

Schizophrenia prejudice prevention education by video watching

Takehiko Ito (Wako University)
take@wako.ac.jp

Tomoe Kodaira (Seirei Christopher University)

Nobutake Matsugami (Wako University)

Takayo Inoue (Meiji Gakuin University)

***2nd International Conference on Community
Psychology (ICCP) June 4-6, 2008 Lisbon***

Abstract

The traditional Japanese culture often stigmatizes schizophrenia patients and their families. Reduction of general people's prejudice toward schizophrenia is an important factor for the patients who try to live in the local community with sufficient quality of life. Reduction of the prejudice can be achieved by a short educational session.

The present study measured effects of a one-hour video education session to totally 198 undergraduate university students. The experimental conditions were randomly assigned: Group A: Patient narration video watching condition, Group B: Psychiatrist explanation video watching condition, and Group C: Urakawa-Bethel-House Video watching condition. The effects were measured by Attitude toward Mental Disorder Scale (AMD: Higashiguchi et al. 1997/ 2003) at the pre-test and the post-test.

The Social Distance Scale of AMD, which measures behavioral component of prejudice, was mildly improved in every Group. However, the Patient Image Subscale of AMD, which measures cognitive component of prejudice, was differently improved among Group A, B and C. Group C made largest progress of reduction of prejudice in the bad image scale.

The influential effects of patients' concrete presentation of their way of life by their own narratives are crucial for prejudice reduction education.

Schizophrenia in Japan

- 734 thousand patients in Japan (2002)
(=0.57% of total population)
- In 2002, the Japanese Society of Psychiatry and Neurology (JSPN) and the national family organization, Zenkaren, succeeded in changing the name of 'schizophrenia in order to diminish its stigmatizing effect. The event was unprecedented. There is no other example of a joint effort by psychiatrists and family members to change the name of an illness to reduce the stigma associated with it.
- Change of the name
From 精神分裂病 (spirit disruption disease)
↓ (2002)
To 統合失調症 (thought integration disorder)

Purpose

The traditional Japanese culture often stigmatizes schizophrenia patients and their families. Reduction of general people's prejudice toward schizophrenia is an important factor for the patients who try to live in the local community with sufficient quality of life. Reduction of the prejudice can be achieved by a short educational session.

Method

- The present study measured effects of a one-hour video education session to undergraduate university students.
- Two types of experimental conditions were randomly assigned in Experiments 1 and 2:
Group A: Patient narration video watching
Group B: Psychiatrist explanation video watching.
In Experiment 3, one group was assigned:
Group C: Urakawa-Bethel-House Video watching condition.
- The effects were measured by Attitude toward Mental Disorder Scale (AMD: Higashiguchi et al. 1997/ 2003) at the pre-test and the post-test.

Results of Experiment 1

- Fig. 1 shows decline of prejudice by AMD two subscales: (1) social distance scale and (2) bad image subscale
- In social distance scale, both group significantly reduced prejudice
- In bad image scale, only Group A₁ (discourse group) had significantly reduced prejudice. 70% of the subjects reduced this cognitive component of prejudice.

Social Distance Subscale

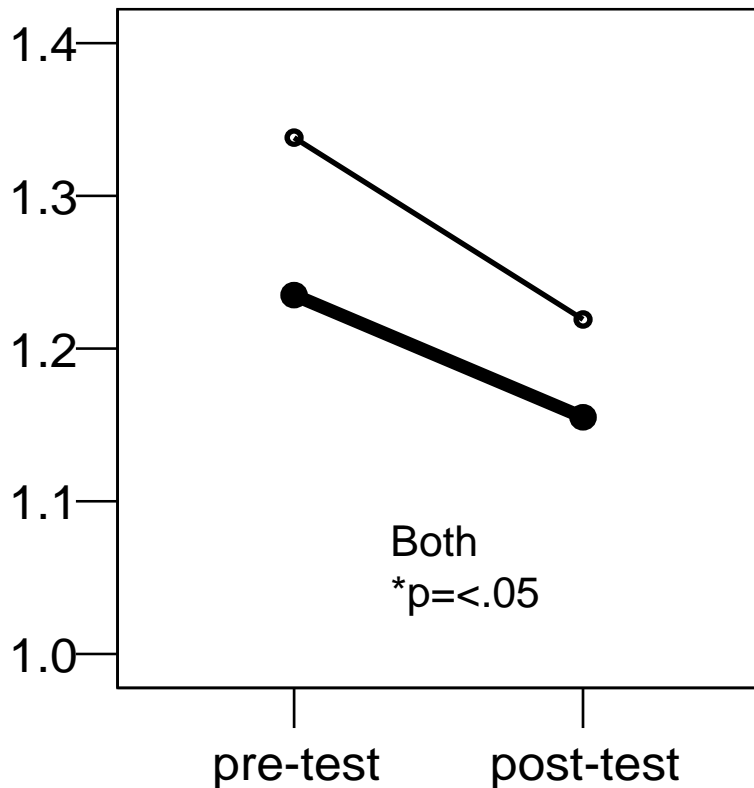
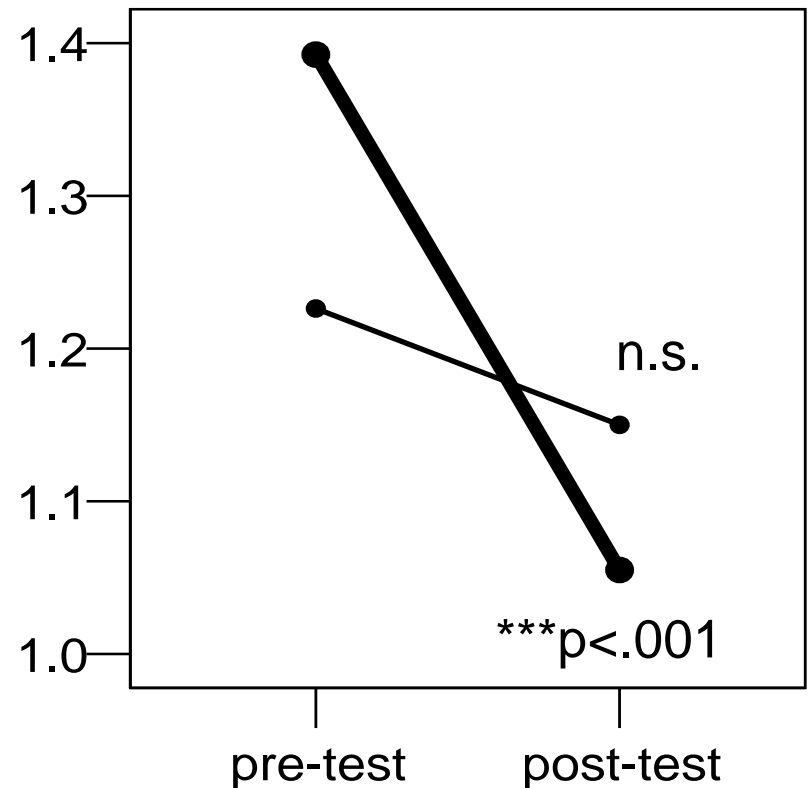


Image Subscale



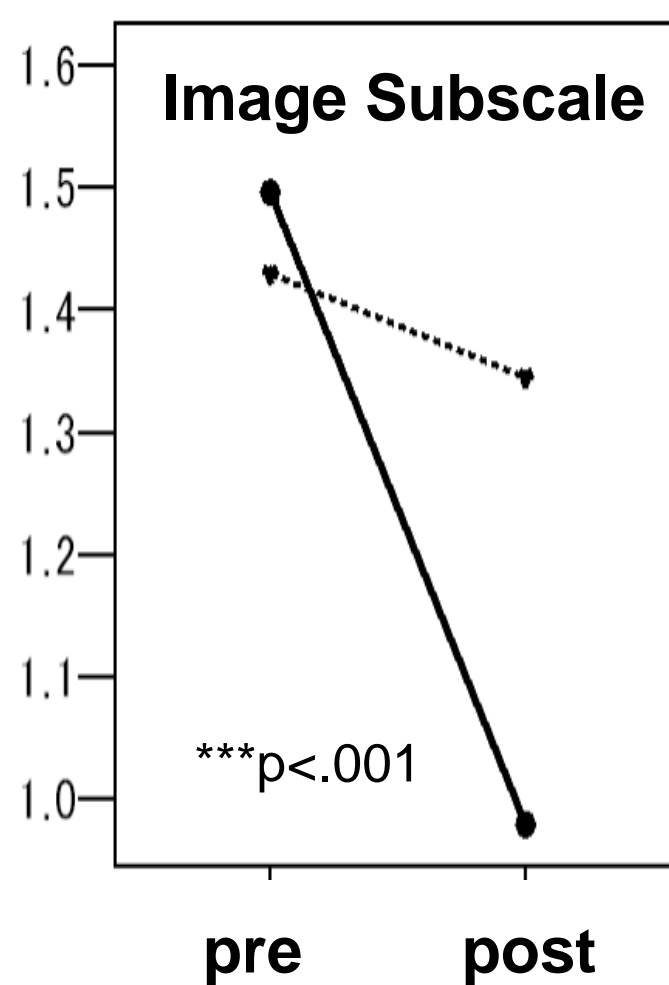
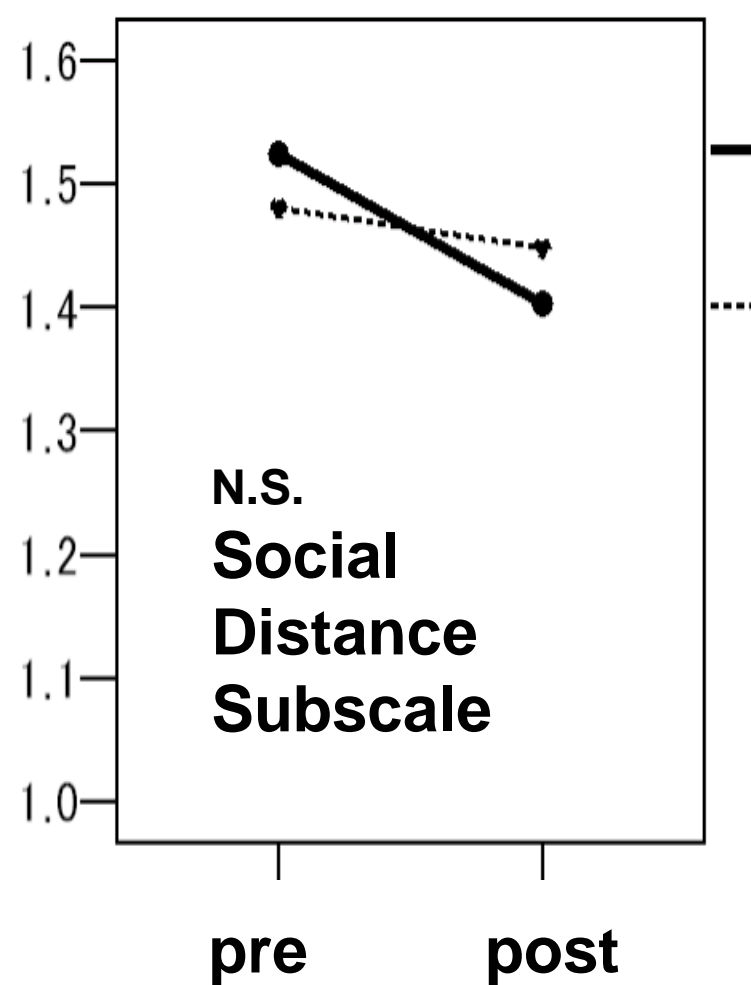
— **Group A₁**: Patient discourse condition (n=40)

— **Group B₁**: Psychiatrist explanation condition (n=42)

Fig.1 Experiment 1 prejudice toward schizophrenia

Results of Experiment 2

- **Fig. 2 shows decline of prejudice by AMD two subscales: (1) social distance scale and (2) bad image subscale**
- **In social distance scale, both groups did not significantly reduce prejudice.**
- **In bad image scale, only Group A₁ (discourse group) had significantly reduced prejudice. 85% of the subjects reduced this cognitive component of prejudice.**



– **Group A2:** Patient discourse condition (n=33)

Group B2: Psychiatrist explanation condition (n=34)

Fig.2 Experiment 2: prejudice toward schizophrenia

Results of Experiment 3

- Fig. 3 shows decline of prejudice by AMD two subscales: (1) social distance scale and (2) bad image subscale. All the subjects were in Urakawa-Bethel-House Video watching condition.
- In social distance scale, this group significantly ★increased★ prejudice ! 26.5% of the subjects decreased prejudice, 26.5% nochange, 55.1% increased.
- In bad image scale, this group had significantly reduced prejudice. 83.7% of the subjects reduced this cognitive component of prejudice.

Social Distance Subscale

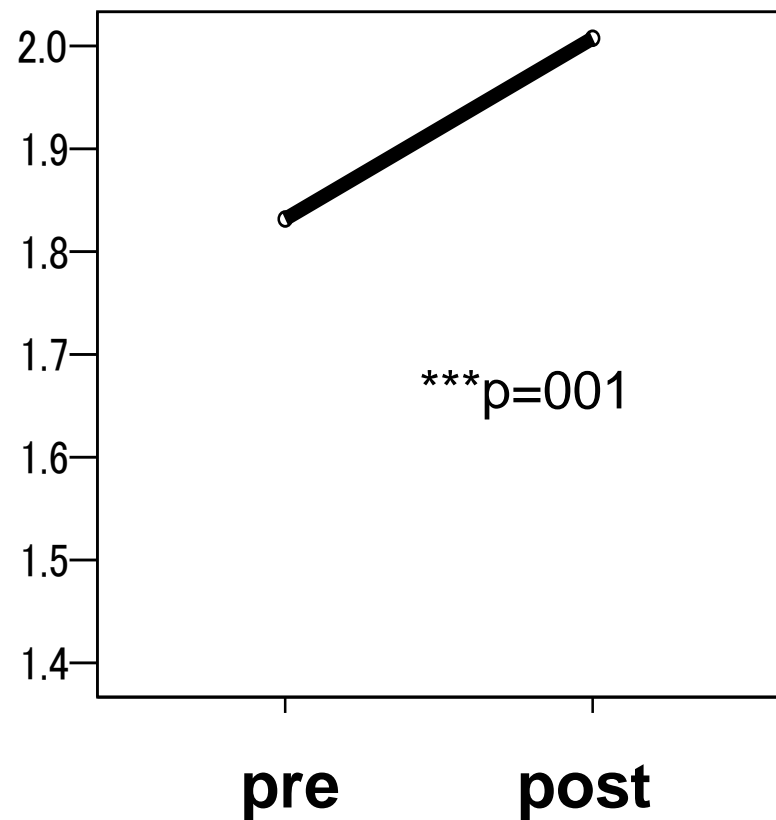
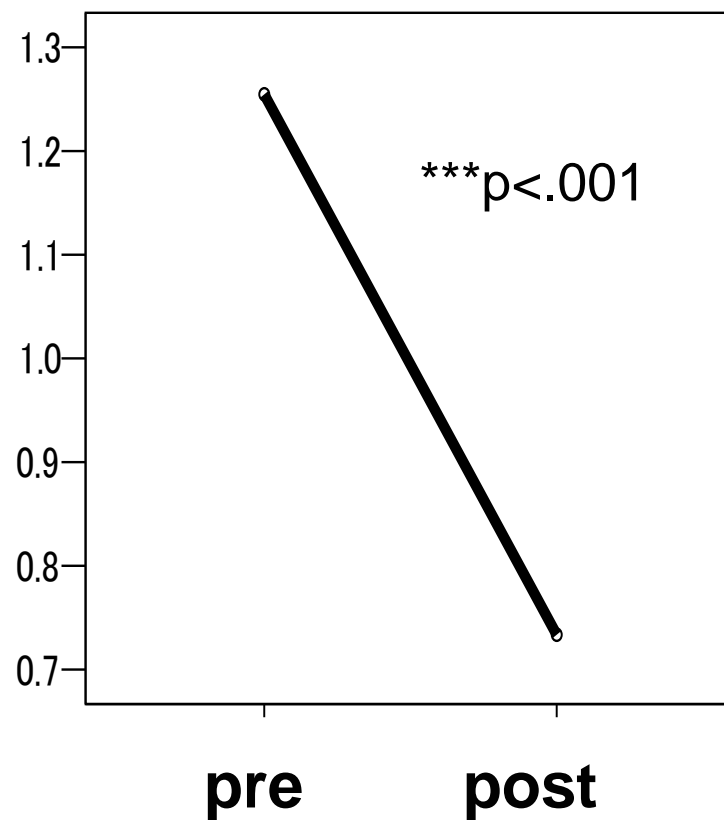


Image Subscale



— **Group C:** Bethel House discourse condition (n=49)

Fig.3 Experiment 3: Prejudice toward schizophrenia

Bad image: Cognitive component of prejudice

The Patient Image Subscale of AMD was improved in Group A and Group C.

The effect sizes were 0.89 in A_1^{*} , 1.07 in A_2^{***} , and 1.05 in C^{***} , while 0.12 in B_1^* and 0.17 in B_2 .**

The importance of patients' concrete presentation by narratives is influential to change negative cognitive attitudes or bad images of schizophrenia patients.

Social distance: Behavioural component of prejudice

The Social Distance Scale of AMD was significantly improved in Group A₁, slightly improved in Groups A₂, and B₁, but significantly aggravated in Group C.

The effect sizes were 0.16 in A₁*, 0.20 in A₂, 0.23 in B₁, and 0.07 in B₂, while -0.29 in C.

The importance of patients' concrete presentation by narratives is not applicable to change the negative behavioural attitudes toward schizophrenia patients

Discussion 1: Summary

- **The present study has clarified:**
 - (1) Even a short VTR watching can change people's attitude schizophrenia in a positive way.**
 - (2) Narrative contents and explanatory contents have different effects on change of attitude. Narrative contents can change images of schizophrenia.**
 - (3) Some VTR materials changes watchers' attitude negatively.**

Discussion 2:

Comparison with previous studies

As Link et al (1999) pointed out 61% of people have “perceived danger” (equivalent to “bad image” in this study) to schizophrenia, reduction of prejudice is important task. The present study shows that the change is possible with little time and cost.

Ritterfeld & Jin (2006) revealed the effect of movie watching toward attitude change. Even a shorter video have the similar effects.

Discussion 3:

Limitation and perspectives

- **Although this research consisted of three experiments, it has made it clear that contents of video have different effects on the change of attitude.**
- **Comparing this study with future studies on other minority prejudice reduction would contribute to the study of psychology of prejudice**
- **Effectiveness, efficacy, and accountability are necessary conditions of good prejudice reduction study. In this regard I propose EASES model for making an educational module.**

EASES Model:

An accountable education model
for reduction of prejudice

- 効 : Effective results
- 楽 : Amusing contents
- 安 : Safety, sustainability, & economy
- 近 : Easy access to materials
- 短 : Short time

効

★ Efficiency = $E \times A \times S \times E \times S$

★ Accountability = $E + A + S + E + S$

References

- 北岡(東口)和代 (2001) 精神障害者への態度に及ぼす接触体験の効果 精リハ誌, 5 (2), 142-147. (Kitaoka-Higashiguchi, K. (2001) Effects of contact experiences on attitudes toward the mentally disordered. *Japanese Journal of Psychiatric Rehabilitation*, 5 (2), 142-147.)
- Ritterfeld, U & Jin, S-A. (2006) Addressing media stigma for people experiencing mental illness using an entertainment-education strategy. *Journal of Health Psychology*. 11, 247-267.
- Sartorius, N., & Schulze, H. (2005). Reducing the stigma of mental illness. Cambridge University Press.
- World Psychiatric Association (2002). Schizophrenia: Open the door. Author (こころの扉を開く 医学書院 2002)

効 : Effective results:

- Evaluation of an education session can be done in the three fields
- (1) Increase of Knowledge
- (2) Change of attitude
(awareness formation or prejudice reduction)
- (3) Formation of skills

効

効樂安近短

効

効樂安近短

効

近

効

短

効

効樂安近短

安

効樂安近短

Increase of Knowledge



(2) Change of attitude (prejudice reduction)

(3) Formation of skills



楽 : Amusing contents/ entertainment

- (1) Interesting contents
- (2) evocation of interest
- (3) satisfaction and richness of time

安 : Safe, sustainable, & economical

- **(1) Safety: non-invasive,**
- **(2) Sustainability assures repeatability and reproducibility**
- **(3) Economic efficiency (nonexpensive) means that the education cost is minimal and it needs no special devices.**

近 : Easy access to materials

- **For audience/students, prejudice reduction education must be easy to access for the audience.**
- **For teachers/ education providers, prejudice reduction education must be easy to implement, without special skills nor experiences.**

A light blue map of East Asia, showing the Korean Peninsula, Japan, and the surrounding seas. The text "短 : Short time" is overlaid on the map.

短 : Short time

References

- 北岡(東口)和代 (2001) 精神障害者への態度に及ぼす接触体験の効果 精リハ誌, 5 (2), 142-147. (Kitaoka-Higashiguchi, K. (2001) Effects of contact experiences on attitudes toward the mentally disordered. *Japanese Journal of Psychiatric Rehabilitation*, 5 (2), 142-147.)
- Ritterfeld, U & Jin, S-A. (2006) Addressing media stigma for people experiencing mental illness using an entertainment-education strategy. *Journal of Health Psychology*. 11, 247-267.
- Sartorius, N., & Schulze, H. (2005). Reducing the stigma of mental illness. Cambridge University Press.
- World Psychiatric Association (2002). Schizophrenia: Open the door. Author (こころの扉を開く 医学書院 2002)