Type of illness had no significant effect on attitudes for Biological stigma ( $F(1,115) = 2.330$ ,  $MSe = 2.14$ ,  $p = .130$ ). Label attachment also had no significant effect ( $F(1,115) = 0.266$ ,  $MSe = 0.24$ ,  $p = .607$ ). No interaction effect of illness type and label attachment on Biological stigma was observed ( $F(1,115) = 1.162$ ,  $MSe = 1.066$ ,  $p = .283$ ; Figure 2). The covariate materialism also had no significant effect ( $F(1,115) = 1.344$ ,  $MSe = 1.233$ ,  $p = .249$ ).

Table 3: Means and standard deviations for biological stigma

Type of mental Illness	Mean	SD	95% Confidence Interval	
			Lower Bound	Upper Bound
Oniomania	2.560	.950	2.315	2.508
Kleptomania	2.828	.964	2.582	3.073

Presence of Label	Mean	SD	95% Confidence Interval	
			Lower Bound	Upper Bound
Present	2.648	1.02	2.403	2.894
Absent	2.739	.898	2.494	2.985

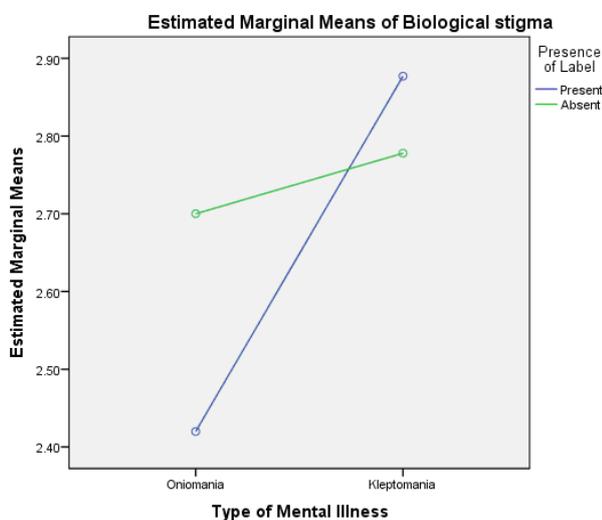


Figure 2: Interaction effect of illness type and presence of label on biological stigma

Our most noteworthy result was that the illness type was found to be the strongest predictor for stigma towards the mental illnesses as opposed to the other predictors of label attachment and materialism, although results failed to reach nominal significance. Illness type showed the strongest effect with regard to Psychological stigma, explaining the findings of 1.3% of variance as compared to materialism (0.1%) and presence of label (0.2%). Similarly, illness type showed the strongest effect on Biological stigma as that showed 2% variance which was more than that of materialism (1.2%) and presence of label (0.2%).

## DISCUSSION

The aim of the current study was to increase the understanding of the effects of materialism on attitudes held towards two mental illnesses;

oniomania and kleptomania, and how these attitudes differ in the presence and absence of a mental illness label.

The first hypothesis was that there would be an association seen between materialism and the attitudes towards mental illnesses. The findings did not support the association the first hypothesis proposed as there was no significant influence of materialistic values on psychological and biological stigma, towards the two illnesses of oniomania and kleptomania. This was inconsistent with a previous evidence that made an observation that materialism was negatively related to attitudes towards mental illnesses<sup>4</sup>. These findings were also inconsistent with a past study conducted in the UAE which found materialistic individuals to have more stigmatising attitudes towards mentally ill individuals<sup>15</sup>.

Second, we expected that attitudes towards mental illness would be less favorable when a diagnostic illness label was not mentioned. The findings did not support the association proposed by the second hypothesis as no significant difference was observed in attitudes towards the illnesses in the presence or absence of the illness label. These findings are inconsistent with previous reports in literature as past research had found stigma to be reduced in presence of a mental illness label and thus increased stigma in absence of label<sup>11</sup>. This result could be explained by the fact that when the true nature of the illness is known, people feel more comfortable and rather sympathise towards the mentally ill person, and thus show more positive attitudes<sup>12</sup>. However, contrarily another study found increased negative attitudes when an illness label was mentioned<sup>7</sup>. Educational interventions and increasing awareness about mental illnesses may

have a positive impact on attitudes held towards mentally ill individuals<sup>31</sup>. However, one interesting observation was that a higher biological stigma was seen towards the illnesses in both presence and absence of label however this observation is only due to a visual inspection of the means rather than through an results of inferential statistics.

Third, we predicted that kleptomania would receive more negative attitudes as compared to oniomania. The findings did not support the association presented by the third hypothesis. However oniomania was seen to receive relatively more biological stigma as opposed to psychological stigma. This could be due to the nature of the mental illness, as illnesses with uncertain behaviours receive more negative stigma<sup>10</sup>.

One limitation of this study is that the findings are not generalizable to the entire population of Dubai because our sample consisted mainly of students and working adults. Another limitation could be the potential socially desirable responding of participants on our measures. However, this problem arises in any investigation that is based on self-reported data. We ensured confidentiality in order to minimize such effects. Although commonly observed moderators such as age, education, or socio-economic status may not have played a role in our present investigation due to the sample homogeneity, it should be kept in mind that other moderators such as gender and ethnicity were not accounted for. However, our results appeared to be robust across the sample investigated.

Future researchers may wish to consider how cultural differences influence perceptions and attitude towards mental illness. Conducting similar research in schools would be beneficial as research has shown that attitudes emerge in early childhood<sup>17</sup>. Moreover, this may increase awareness and educate children about stigma towards mentally ill individuals thus reducing adverse attitudes towards mentally ill individuals.

In conclusion, our results do not show strong evidence for effects of materialism and label attachment on stigma towards mentally ill individuals in Dubai. However, illness type appears to be the best predictor of stigma towards mental illnesses, indicating more negative attitudes towards kleptomania than oniomania. Improved education and awareness of mental illnesses may be helpful in further reducing stigma towards the mentally ill, thus alleviating societal and familiar stresses and promoting beneficial help-seeking behaviors in mentally ill individuals.

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