

Special Article

Emotional reactions to people with mental illness

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SUMMARY. **Aims** – Based on findings from population surveys, we provide an overview of the public’s emotional reactions to people with mental illness. **Methods** – A literature search for populations studies using measures of emotional response to people with mental illness was carried out. In addition, data on the public’s emotional reactions, originating from representative surveys conducted in Germany in the years 1990, 1993 and 2001, were analysed. **Results** – Positive emotional reactions to people with mental illness are most prevalent, followed by fear and anger. This pattern appears relatively stable across different cultures. In recent years, the emotional response of the public remained unchanged or even deteriorated. The public seems to react quite differently to people with different mental disorders. Emotional reactions have a substantial effect on the desire for social distance. The association between familiarity with mental disorder and the desire for social distance is to a considerable extent mediated through emotions. **Conclusions** – The public’s emotional reactions to people with mental disorder are relatively under-researched. More research may help better understand the complexities of the stigma surrounding mental illness. Interventions aimed at reducing the stigma of mental illness may benefit from paying more attention to emotions.

Declaration of Interest: None.

KEY WORDS: Emotional reactions, public attitudes, mental illness.

Received 06.07.2009 – Final version received 25.08.2009 – Accepted 29.08.2009

Only recently, Thornicroft & Kassam (2008) observed that: “social psychologists have focused upon thoughts (cognition) rather than feelings (affect) ... However, the reactions of a host majority acting with prejudice in rejecting a minority group usually involve not just negative thoughts but also emotionally laden attitudes ... Interestingly, ... there is almost nothing published about emotional reactions to people with mental illness apart from that which describes a fear of violence ...” (Thornicroft & Kassam, 2008; p. 189ff). A synopsis of all population studies on public beliefs about mental disorders and attitudes towards the mentally ill, using random

sampling or quota sampling, that have been published until the end of 2008 seems to support this notion. Out of a total of 318 studies, originating from 62 countries, only a small fraction (14.8 %) had included measures of emotional response. In 6.6 % of these studies fear had been assessed, in 5.0 % anger and in 5.3 % positive feelings. 5.7 % contained measures of embarrassment and 2.2 % of shame (Angermeyer, 2009). Thus, what Thornicroft & Kassam (2008) have stated in general terms does hold true for population studies in particular: Emotional reactions have only rarely been investigated.

THE ROLE OF EMOTIONS IN MODERN CONCEPTUALISATIONS OF STIGMA

This is the more surprising as emotional reactions play a part in all modern conceptualisations of stigma. For

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instance, in Corrigan & Watson's (2002) model of public stigma (i.e., the general population's response to people with mental illness), prejudice denotes the public's agreement with negative beliefs about the mentally ill (stereotype) and /or negative emotional reactions (e.g., anger, fear), which, in turn, result in negative behavioural responses (discrimination). Similarly, self-stigma (i.e., the prejudice that people with mental illness turn against themselves) includes the agreement with negative beliefs and negative emotional reactions (e.g., low self-esteem), which, in consequence, lead to negative behavioural responses on the part of the stigmatised person (e.g., failure to pursue work). According to Thornicroft *et al.* (2007), stigma refers to problems of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination). The authors emphasize that prejudice does not just involve negative thoughts but also emotions such as anxiety, anger, resentment, hostility, distaste or disgust. In the updated version of Link *et al.*'s (2004) comprehensive conceptualisation of stigma, emotional reactions have also been included in addition to the components labelling, stereotyping, separating, status loss and discrimination, and dependence of stigma on power. As pointed out by the authors, emotions are of interest from both, the vantage point of the stigmatiser as well as that of the stigmatised person. As concerns the first perspective, in interpersonal encounters, the way others respond emotionally tells the stigmatised person how he or she is being perceived. And the stigmatiser's emotional responses may shape his or her subsequent behaviour toward the stigmatised person. Similarly, as seen from the perspective of the stigmatised person, how the stigmatised individual responds emotionally in interpersonal interaction may confirm misconceptions held by others. The stigmatised individual's emotional responses may also shape his or her subsequent behaviour.

RESULTS OF POPULATION-BASED STUDIES ON EMOTIONAL REACTIONS TO PEOPLE WITH MENTAL ILLNESS

In this paper, we will give an overview of findings from population-based surveys that have investigated the public's emotional reaction to the mentally ill. In particular, we will address the following questions:

- How prevalent are the various emotional reactions to people with mental illness?
- How has the public's emotional response to people with mental illness developed in recent years?

- Are there differences between mental disorders as concerns the public's emotional reactions?
- How important are emotional reactions as compared with stereotypes with regard to the public's desire for social distance from people with mental illness?
- Does familiarity with mental illness work through modification of emotional reactions?

Our overview will be based (1) on a review of the existing literature, using the above mentioned synopsis of population-based studies published until the end of 2008. Although we could locate a number of papers reporting on the prevalence of emotional reactions there was hardly any paper referring to the other research questions. Therefore, (2) we re-analysed data from surveys that we have been conducting in recent years, with special focus on our research questions. All surveys included the same measure of emotional reactions to people with mental illness (Angermeyer & Matschinger, 2003). Data from the following surveys have been used:

- National survey in the "old" Federal Republic of Germany in 1990 (response rate 70.0%, n=3067) (Angermeyer *et al.*, 1998);
- Regional survey in the "new" German states in 1993 (response rate 71.2%, n=2094) (Angermeyer *et al.*, 2009);
- National survey in Germany in 2001 (response rate 65.1%, n=5025) (Angermeyer & Matschinger, 2003).

In all three surveys, random samples of the population aged 18 years and older had been drawn and personal interviews had been conducted, starting with the presentation of a vignette depicting an individual with a mental disorder fulfilling the diagnostic criteria of DSM-III-R. While the first survey included vignettes with a case of either schizophrenia or major depression or alcohol dependence, the other two surveys included only vignettes depicting a case of either schizophrenia or major depression.

PREVALENCE OF EMOTIONAL REACTIONS TO PEOPLE WITH MENTAL ILLNESS

Although there are some differences between cultures with regard to the magnitude of emotional reactions to mentally ill people, their pattern appears to be quite consistent: When being asked for their emotional reactions to people with mental illness in general or with specific mental disorders, respondents endorse most frequently feelings usually subsumed under the heading "positive feelings", i.e., desire to help, compassion, warmth, empathy,

friendliness, kindness, also pity. This has been reported not only from various European countries (Angermeyer *et al.*, 1992; Angermeyer & Matschinger, 2009; Heesbeen *et al.*, 2006; Wciórka & Wciórka, 2006), but also from North America (Stip *et al.*, 2006), Latin America (Peluso & Blay, 2008; 2009), Asia (Angermeyer & Matschinger, 2009) and Africa (Kabir *et al.*, 2004). Next frequently, feelings of uneasiness, insecurity, mistrust and fear are being expressed. Least frequently, respondents react with irritation and anger. This at first glance rather encouraging result becomes relative in view of the fact that a substantial proportion of the public does express fear from the mentally ill, or from people with schizophrenia (37% - 45% or 28% - 50%, respectively). The percentage of those feeling uneasy when confronted with someone with schizophrenia is even higher (37% - 67%).

EVOLUTION OF EMOTIONAL REACTIONS TO PEOPLE WITH MENTAL ILLNESS OVER TIME

Except for a research report from Germany (Angermeyer & Matschinger, 2004), in the present literature nothing can

be found about the evolution of the emotional reactions of the public to people with mental illness in recent years. Therefore, we carried out two trend analyses with data from Germany. First, we calculated regression analyses with data from the “old” German states for the years 1990 and 2001, with time as independent and three factor-analytically derived dimensions fear, anger and positive feelings as dependent variables, controlling for the effect of gender, age and educational attainment. As shown in Figure 1, respondents expressed significantly more fear from and anger about an individual with schizophrenia in 2001 than in 1990. There was no change with regard to positive feelings. With the individual with depression, there was a significant increase of positive feelings, but also of anger, while fear remained unchanged (Figure 2). A second analysis using data from the “new” German states, covering a slightly shorter time period (1993 - 2001), yielded similar results. Again, fear from people with schizophrenia increased while with major depression the picture was rather mixed with an increase of both, positive feelings and anger. Thus, we have to conclude that the emotional response of the public to people with mental illness, at least in Germany, remained unchanged, if not deteriorated in recent years.

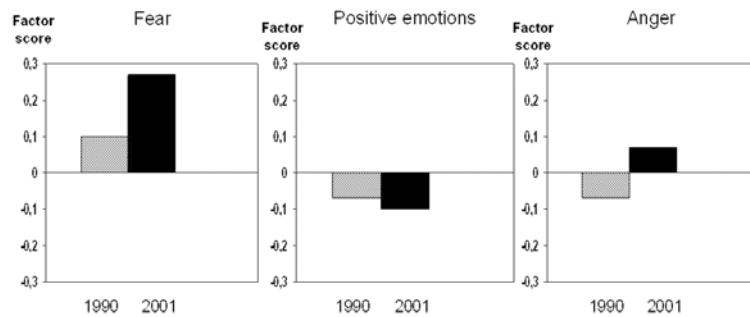


Figure 1 - Development of the public's emotional response to people with schizophrenia in the “old” German states. Comparison of data from 1990 (n=511) and 2001 (n=1987).

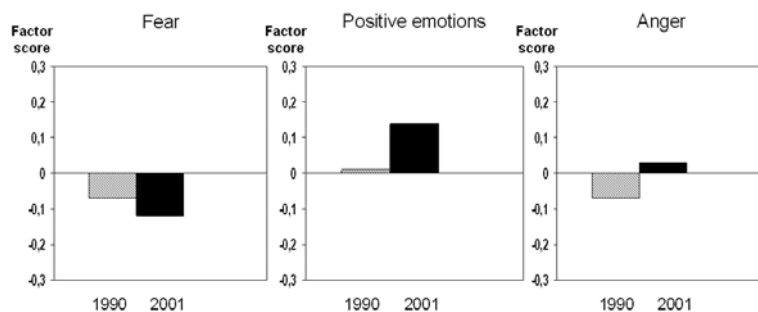


Figure 2 - Development of the public's emotional response to people with major depression in the “old” German states. Comparison of data from 1993 (n=503) and 2001 (n=2018).

DIFFERENCES BETWEEN MENTAL DISORDERS IN THE PUBLIC'S EMOTIONAL REACTIONS

It is well documented that there are substantial differences in the public's attitudes towards the various mental disorders. For instance, surveys from the U.S. (Link *et al.*, 1999) and Germany (Angermeyer & Matschinger, 1997) show that the desire for social distance is strongest as concerns individuals with substance use disorders, followed by those with schizophrenia, while individuals with depression are less frequently rejected. The question arises as to whether a similar pattern can be observed with regard to emotional reactions. Using data from the survey in the "old" Federal Republic from 1990, we carried out logistic regression analyses, controlling for gender, age and educational attainment. It was found that individuals with schizophrenia and with alcohol dependence significantly more frequently evoked fear and anger than those with depression, while there was no significant difference between first two disorders. Apart from that, individuals with alcoholism significantly less frequently evoked positive feelings than individuals with either one of the other two disorders. On balance, the public shows the most unfavourable reaction to individuals with alcohol dependence, followed by those with schizophrenia, while individuals with depression are least frequently exposed to unfavourable reactions. Thus, the public seems to react quite differently to people with different mental disorders.

THE IMPORTANCE OF EMOTIONAL REACTIONS FOR THE PUBLIC'S DESIRE FOR SOCIAL DISTANCE

According to Thornicroft & Kassam (2008), emotional reactions may even more strongly predict discrimination than do stereotypes. In order to examine to what extent both, stereotypes and emotional reactions, explain the desire for social distance we carried out a block-wise regression analysis with data from the German survey in 2001 for schizophrenia and major depression plus data from the 1990 survey for alcohol dependence, entering first, after controlling for socio-demographic characteristics, either stereotypes or emotional reactions, and then both together. The stereotypes included were unpredictability, dangerousness and lack of will power (as indicator of self-responsibility). In case of schizophrenia, with emotional reactions alone a somewhat greater percentage of variance could be explained than with stereo-

types alone (21 % vs. 16.5 %). If both were introduced into the regression equation simultaneously, the explained variance increased only moderately (27 %), indicating a substantial overlap between stereotypes and emotional reactions. As concerns major depression, the result was quite similar (emotional reactions 14 %; stereotypes 13 %; both 19 %). And with alcoholism, emotional reactions explained even almost twice as much variance as stereotypes (19 % vs. 11 %; both 25 %). Therefore, it seems safe to say that our results support the notion that emotional reactions may be at least as important, if not even more important, than stereotypes as concerns the desire for social distance.

EMOTIONAL REACTIONS AS MEDIATOR OF THE EFFECT OF FAMILIARITY

There is abundant evidence of an inverse relationship between familiarity with mental illness and negative attitudes towards the mentally ill. This is also documented by the result of the above mentioned literature review. Out of 30 population studies reporting results on the relationship between familiarity and desire for social distance, 26 revealed an inverse association, only 4 showed no association, and there was no single study yielding a positive association between the two. While in cross-sectional studies, the direction of the relationship between familiarity and attitudes remains an open question, findings from intervention studies are less ambiguous. Two systematic reviews that have been published only recently, one on target-group oriented anti-stigma interventions in general (Holzinger *et al.*, 2008), the other one on school-based anti-stigma interventions (Schachter *et al.*, 2008), came up with the conclusion that, despite all methodological limitations of these studies, the existing data suggest that facilitating contact with mentally ill people may have a positive effect on attitudes.

The question arises: Why does familiarity have this effect? In particular, what role do emotions play? Path analyses with data from the 2001 survey in Germany show that in case of schizophrenia, familiarity operates through a decrease of fear plus an increase of positive feelings while the decrease of anger does not translate into a reduction of social distance. The sum of indirect effects through emotional reactions turned out to be as great as the direct effect of familiarity on social distance due to other factors that have not been included into the model. Or in other words: Half the effect of familiarity on the desire for social distance is mediated through emotional reactions (Figure 3). The same with depression:

Again, almost half the effect of familiarity on the desire for social distance is mediated through emotional reactions. By contrast to schizophrenia, the reduction of social distance is here due to a decrease of anger plus an increase in positive feelings while fear remains

unchanged (Figure 4). Thus, familiarity may operate with different disorders in quite different ways. However, in whatever way emotions might be involved there is no doubt that they are extremely important for the effect of familiarity on social distance.

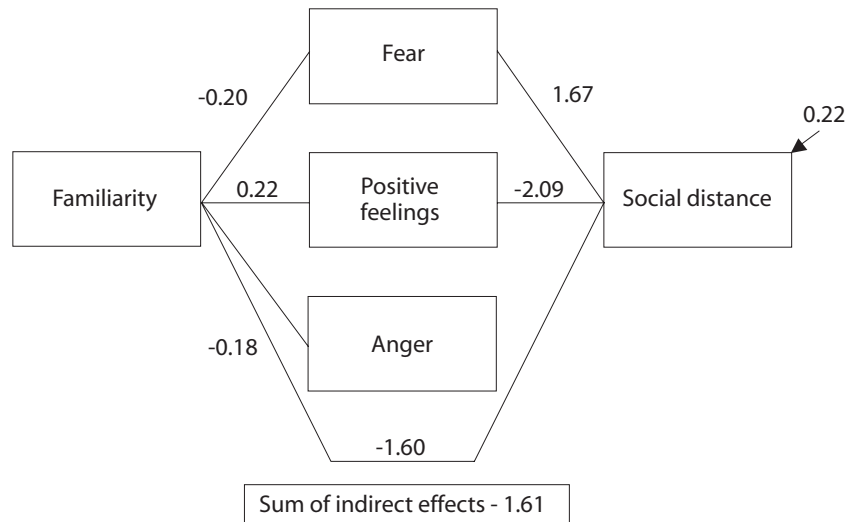


Figure 3 - Association between familiarity with mental illness, emotional reactions and social distance towards people with schizophrenia. Path analysis with data from the 2001 population survey in Germany ($n=2365$). Only statistically significant ($p \leq 0.01$) associations are shown. Figures indicate un-standardized path coefficients.

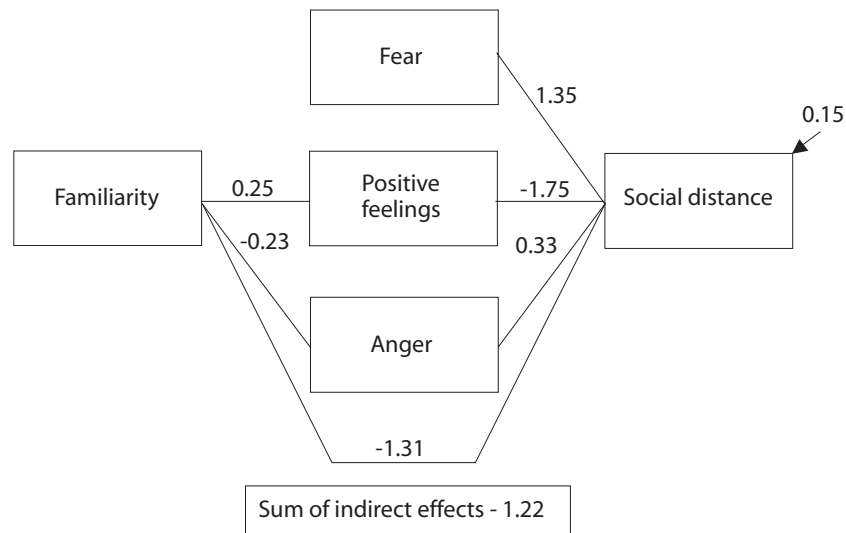


Figure 4 - Association between familiarity with mental illness, emotional reactions and social distance towards people with major depression. Path analysis with data from the 2001 population survey in Germany ($n=2429$). Only statistically significant ($p \leq 0.01$) associations are shown. Figures indicate un-standardized path coefficients.

DISCUSSION

The research questions posed in the beginning can be answered as follows.

The public most frequently shows so-called positive feelings when confronted with someone suffering from a mental disorder, followed by fear and anger. This pattern appears relatively stable across different cultures. Nevertheless, a substantial proportion of the public expresses feelings of uneasiness and fear when confronted with someone suffering from mental illness.

In recent years, the emotional response of the public to people with mental illness remained unchanged, if not deteriorated.

There are differences in the public's emotional reactions to the various types of mental disorder.

Emotional reactions have a substantial effect on the desire for social distance.

The association between familiarity with mental disorder and the desire for social distance is to a considerable extent mediated through emotions.

The prominence of so-called positive emotional responses needs some qualification. First, there is a debate going on about what really constitutes a positive emotional reaction to people with mental illness. Particularly the inclusion of pity would be contested by many service users who may consider this kind of reaction as stigmatizing itself. Second, emotional responses are likely to be influenced by social desirability. This may particularly hold true for positively sanctioned pro-social reactions. As a means to circumvent this problem may appear the use of newly developed measures of implicit associations which allow to assess automatic 'subconscious' aspects of stigma (Rüsch *et al.*, in press). So far, this kind of measures, which originally have been developed for social-psychological experiments, have never been used in survey research.

As we have learned, the German public's emotional response to individuals with mental illness remained unchanged or even deteriorated in recent years. This disappointing result is in line with what has been reported about the desire for social distance which also showed no change or even increased over time (Angermeyer & Matschinger, 2004; 2005a). Similar trends have also been observed in other countries such as Austria (Grausgruber *et al.*, in press) or the US (Schnittker, 2008). The sobering fact remains that despite progress of the reforms of psychiatric care (Arbeitsgemeinschaft Psychiatrie der obersten Landesgesundheitsbehörden, 2003) and some indications of an increase of mental health literacy and a somewhat greater acceptance of psychiatry among the

German public (Angermeyer & Matschinger, 2005b; Angermeyer *et al.*, 2009), the emotional climate for people with mental illness has not improved.

Compared to other disorders, the public's attitude to individuals with alcohol dependence appears particularly unfavorable. This applies not only to emotional reactions but also to the desire for social distance (Angermeyer & Matschinger, 1997) and the acceptance of discrimination in mental health care (Schomerus *et al.*, 2006; Schomerus & Angermeyer, 2008). A likely reason for the public's fear from people with schizophrenia may be the expectation of becoming a victim of a violent act committed by these people, which is continuously reinforced by sensationalist media reporting (Angermeyer & Schulze, 2001). Interestingly, the public does not express more fear from people with alcohol dependence although the risk of violence is quite higher with this disorder (Angermeyer, 2000).

The findings reported here may have important implications for interventions aimed at reducing the stigma surrounding mental illness (Warner, 2008). The fact that positive feelings are more prevalent than negative ones suggests that apart from tackling negative reactions to mental illness, anti-stigma interventions may also benefit from building on these positive feelings and trying to enhance them more than it has been done in the past. As the public seems to react quite differently to people with different mental disorders interventions that are tailor-made for a particular mental disorder may prove more successful than those addressing people with mental illness in general. That despite an increase of mental health literacy the emotional climate for people with mental illness has not improved over time warns against to great an optimism as concerns the effect of education on public attitudes towards people with mental illness. A consequence of the observation that emotional reactions impact as strongly as stereotypes, if not even more strongly, the desire for social distance may be that anti-stigma interventions should try to affect people's emotions more directly. The direct effect on emotions may also be one of the main reasons of the effectiveness of interventions facilitating contact with people with mental illness.

A major limitation of our overview is that its evidence base is rather small. Except for the prevalence of emotional reactions hardly any relevant information was available in the literature. We, therefore, had to rely mainly on analyses of data from surveys conducted in Germany. This, of course, precludes any generalizations to other countries. Further research is needed to further elucidate the role of emotions in the stigmatisation of people with mental illness.

CONCLUSIONS

The findings presented in this paper suggest that more research on the public's emotional reactions may allow to better understand the complexities of the stigma surrounding mental illness (Lauber, 2008; Schomerus & Angermeyer, 2008). Interventions aimed at reducing the stigma of mental illness may benefit from paying more attention to emotions.

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