

The between
empathy and stigma
directed at people



**ASSIGN
BUSTER**

The aims of my research project are: investigate the relationship between empathy and stigma towards a person with schizophrenia and examine whether the severity of schizophrenia symptoms affects stigma. According to American Psychiatric Association, “schizophrenia is a chronic brain disorder that affects about one percent of the population” (Parekh, 2017).

Some symptoms of schizophrenia include seeing or hearing things that do not exist, known as hallucinations. Another symptom is having delusions and muddled thoughts and you can also exhibit a change in behaviour. Mind states that if you suffer from schizophrenia you are most likely unable to “carry on with day-to-day activities, like going to work or taking care of yourself” (“Schizophrenia | Mind, the mental health charity – help for mental health problems”, 2017). Mind also go on to say that you can “become upset, distrusting or suspicious of other people” (“Schizophrenia | Mind, the mental health charity – help for mental health problems”, 2017).

In the UK, approximately 220, 000 people are being treated for schizophrenia. In the US, approximately 3. 5 million people are diagnosed with schizophrenia. Stigma is a belief or view, normally within negative connotations, which are attached or assigned to a type of person within society. Kristalyn Salters-Pedneault, Ph. D. said that “stigma is a perceived negative attribute that causes someone to devalue or think less of the whole person” (Gluck, 2016). Empathy is the ability to put yourself in ‘someone else’s shoes’.

It is being aware of others feelings and emotions. “Emotion researchers generally define empathy as the ability to sense other people’s emotions,

coupled with the ability to imagine what someone else might be thinking or feeling” (Ekman, n. d.). Literature Review This research topic is important because it raises awareness about the relationship between empathy and stigma directed at people who suffer from schizophrenia. It also looks at whether symptom severity of schizophrenia affects stigma.

My first two journals are directed at my first aim, they are both written by Charles Daniel Batson. My third and final journal, directed at my second aim was written by Alp Uçok and Gulsah Karadayi. My first aim is to investigate the relationship between empathy and stigma towards a person with schizophrenia. My first two journals are relevant to my research because they both discuss the relationship between empathy and stigma. The second journal also discusses what actions positive attitudes could possibly lead to. The third journal I used is relevant to my second aim because it discusses how stigma is related to the severity of schizophrenia symptoms.

Empathy and attitudes: can feeling for a member of a stigmatized group improve feelings towards the group? The authors of this journal (Batson, C. and Daniel, U Kansas) carried out three experiments to prove whether “ inducing empathy for a member of a stigmatized group can improve attitudes toward the group as a whole” (Batson, Polycarpou, Harmon-Jones, Imhoff & et al, 1997). Experiment 1 was prompting empathy for a young lady with aids. They used 96 female psychology students as participants. The three independent variables were 1. low stigmatized group, 2. whether the person was responsible or not responsible for being part of that group and 3. range of the group regarding which attitudes were analysed (vast vs precise).

<https://assignbuster.com/the-between-empathy-and-stigma-directed-at-people/>

The second experiment was prompting empathy for a homeless man. They used 46 undergraduate psychology students as participants. They used the same independent variables in experiment 2 as they did in experiment 1. The third experiment they investigated the result of empathy on attitudes regarding on extremely stigmatized group (convicted murderers). They also evaluated these attitudes 1-2 weeks after in completely different surroundings. The participants consisted of 30 male and 30 female undergraduate psychology students. In all three experiments, empathy caused an increase in positive attitudes directed to people with aids (first experiment), homeless people (second experiment) and convicted murderers (third experiment).

It was found that the attitude became positive regardless if the person was responsible for their circumstances (Batson, Polycarpou, Harmon-Jones, Imhoff & et al, 1997). " Results of 3 experiments with 202 undergraduates suggest that feeling empathy for a member of a stigmatized group can improve attitudes toward the group as a whole" (Batson, Polycarpou, Harmon-Jones, Imhoff & et al, 1997). Thus, proving Batson, C and Daniel, U Kansas' hypothesis. Betancourt (1990); Weiner (1980) and Weiner et al, (1988) discovered that empathic feelings are highly inhibited when learning about whether the victim was responsible prior to inducing empathy. " Our results suggest that once empathic emotions are aroused, they are less vulnerable to information about victim responsibility. Once aroused, empathic feelings appear to have some inertia" (Batson, Polycarpou, Harmon-Jones, Imhoff & et al, 1997). Empathy, attitudes and action: can feeling for a member of a

stigmatized group motivate one to help the group? Batson's previous research showed us that empathy induction towards a member of a stigmatized group can better attitudes directed to the entire group.

In this journal he carried out an experiment to see if " these more positive attitudes translate into action on behalf of the group" (Batson, Chang, Orr & Rowland, 2002). They carried out an experiment similar to Batson et al.'s (1997) third experiment in the previous journal. Instead of using convicted murderers as their stigmatized group, they used drug addicts. They used 36 females and 18 male undergraduate psychology students. Their independent variable was splitting the participants into two groups and putting them in different conditions while listening to the same audiotaped interview of a drug addict.

The first group of participants were given instructions to be objective when listening to the interview (low-empathy condition). The second group were given instructions to imagine the feelings of the person being interviewed (high-empathy condition). The results of this experiment proved the hypothesis to be correct. Participants who were made to feel empathy for the addict granted more money to the agency that helps drug addicts. These participants also showed more positive attitudes to people addicted to strong drugs. " We assumed that those in the high-empathy conditions, who were asked to imagine the drug addicts' feelings, would experience more empathy for him than would participants in the low-empathy conditions, who were asked to remain objective" (Batson, Chang, Orr & Rowland, 2002).

This assumption was proved to be correct. Anticipated discrimination is related to symptom severity, functionality and quality of life in schizophrenia. In this study Uçok, Alp and Karadayi, Gulsah assessed the potential relationship between the amount of expected discrimination with symptom severity and functionality. The definition given in this journal of discrimination is that “ discrimination refers to the behavioural consequences of stigma, which act to the disadvantage and social exclusion of the people affected” (Thornicroft, 2006; Thornicroft et al., 2007; Sartorius and Schuzle, 2008). Their hypothesis was that the relationship between the amount of expected discrimination and quality of life was negative. The participants were 61 men and 42 women that were diagnosed with schizophrenia.

To diagnose the participants they used Structured Clinical Interview for Diagnosis-1 (SCID-1; First et al., 1997). The Functional Remission of General Schizophrenia Scale (FROGS; Llorca et al., 2009) and the Personal and Social Performance (PSP) Scale (Morosini et al., 2000) was used to assess the level of functionality and quality of life was evaluated using the Quality of Life Scale (QLS; Heinrichs et al., 1984). Depression levels were assessed by the Calgary Depression Scale for Schizophrenia (CDSS; Addington et al., 1992).

The results of this experiment showed us that participants with severe symptoms and low level of functionality suffer an increased amount of discrimination. Uçok and Karadayi found that there is a negative relationship between symptom severity and functionality/quality of life. “ Therefore, it can be claimed that symptoms play a mediator role and contribute to anticipated discrimination by affecting quality of life and functionality
<https://assignbuster.com/the-between-empathy-and-stigma-directed-at-people/>

negatively" (Üçok, Karadayı, Emiroğlu & Sartorius, 2013). The participants with higher depression scores said they were ignored and rejected. To conclude, all three journals I used are relevant to both of my research aims. Although, the first two journals do not directly address people who suffer from schizophrenia. Meaning I could do further research to find journals that directly address people who suffer from schizophrenia.

According to the first two journals, empathy caused an increase in positive stigma towards people with schizophrenia. The third journal I used to address my second aim, does not directly answer my aim as it touches upon other topics such as, how symptom severity affects quality of life. Hypothesis My first aim has a directional hypothesis. Stigma significantly reduces when empathy grows. The relationship between the two variables (stigma and empathy) is negative, as stigma will decrease when empathy increases. My second aim has a non-directional hypothesis. Stigma will significantly vary depending on symptom severity. The relationship between the two variables (stigma and symptom severity) is positive, as stigma will increase when symptom severity increases.

Method Participants The number of participants were 250 Middlesex University psychology students. 132 participants done the mild symptoms questionnaire and 118 done the severe symptoms questionnaire. There was 215 female and 35 male participants. The mean age was 20.

01, the standard deviation was 4.449 and the range was 17-63. The ethnicity was 34% white, 22% black, 26.4% Asian, 10.8% mixed, 0.4% Chinese and 6.

<https://assignbuster.com/the-between-empathy-and-stigma-directed-at-people/>

4% other. The sample was a convenience sample. There was no incentive, they did it as part of their course. **Design** The design of the non-experimental part of the study looked at the relationship between empathy and stigma was correlational design and the variables were empathy and stigma. The design of the experimental part that compared mean stigma scores in the mild and severer groups was independent groups. The independent variable was symptom severity (mild and severe) and the dependent variable was stigma. **Materials** The two types of questionnaires we used were AQ-27 and TEQ (Toronto Empathy Questionnaire).

The AQ-27 questionnaire was established by Corrigan to calculate “blame, anger, pity, help, dangerousness, fear, avoidance, segregation and coercion” (Corrigan, et al., 2003). The AQ-27 questionnaire was used in the experimental part of my research, it measured whether stigma is affected by schizophrenia symptom severity. The questionnaire was based off a case study, it contained 27 questions and used the Likert response scale. The scale was from 1-9, 1 signifying ‘not at all’ and 9 signifying ‘very much’. Both the mild and severe symptoms had the same questions but the words used differentiated based on the severity of the symptoms. In the mild questionnaire, words such as ‘little’, ‘occasionally’ and ‘slightly’ were used.

In the severe questionnaire, words such as ‘severely’, ‘regularly’ and ‘extremely’ were used. TEQ measures empathy and was established by R.

Nathan Spreng, Margaret C. McKinnon, Raymond A. Mar and Brian

Levine. The TEQ was used for the non-experimental part of my research,

it looked at the relationship between empathy and stigma. The TEQ contains <https://assignbuster.com/the-between-empathy-and-stigma-directed-at-people/>

16 questions and also used the Likert response scale. Instead of using numbers, the Likert scale of response used the words ' never', ' rarely', ' sometimes', ' often' and ' always'.

Procedure Before completing the questionnaire, all participants were given an information sheet that detailed what they would be doing as part of the research, it also described what the study was investigating. The participants were informed that the study was focusing on the correlation between a number of cognitive attributes and people's attitudes directed towards individuals who suffer from mental illnesses. The individuals who wanted to continue with the study after reading the information sheet then went to sign a consent form. The participants were then divided into two groups, one group (52. 8%) completed the mild symptoms of schizophrenia questionnaire and the other group (47.

2%) completed the severe symptoms of schizophrenia questionnaire. The completion of the questionnaire took 30 minutes. Once the questionnaires were completed and collected by the tutor, the participants then received a debriefing sheet. Which detailed the purpose of the study and why the individuals participated. Once all was completed the participants were dismissed.