

Impact of a Newspaper Article on Attitudes Toward Mental Illness

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The authors investigated the effect of reading a newspaper article reporting a violent crime committed by a mental patient (target article) on attitudes toward people with mental illnesses. The authors also investigated the effect of corrective information (prophylactic articles) on the attitudes of readers of the target article. Student participants responded to questionnaires which included the Community Attitudes Toward Mental Illness (CAMI) scales to assess their views of and reactions to people with mental illness. The authors found those reading the target article without first reading a prophylactic article reported harsher attitudes toward those with mental illness than participants who either read a prophylactic article prior to reading the target article or who read articles unrelated to mental illness. These findings support the assertion that negative media reports contribute to negative attitudes toward people with mental illnesses, and that corrective information may be effective in mitigating the effect of these negative reports.

Families of people with mental illness, mental health advocates, and government sources all believe negative stereotypes presented in the media contribute to the stigma associated with mental illness (Gerbner, 1980; United States President's Commission on Mental Health, 1978; Wahl, 1980, 1992; Wahl & Harman, 1989). They have suggested that attitudes toward mental illness are created in part and maintained by frequent media presentation of negative stereotypes of mental illness. These attitudes, in turn, result in social rejection of those with mental illnesses and, as research has shown, may have an impact in terms of mentally ill people finding jobs, obtaining housing, and making friends (Farina & Felner, 1973; Farina, Felner, & Boudreau, 1973; Fink & Tasman, 1992; Page, 1983).

A major contributor to negative attitudes toward people with mental illness is believed to be news coverage of violent crimes committed by people with histories of psychiatric disorder (Steadman & Coccozza, 1977-78; Wahl & Harman, 1989). Much concern has been expressed that newspaper articles, often introduced by sensational headlines and accentuating the horrible nature of the crime, communicate a connection between mental illness and violence and reinforce public fears of mental illness. Because fear of people with mental illness is assumed to underlie much of the public's rejection of those with psychiatric disorders (Scott, 1980; Steadman & Coccozza, 1977-78), the extent to which such articles do influence public perceptions and fears is of substantial interest. However, despite the certainty of mental health advocates that fear and perceived dangerousness, as well as other negative attitudes toward people with mental illness, is a likely result of news media accounts of violent crimes committed by persons with mental illness, research to test this assertion is lacking. No study, in fact, has assessed directly the impact of a newspaper article depicting a violent murder committed by a

mentally ill person (Wahl, 1992). This study was an attempt to provide such an assessment.

In addition, few studies have attempted to evaluate possible strategies to counter the expected stigmatizing effects of media depiction, and those studies have found little success for the strategies employed. Domino (1983), for example, explored the effectiveness of a documentary about mental hospitals to counter the images presented in the film *One Flew Over the Cuckoo's Nest*, but found little corrective impact. Wahl and Lefkowitz (1989) examined the influence of an information trailer inserted within a stigmatizing TV movie and reported that the trailer was unable to prevent the more rejecting attitudes that followed the film. The current study was intended to address additional strategies the authors believed might prove to be effective.

Methodology

A newspaper article (the target article) was chosen for the study, representing the kind of media portrayal believed by many in the mental health field to be stigmatizing of mental illness. The target article is an actual newspaper story reporting a murder committed by a mentally ill person and containing many characteristic elements that researchers and mental health advocates believe contribute to a stigmatizing effect (Matas, El-Guebaly, Peterkin, Green, & Harper, 1985; Steadman & Coccozza, 1977-78; Wahl, 1980). In particular, the article involved: (1) the tragic death of an innocent victim at the hands of a psychiatric patient; (2) a graphic description of the incident utilizing emotionally laden or attention-grabbing terminology; (3) an attention-grabbing headline with large letters and emotionally-charged words ("Girl, 9, stabbed to death at fair: Mental patient charged"); (4) a description of the mentally ill person who committed the act as different and without social identity; and (5) depiction of the mentally ill person as having some or all of the following qualities: unpredictable, dangerous, aggressive, strong, active, and irrational.

The study also included articles intended to have a prophylactic effect on subsequent reading of the stigmatizing newspaper account. Two different prophylactic articles were used. One discussed misconceptions about mental illness and provided correct information, including facts regarding the rarity of violent or criminal acts committed by those suffering from mental illness. The other article alerted the reader to media distortion about mental illness (i.e., how newspapers give biased or misleading presentations). This information on media distortion was intended to raise the reader's level of critical appraisal of what he or she was about to read, rather than to simply provide corrective factual information. Both articles quoted "expert" sources and provided two-sided arguments, in line with social science research which shows that these characteristics increase persuasive power (Chebat, Filiatrault, LaRoche, & Watson, 1988; Insko, 1962; Jones & Brehm, 1970).

Participants were student volunteers from Introductory Psychology classes who were told only that the study involved assessments of newspaper articles. Each participant was given one set out of four possible experimental packages, each involving two newspaper articles. The four packages differed as to type of articles included as follows: (1) the Stigma (S) package contained one fact-oriented article on mental illness, which did not address issues of dangerousness or media depiction, and the target article; (2) the Prophylactic-Information (P-I) package contained an article that addressed misconceptions about mental illness and gave correct information on mental illness, and the target article; (3) the Prophylactic-Media (P-M) package contained an article that discussed

media distortion of mental illness, and the target article; and (4) the Control (C) package, which contained two health-related articles that were not related to violence or mental illness.

Following each article, participants were asked to fill out a questionnaire regarding the article. These questions, first of all, fulfilled participants' expectation as to the purpose of the study (to explore people's reactions to newspaper articles). Several factual questions about the article content were included also to check whether respondents actually read the article. In addition, some of the questions were intended to assess respondents' perception of the intended persuasive elements in the articles (e.g., "To what extent did the writer present varying opinions on the subject?"). Still other questions dealt with how participants evaluated the article they had read—as biased or unbiased, believable or unbelievable. Finally, one item, included only for the second articles, asked about the extent to which respondents felt their appraisal of the second article was influenced by the first article.

After the second article and completion of the questionnaire about the article, participants completed two additional measures. The first instrument, the Community Attitudes Toward Mental Illness, or CAMI (Taylor & Dear, 1981), was used to measure respondents' views toward mental illness in general. The CAMI is a 40-item, Likert-type questionnaire which uses four separate scales to cover a range of attitudes toward people with mental illnesses. The Authoritarianism scale measures sentiments regarding the need to hospitalize those with mental illness, the difference between people with mental illness and normal people, and the importance of custodial care. The Benevolence scale addresses sentiments such as the responsibility of society to those experiencing mental illness, the need for sympathetic, kindly attitudes, willingness to become personally involved, and anti-custodial feelings. The Social Restrictiveness scale reflects sentiments involving the dangerousness of people with mental illness, the need to maintain social distance, and lack of responsibility on the part of mentally ill people. The Community Mental Health Ideology (CMHI) scale expresses sentiments concerning the therapeutic value of the community, the effect of mental health facilities on residential neighborhoods, and the acceptance of deinstitutionalized care. The scale values for individual responses on the CAMI are such that *lower* scores indicate *greater* agreement with the factor concept. For example, a person with a tolerant disposition toward mentally ill people would be expected to have lower scores on the Benevolence and CMHI factors and higher scores on the Authoritarian and Social Restrictiveness factors.

Because fear is believed by some researchers to underlie many negative attitudes toward mental illness, a second measure, called the Fear and Danger Scales, was included to assess the impact of the target article on readers' emotional reactions. These were new scales created specifically to measure expected reactions of fear and anxiety, as well as perceived danger of mentally ill people. The scales are modeled after ones developed by John Riskind of George Mason University and used in his research on anxiety (e.g., Riskind & Wahl, 1992). The scale presents a very brief vignette involving an encounter with a mentally ill person engaged in a normal activity (walking down the street). The respondent is asked to imagine the situation and indicate his or her responses to the situation on a 7-point scale (1 = Not at all, to 7 = Very much). Four items involve perceived danger from the mentally ill person in the vignette (e.g., How dangerous do you think this situation is to you?) and four items involve expected fear and anxiety in response to the vignette situation (e.g., How anxious would you feel if you faced this situation?).

The experimental packages were ordered as follows: (1) Instructions and informed consent, (2) First newspaper article, (3) Questions about the first article, (4) Second newspaper article, (5) Questions about the second article, (6) CAMI scales, (7) Fear and Danger scales, (8) Demographic questions, (9) Questions on purpose of study, (10) Questions on where participants get information on mental illness, (11) Questions about participants' experience with mental illness.

Our main hypotheses involved group differences in the CAMI scores and Fear and Danger scores. If the newspaper article was as stigmatizing as feared by mental health experts, it was predicted that readers of the target article, without the prophylactic articles, would endorse more statements reflecting negative views of mentally ill people than those who did not read the target article. In particular, it was expected that they would endorse statements about the need for restriction of mentally ill people, about the dangerousness of mentally ill people, and about the unacceptability of mentally ill people in the community. Specifically, it was hypothesized that the Stigma group would obtain significantly lower scores (because lower scores indicate greater agreement with the factor concepts) on the CAMI Social Restrictiveness scale and significantly higher scores on the CAMI Community Mental Health Ideology scale, as well as significantly higher scores on the Fear and Perceived Danger scales, than the Control group respondents who did not read the stigmatizing newspaper article.

A second set of hypotheses involved the impact of our prophylactic articles. If the prophylactic articles were effective in mitigating the stigmatizing newspaper article, it was predicted that readers of the target article who first read prophylactic articles would be less affected by the stigmatizing target article and indicate more tolerant views of mentally ill people than those in the Stigma group who did not read the prophylactic articles. In particular, it was predicted that they would endorse statements reflecting greater acceptance of mentally ill people in the community, less need for restriction of mentally ill people, and less fear and perceived danger of mentally ill people. Specifically, it was hypothesized that the Prophylactic-Information group respondents and the Prophylactic-Media group respondents would obtain significantly higher scores on the CAMI Social Restrictiveness scale and significantly lower scores on the Community Mental Health Ideology scale, as well as significantly lower scores on the Fear and Perceived danger scales, than the Stigma group respondents (who did not read the prophylactic article). Additionally, it was predicted that those exposed to the prophylactic articles would evaluate the target article as more biased and less believable than would the Stigma group, and would report that their reaction to the target article had indeed been influenced by the prior, prophylactic article.

Results

Participants

Responses of 120 students are included in the results, 30 in each of the four conditions described above. Three students were excluded (and replaced) because of inability to answer correctly the content questions about the articles they were asked to read. Overall, there were 66 female and 54 male participants, ranging in age from 18 to 39, with a mean age of 20.3. There were no significant differences among groups in age or gender distribution of participants.

Findings

Scores for the four groups were compared using one-way analysis of variance for each of the four CAMI scales for the two Fear and Danger scales. Paired comparisons of mean scores were done on those analyses that yielded overall significant differences. As shown in Table 1, there were significant differences among groups on two of the CAMI scales. Responses to the CMHI scale showed a significant overall difference among groups: $F(3,116) = 8.01$, $p < .05$. Pairwise comparisons showed the Stigma group differed significantly from the Control group, as was hypothesized, the Stigma group endorsing fewer statements indicating acceptance of people with mental illness in the community than those who did not read the target article. The Prophylactic-Information and Prophylactic-Media groups differed significantly from the Stigma group but not from each other nor from the Control group. Those who read a prophylactic article prior to the target article (Prophylactic-Information & Prophylactic-Media groups) or who read a non-mental health article (Control group), endorsed more statements indicating acceptance of mentally ill people in the community than those who did not read a prophylactic article prior to the target article (Stigma group).

Table 1
Means (and Standard Deviations) for Dependent Variables

CAMI scale	Stigma	Control	Prophylactic information	Prophylactic media	F(3,116)
Authoritarianism	33.93 (4.42)	36.70 (3.38)	35.87 (4.75)	35.47 (3.34)	2.50
Benevolence	23.57 (4.93)	23.00 (3.69)	22.17 (4.36)	21.90 (3.12)	1.06
Social Restrictiveness	33.67 (4.92)	35.57 (3.63)	37.13 ^c (4.13)	35.60 (4.44)	3.26 ^a
Community Mental Health Ideology	30.30 ^d (6.43)	24.93 ^c (5.12)	23.93 ^c (5.06)	26.27 ^c (4.91)	8.01 ^a
<i>Fear and Danger Scales</i>					
Fear & Anxiety	16.60 ^d (5.44)	13.03 ^c (4.36)	13.43 ^c (4.14)	13.70 ^c (6.10)	3.09 ^a
Perceived Danger	12.90 ^d (4.47)	10.73 ^c (3.54)	10.20 ^c (3.94)	10.53 ^c (4.46)	2.65 ^b

Note. For the CAMI scales, lower mean scores indicate more agreement with the scale concept.

^a $p < .05$;

^b $p < .06$;

^cSignificantly different from Stigma Group ($p < .05$);

^dSignificantly different from Control Group ($p < .05$).

Responses to the Social Restrictiveness (SR) scale also showed a significant overall difference among the groups: $F(3,116) = 3.26$, $p < .05$. As predicted, the Stigma group endorsed the most statements indicating beliefs that mentally ill people should be avoided or restricted. The Prophylactic-Information group endorsed statements expressing the least agreement with the SR scale and was significantly different from the Stigma group. The Prophylactic-Media group also showed somewhat weaker SR views than the Stigma group, although the difference was not statistically significant.

Similar results were found for the Fear and Danger scales. Responses to the Fear and Anxiety scale showed a significant overall difference among the groups: $F(3,116) = 3.09$, $p < .05$. A similar tendency occurred on the Perceived Danger scale: $F(3,116) = 2.65$,

$p < .06$. The Stigma group expressed significantly more beliefs that mentally ill people are dangerous and to be feared compared to the Control group. For both scales, the Prophylactic-Information and Prophylactic-Media groups differed significantly from the Stigma group as well, but not from the Control group.

As shown in Table 2, respondents who read prophylactic articles reported being more strongly influenced by those articles than did other groups by the initial articles they read. They also viewed the target article as significantly more biased than did readers in the Stigma group. All three groups, however, appeared to find the target article equally believable.

Table 2
Means (and Standard Deviations) for Newspaper Questions Following the Second Article

Stigma	Control	Prophylactic information	Prophylactic media	F(3,116)
1. To what degree did information from the first article influence your response to the second article?				
3.20 ^c (1.89)	1.93 ^b (1.46)	4.27 ^{b,c} (1.31)	4.60 ^{b,c} (1.73)	16.70 ^a
2. To what extent did the writer present information in an unbiased manner?				
4.50 (2.05)	4.47 (1.17)	3.43 ^{b,c} (1.72)	3.07 ^{b,c} (1.34)	6.18
3. How believable was the information presented?				
5.43 (1.50)	5.83 (.91)	5.50 (1.14)	5.70 (1.15)	.71
4. To what extent did the headlines capture your attention?				
6.43 ^c (.77)	3.93 (1.51)	6.43 ^c (.77)	6.10 ^c (1.21)	35.25 ^a
5. If you came across this article in a daily newspaper or magazine how likely would you have been to read it?				
6.17 ^c (.95)	3.73 (1.93)	5.63 ^c (1.45)	6.10 ^c (1.13)	20.27 ^a

^a $p < .05$;

^bSignificantly different from Stigma Group ($p < .05$);

^cSignificantly different from Control Group ($p < .05$).

Discussion

Results suggest that the concerns of mental health advocates about the potential stigmatizing effects of newspaper coverage of dramatic crimes committed by individuals with mental illness are well founded. In this study, those who read the target article were more likely to indicate the need for restriction of mentally ill people and less acceptance of mentally ill people in the community compared to those who had not read the target article. In addition, those who read the target article were more likely to endorse statements indicating fear and perceived danger from mentally ill people compared to those who had not read the target article. Exposure to the target article, then, seemed to result in the expression of less favorable sentiments and greater expressed concern about those with mental illness. Thus, it appears that the impact of newspapers on attitudes is similar to that of other media (television, movies, etc.) which have been previously researched and which have been shown to encourage harsher attitudes toward mentally ill people (Domino, 1983; Wahl, 1992; Wahl & Lefkowitz, 1989). Newspaper coverage of murders committed by people suffering from mental illness also can adversely influence attitudes toward mental illness.

Moreover, participants indicated that the target article is exactly the kind of news piece they would be likely to read on their own. The respondents in this study reported, for example, that they were strongly attracted to the sensational headline and that they were likely to have read the story if they had come across it in a daily newspaper or magazine. (See Table 2.) It is likely, then, that this article—an actual published article taken from a real newspaper—*has* been read by many people outside of our laboratory and *has* contributed to more unfavorable public conceptions of mental illness. Additionally, it is likely that the stigmatizing effect of articles such as the one used in this study would be magnified in the real world because readers would likely be exposed to repeated and multiple articles of a similar nature (Day & Page, 1986; Shain & Phillips, 1991).

Results also supported our hypothesis that provision of other information to readers could reduce the stigmatizing impact of articles about criminal madmen. Respondents who read articles, prior to the target article, which discussed either accurate and inaccurate information about mental illness or media distortion of mental illness indicated more acceptance and less restriction of people with mental illness in the community, as well as less fear of and perceived danger from those with mental illness, than those who read the target article without the prophylactic information.

Our goal in presenting the prophylactic articles was both to place the "facts" of the stigmatizing article in a broader context and to engender critical thinking (about potential media bias) in the reader. Participant responses suggest that the prophylactic articles indeed worked in these ways. Those who first read the prophylactic articles tended to see the target article as less free from bias than did those without prophylactic information and they reported that their appraisals of the target article had indeed been influenced by the reading of the prophylactic articles. Thus, results hold promise that public education strategies—approaches which provide information to the public concerning misconceptions about mental illness and potential biases that the public may encounter in media presentations about mental illness—*can* be helpful in mitigating the effects of otherwise stigmatizing information from mass media.

Conclusions and recommendations, of course, must be tempered by a recognition of the limitations of our study. First of all, because we did not measure attitudes *prior* to reading the target article, we cannot say definitely that the stigmatizing article *changed* attitudes in unfavorable ways; a before-and-after design might more clearly demonstrate the pull of the article toward less favorable views. In addition, our study does not demonstrate that the apparent influences (both of the stigmatizing and the prophylactic articles) are more than momentary. The extent to which stigmatizing and/or destigmatizing effects are long-lasting requires follow-up assessment over a longer period of time.

Finally, the substantial differences between our laboratory situation and real-world events call for cautious generalization. In life, impressions are seldom formed or changed substantially by single experiences. It is not the effect of an individual article, however powerful and unfavorable the presented image of mental illness, about which mental health advocates are concerned, but the cumulative effect of repeated articles of the same kind. Other research has demonstrated that articles like our target article are common, and we can infer an even greater cumulative effect of repeated articles. However, the expected cumulative effect of these (or of a mixture of "stigmatizing and neutral") articles such as one would encounter in real-world daily living remains to be tested more directly.

Similarly, conclusions about the effectiveness of our prophylactic strategies may be lessened by other discrepancies from real-world experiences. In our study, prophylactic information immediately preceded the stigmatizing target article. The odds of that occurring outside the laboratory are slight; more often disclaimers about psychiatric violence and media bias follow an explosive event such as the one reported in our target article. When, through on-going public education efforts, information does precede the event and its news coverage, it is still unlikely that the prophylactic material has appeared *immediately* before the stigmatizing information reaches its audience. Our data do not speak to the questions of how well similar prophylactic information may work to mitigate stigmatization if it occurs well before or after the stigmatizing information, as is more likely in the real world.

The fact that participants were from a university community and, specifically, from a psychology class, is also a limitation of the study. Such individuals, by virtue of their greater exposure to or interest in psychology topics may have brought expectations about research or about mental illness that are different from those of the general population and that may have affected their responses to our experimental manipulations. A replication of this study with non-university participants—individuals who not only are less likely to be biased by their current study of psychology but who will also represent a broader range of education and intellectual ability—would permit broader generalizations.

Despite the limitations, however, results do lend support to concerns that news stories about mentally ill killers may encourage fear of and harsher attitudes toward those with mental illnesses. At the same time, they provide encouragement for the use of public education strategies, particularly those that discuss misconceptions about mental illness and alert readers to possible media bias, to reduce the impact of otherwise stigmatizing portrayals. Understanding of the effects of repeated exposures to newspaper images of mad murderers and of the necessary timing for prophylactic success awaits further research.

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