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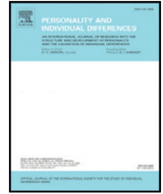

Motivational orientations and psychiatric stigma: Social motives influence how causal explanations relate to stigmatizing attitudes

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ABSTRACT

It has been hoped that disseminating biological and genetic (biogenetic) explanations for mental disorders would reduce the tendency to stigmatize affected people. However, biogenetic explanations convey both stigmatizing and destigmatizing meanings (reducing blame but inducing perceived dangerousness and pessimism). This ambiguity may allow motivational factors to influence how individuals make sense of biogenetic explanations. In this research, we aimed: (1) to shed light on the motives that underpin stigmatizing attitudes, and (2) to investigate if these motives also predict how people interpret biogenetic explanations. In Study 1 ($N = 177$), we found that motivations to compete for group dominance (Social Dominance Orientation; SDO) and to maintain security and social cohesion (Right Wing Authoritarianism; RWA) were associated with stigmatizing attitudes toward individuals suffering from depression and schizophrenia. Further, biogenetic explanations had different implications for stigma as a function of RWA, predicting high stigma in high-RWA people and low stigma in low-RWA people. In Study 2 ($N = 93$), we found that the motives indexed by SDO and RWA predicted how people responded to a biogenetic explanation of schizophrenia, tending to reinforce stigmatizing attitudes. We discuss the implications of these findings for efforts to reduce stigma.

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1. Introduction

People with mental disorders are subject to an intense stigma founded on negative stereotypes and myths. This pattern of rejecting and hostile attitudes and discriminatory behavior can have profoundly damaging effects on people who receive psychiatric diagnoses (e.g., Corrigan & Penn, 1999; Hinshaw, 2007). It has been hoped that educating the public about the biological and genetic (biogenetic) causes of mental disorders would reduce stigma (e.g., Corrigan et al., 2000). A large body of research has documented that biogenetic explanations have complex implications for people's attitudes: Individuals who hold or learn about biogenetic explanations for mental disorders are less likely to blame sufferers for their conditions, but also more likely to perceive them as dangerous and incurable (Kvaale, Gottdiener, & Haslam, 2013; Kvaale, Haslam, & Gottdiener, 2013).

Because biogenetic explanations convey both stigmatizing and destigmatizing meanings, different individuals may interpret these explanations in markedly different ways. Individuals who are motivated to stigmatize people with mental disorders may interpret biogenetic explanations for these conditions in ways that support their prejudice. The purpose of the present research is to investigate whether the same motives that underpin stigmatizing attitudes also influence people to interpret biogenetic explanations in ways that reinforce their negative views. If this is the case, it would highlight an important barrier to reducing stigma through dissemination of biogenetic explanations.

To achieve our aims, we first need to shed light on the motivations that predict stigma, before we establish that these motivations also predict people's interpretations of biogenetic explanations. In our research, we consider four facets of stigma: the tendency to blame people with mental disorders for their difficulties, the beliefs that people with mental disorders are dangerous and that they have a poor prognosis, and social rejection of people with mental disorders. In order to allow comparison to previous research we focus on two commonly studied disorders in this area: depression and schizophrenia.

1.1. Which motives predict stigmatizing attitudes toward people with schizophrenia and depression?

The dual-process model of prejudice proneness (Duckitt & Sibley, 2010) outlines two distinct motivational bases for prejudice: competition for superior social status and protection of collective security and cohesion. These two motives are expressed in the ideologies termed Social Dominance Orientation (SDO) and Right Wing Authoritarianism (RWA), respectively. The dual process model of prejudice proneness seems well suited to explain stigmatizing attitudes toward mental disorders because the social motives it describes are closely related to two central themes in the literature on psychiatric stigma: that people

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with mental disorders are considered to be of low social status and perceived as potentially dangerous.

According to the dual-process model, individuals who view the social world as a competitive jungle (high SDO; Perry, Sibley, & Duckitt, 2013) tend to be prejudiced against low-status groups because they are motivated to compete for superiority (Duckitt & Sibley, 2010). People with symptoms of mental disorders are often considered at the bottom of the social hierarchy, being less socially acceptable than people with common stress (Phelan & Basow, 2007), normal troubles (Martin, Pescosolido, & Tuch, 2000), or physical ailments (Phelan, 2005). We therefore expect that SDO would be associated with stigmatization of people with depression and schizophrenia. Indeed, SDO is related to low social acceptance of people with depression, alcohol dependence, and common stress (Phelan & Basow, 2007) and predicts negative attitudes and behavioral intentions toward people with mental disorders (Bizer, Hart, & Jekogian, 2012). However, no study has comprehensively tested whether SDO predicts all key facets of stigmatizing attitudes toward people with depression and schizophrenia.

According to the dual process model, individuals who view the social world as dangerous (high RWA; Perry et al., 2013) are particularly prejudiced against threatening and socially deviant outgroups because they are motivated to protect collective security and cohesion (Duckitt & Sibley, 2010). Stigmatization of people with mental disorders is often founded on stereotypes about their potential for dangerous and unpredictable behavior (Angermeyer, Holzinger, Carta, & Schomerus, 2011; Jorm, Reavley, & Ross, 2012), so RWA should be associated with stigmatizing attitudes toward people with depression and schizophrenia, a prediction that has yet to be tested.

1.2. Do these motives also predict interpretation of biogenetic explanations for schizophrenia and depression?

In addition to engendering stigmatizing attitudes, the motives indexed by SDO and RWA may influence how people interpret factual information about mental disorders. This is important because anti-stigma interventions often attempt to reduce stigma through the provision of educational information (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012), including biogenetic explanations of mental disorders. Biogenetic explanations appear to convey both stigmatizing and de-stigmatizing meanings (e.g., Easter, 2012; Haslam, 2011). Because of this ambiguity, people who receive a biogenetic explanation for a mental disorder may have considerable interpretive freedom, allowing motivational factors to operate on the inferences drawn about affected people.

For example, high-RWA individuals, who view the world as dangerous and are motivated to maintain security and cohesion, may interpret biogenetic explanations of depression and schizophrenia as evidence that their symptoms are perilously out of the sufferer's control, thus amplifying their negative attitudes. High-SDO individuals, who view the world as a competitive jungle, are motivated to dominate and oppose policies that benefit those lower in the social hierarchy (Mallett, Huntsinger, & Swim, 2011; Wakslak, Jost, Tyler, & Chen, 2007). Such individuals might be particularly unreceptive to messages that present biogenetic causes of schizophrenia and depression as reasons for greater social acceptance. Instead, they might see those explanations as justifying their view that people with these disorders are defective and unworthy.

1.3. Overview of studies

This paper presents two studies that aim to shed light on the motives underpinning stigmatizing attitudes toward people with schizophrenia and depression, and to investigate if these motives also influence people to interpret biogenetic explanations for these disorders in ways that support their negative views of sufferers. Study 1 investigates associations between individual differences in RWA, SDO, endorsement of biogenetic explanations for depression and schizophrenia, and three of the key facets of stigmatizing attitudes toward individuals with these disorders (blame, perceived dangerousness, and [low] social acceptance). In Study 1, we hypothesize that: *Hypothesis 1*: RWA and SDO independently predict all three facets of stigma. Support for Hypothesis 1 would provide evidence that the motives indexed by RWA and SDO underlie individual differences in stigmatizing attitudes. In Study 1, we further hypothesize that: *Hypothesis 2*: RWA and SDO moderate the relationships between biogenetic causal beliefs and these three stigma components such that the association between biogenetic beliefs and stigma is strongest (i.e., most positive) among individuals with high RWA or SDO. Support for Hypothesis 2 would provide evidence for the proposition that the motives indexed by RWA and SDO influence people to interpret biogenetic explanations in ways that reinforce their negative views. Study 2 investigates this proposition in a more direct manner by testing if RWA and SDO predict how individuals' attitudes toward people with schizophrenia respond to a biogenetic explanation of this condition. In Study 2, we hypothesize that *Hypothesis 3*: RWA and SDO predict a change toward more stigmatizing attitudes as a result of learning about the biogenetic causes of schizophrenia.

2. Study 1

Study 1 examined associations among measures of the two motivational orientations, biogenetic causal beliefs, and major components of stigma in a student sample, aiming to test Hypotheses 1 and 2.

2.1. Method

2.1.1. Participants

Undergraduate psychology students ($N = 177$) with a mean age of 19.6 (range 17–47) participated in this study (76.8% were female). Eighty-three reported Asian cultural background; 71 reported Caucasian cultural background; the remaining reported other cultural backgrounds ($N = 9$), dual cultural identity ($N = 12$), or failed to indicate cultural background ($N = 2$).

2.1.2. Procedure

Participants were randomly assigned to one of two versions of a questionnaire, which they completed alone or in groups of up to ten. Upon giving informed consent and completing demographic details and RWA and SDO measures, they were asked to read a vignette describing a person with schizophrenia (questionnaire version 1), or a person with depression (questionnaire version 2). The vignettes were adapted from previous research (Phelan, 2005) and contained symptoms and diagnostic labels for the relevant disorder. After reading the vignette, participants indicated to what extent they thought the problems of the person in the vignette were caused by biological and genetic factors. Finally, they were asked about their attitudes toward the person in the vignette (social acceptance; perceived dangerousness; blame). Participants then read the other vignette, and completed the same measures of biogenetic causal beliefs and attitudes.

2.1.3. Measures

2.1.3.1. RWA. Participants completed the RWA scale (Altemeyer, 1996), rating their agreement with 30 items (15 reversed scored) on a scale from -4 (very strongly disagree) to $+4$ (very strongly agree). The items were subsequently recoded by adding 5 to each score. The scale demonstrated excellent reliability in this sample (Cronbach's $\alpha = .93$).

2.1.3.2. SDO. Participants completed the SDO scale (Pratto, Sidanius, Stallworth, & Malle, 1994), rating their agreement with 16 items (8 reversed scored) on a scale from 1 (completely disagree) to 7 (completely agree). This scale also had excellent reliability (Cronbach's $\alpha = .88$).

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