

Corrigan, P. W., Demming Lurie, B., Goldman, H. H., Slopen, N., Medasani, K., & Phelan, S. (2005). How adolescents perceive the stigma of mental illness and alcohol abuse. *Psychiatric Services* 56 (5), 544-550.

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According to the authors, empirical research on mental illness stigma among adults has revealed three findings: (a) persons with mental illness are judged more severely than persons with physical health conditions; (b) people who abuse alcohol are judged more severely than persons with mental illness, and (c) familiarity with someone having a mental illness reduces stigma. The authors conducted a study to determine whether similar findings hold true for adolescents as well. The first two findings (above) were the same for teens as they were for adults; however the third finding suggests the opposite; that is, familiarity with someone having a mental illness does *not* reduce stigma among teens.

Participants ( $N = 303$ ) were teens from Southern California with a mean age of 16.4 years ( $SD = 2.5$ ). Over half (56%) were female. Most teens were White (61%), followed by Hispanic (13%), those with two or more racial/ethnic groups (13%), Asian American (6%), Black (6%), and American Indian (1%).

The teenagers completed a revised version of the Attribution Questionnaire (rAQ) The rAQ provides four vignettes that parallel the following scenario: “Brandon is a new student in your class. Before his first day, your teacher explained that Brandon is mentally ill and is transferring from a special school” (p. 545). The other three vignettes depict the new student as having a “drinking problem,” a “brain tumor that makes him act like he has a mental illness sometimes,” and “has leukemia, a cancer of the blood” (p. 545). After reading each vignette, teens were asked to rate each individual in the vignette according to seven items: responsibility, pity, anger, dangerousness, fear, help, and avoidance. A revised version of the Level of Contact Report, which ascertains familiarity with mental illness, was also completed by the teens. This report includes 12 situations that vary in the degree of contact that a participant might have had with a person with mental illness; questions range from least intimate contact, such as never having observed a person with mental illness, to most intimate, living with a person with mental illness.

As shown in Table 1, only 11% of students had not knowingly come into contact with a person with mental illness. Twenty-nine percent had a relative with a mental illness, and 7% lived with someone having a mental illness. Compared to

Variable	<i>n</i>	%
I have never observed a person with mental illness	33	11
I have watched a television show that included a person with mental illness	264	87
I have observed a person with severe mental illness	227	75
I have been in a class with a person with severe mental illness	151	50
A friend of the family has a severe mental illness	85	28
I have a relative who has a severe mental illness	88	29
I live with a person who has a severe mental illness	21	7
I have a severe mental illness	12	4

mental illness, brain tumor, and leukemia, alcohol abuse was stigmatized the most, with students tending to blame alcohol abuse on the individual, and to express anger and fear at their condition. Mental illness was associated with pity, dangerousness, fear, help, and avoidance, while having a brain tumor reduced the stigma associated with mental illness. Compared to mental illness, having a brain tumor revealed lower scores for pity, dangerousness, and fear. Leukemia was judged more compassionately than alcohol abuse, mental illness, or brain tumor. Alcohol abuse and mental illness were viewed with more blame and anger and with less pity than were brain tumor or leukemia.

Interestingly, students who were familiar with someone having a mental illness exhibited more stigma toward mental illness than their less-acquainted counterparts. This finding may be due to “statistical artifacts” (p. 549) or to cognitive development in teens. That is, compared to adults who have had more opportunities

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to learn about mental illness, teens “have less information and more tentatively formed attitudes about people with mental illness” (p. 549). A third possible explanation for this finding suggests that stigma is determined by familiarity with persons having a mental illness and how they display their symptomatology; for example, hospitalization for psychosis may fuel the stigma for dangerousness while more benign symptoms may elicit pity. While further work is necessary to understand this finding, it may be the case that anti-stigma mental health campaigns should be redesigned to meet the cognitive needs and social experiences of adolescents.