Effects of Diagnosis and Response Style on Social Distance and Perceived Dangerousness

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ABSTRACT
In the present study, I investigated the effects of different diagnoses (depression, bipolar disorder, schizophrenia, and asthma) and response styles (education, secrecy, and withdrawal) on social distance and perceived dangerousness. The response styles were developed from the modified labeling theory of stigma and discrimination (Link, Cullen, Struening, Detel, & Bohdevich, 1989; Scheff, 1974). Individuals can react to their diagnosis in three ways:

- Education: individual discloses their diagnosis to others and educates them about the disorder to reduce stigma and negative attitudes.
- Secrecy: individual withholds information about their diagnosis.
- Withdrawal: individual associates themselves only with others who know about their diagnosis or those who are accepting of mental disorders in general.

However, these reactions also have the ability to inadvertently promote isolation, shame, and discrimination (Ray & Dollar, 2014).

METHOD
Participants were asked to rate how likely they would be to engage in 10 specific activities with a person like the target based on their diagnosis and response style. All responses were reversed scored so higher scores translated to greater social distance. Participants were asked to rate how dangerous they perceived the target to be on a 5-point Likert scale that ranged from 1 (definitely unlikeliness) to 5 (definitely likelihood). Social distance and perceived dangerousness were positively correlated (r = .115). As predicted, social distance tends to vary depending on the mental illness in question (Feldman & Crandall, 2007; Marie & Miles, 2008).

RESULTS
A 4x3 between-subjects Factorial MANOVA was used to calculate the main effects and interactions of diagnosis and response style on social distance and perceived dangerousness.

Main Effect: Diagnosis on Social Distance
- Significant: F(2,264) = 8.29, p = .001, η² = .04. Depression produced a significantly lower social distance score than the bipolar disorder (p < .001) schizophrenia, and asthma diagnoses.

Bipolar disorder did not differ from schizophrenia (p = .414) and asthma (p = .296).

Main Effect: Response Style on Social Distance
- Significant: F(2,264) = 3.10, p = .047, η² = .024. Education produced a lower social distance score than withdrawal (p = .020).

Secrecy did not differ from education (p = .062) and withdrawal (p = .694).

Interaction: Diagnosis x Response Style on Social Distance
- Significant: F(4,264) = 4.45, p < .001, η² = .095. As shown in Figure 1, social distance for asthma is either lower than or does not differ from the other diagnoses in both the education and secrecy conditions, but in the withdrawal condition, it is significantly greater than all other diagnoses.

Main Effect: Diagnosis on Perceived Dangerousness
- Significant: F(2,264) = 3.48, p = .016, η² = .040. Asthma was deemed significantly less dangerous than bipolar disorder (p = .004) and schizophrenia (p = .013), which did not differ from each other (p = .684).

Asthma, bipolar disorder, and schizophrenia did not differ from depression (p = .280, p = .068, p = .179).

Main Effect: Response Style on Perceived Dangerousness
- Significant: F(2,264) = 3.33, p = .045, η² = .024. Education was deemed less dangerous than secrecy (p = .045) and withdrawal (p = .034).

Secrecy and withdrawal did not differ (p = .771).

Interaction: Diagnosis x Response Style on Perceived Dangerousness
- Nonsignificant: F(2,264) = 1.22, p = .299.

A 3x3 between-subjects Factorial MANOVA was run without the control condition, asthma, because it did not seem like it was acting as a proper control condition.

Summary
Social distance remained significantly lower in the depression condition compared to the bipolar disorder and schizophrenia conditions (p = .001).

Depression continued to be lower in social distance than bipolar disorder (p = .001) and schizophrenia (p = .013) during the education and secrecy conditions.

Secrecy and withdrawal continued to not differ (p = .178).

Two-tailed Pearson correlation was used to determine if there was a significant correlation between social distance and perceived dangerousness.

Perceived dangerousness was positively correlated with social distance (r = .485, p < .001). As perceived dangerousness increases, so does social distance.

VIGNETTES
Imagining you just woke up for your first class on Monday and you are getting ready to leave. As you are leaving your room you overhear this conversation between John, your neighbor, and his friend, Mike. John and Mike have been friends since high school. They are both hard working and studies students. You have not seen John on campus since Wednesday or Thursday of last week.

Mike: “Hey John, how are you doing?”
John: “Well, it has been a rough couple of weeks, but it’s been good.”
Mike: “What was the hospital like?”
John: “It was like what you’d expect, small rooms, bad food, the usual.”
Mike: “Is [this] disordered, right? Were they able to help you?”
John: “Yeah, [disorder], I am better than I was before but not 100% of course.”
Mike: “Of course, but you’re glad you’re back. Let me know if you need anything.”
John: “Thanks, I appreciate it.”
You walk over to say hello. As you approach them, John looks down and Mike greets you. You say hello to both them and tell John that you have not seen him around lately. John responds by saying [response style].

You check the time and say goodbye before rushing off to class.

DISCUSSION
As predicted, social distance tends to vary depending on the mental illness in question (Feldman & Crandall, 2007; Marie & Miles, 2008).

Depression produced lower social distance scores than the schizophrenia condition.

- Significant with previous literature (Lee et al., 2014; Marie & Miles, 2018).

Depression condition produced lower social distance than the bipolar disorder condition.

- Previous research found no difference (Lee et al., 2014).

Bipolar disorder and schizophrenia did not differ in social distance.

- Previous literature found that schizophrenia produced a higher level of social distance than bipolar disorder (Lee et al., 2014).

Results are consistent with my hypothesis that the different response styles impacted the perceived dangerousness of the target.

- No previous literature to back up my prediction because, to my knowledge, this is the first study to employ the modified labeling theory in this way. However, my results seem to be in line with the hypothesis that Ray and Dollar (2014) proposed because the different response styles affected perceived dangerousness which can promote discrimination.

- More research in this area will be needed to further validate these findings.

Positive correlation between social distance and perceived dangerousness supports previous literature that perceived dangerousness acts as an important factor in determining social distance (Ellison, Mason, Star, 2015; Lee et al., 2014; Link, 1999; Marie & Miles, 2018; Martino et al., 2011).

Significant interaction may suggest that people sociability distances themselves more from individuals who display the extreme response style of withdrawal with a non-stigmatized illness.

- Might have felt the target was lying.

- Sees a light in this future direction in this research area.

REFERENCES
American Journal of Sociology, 30, 154-160.