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### A Comparison of Stigma Levels for Individuals with Psychological Disorders and Individuals with Intellectual Disabilities

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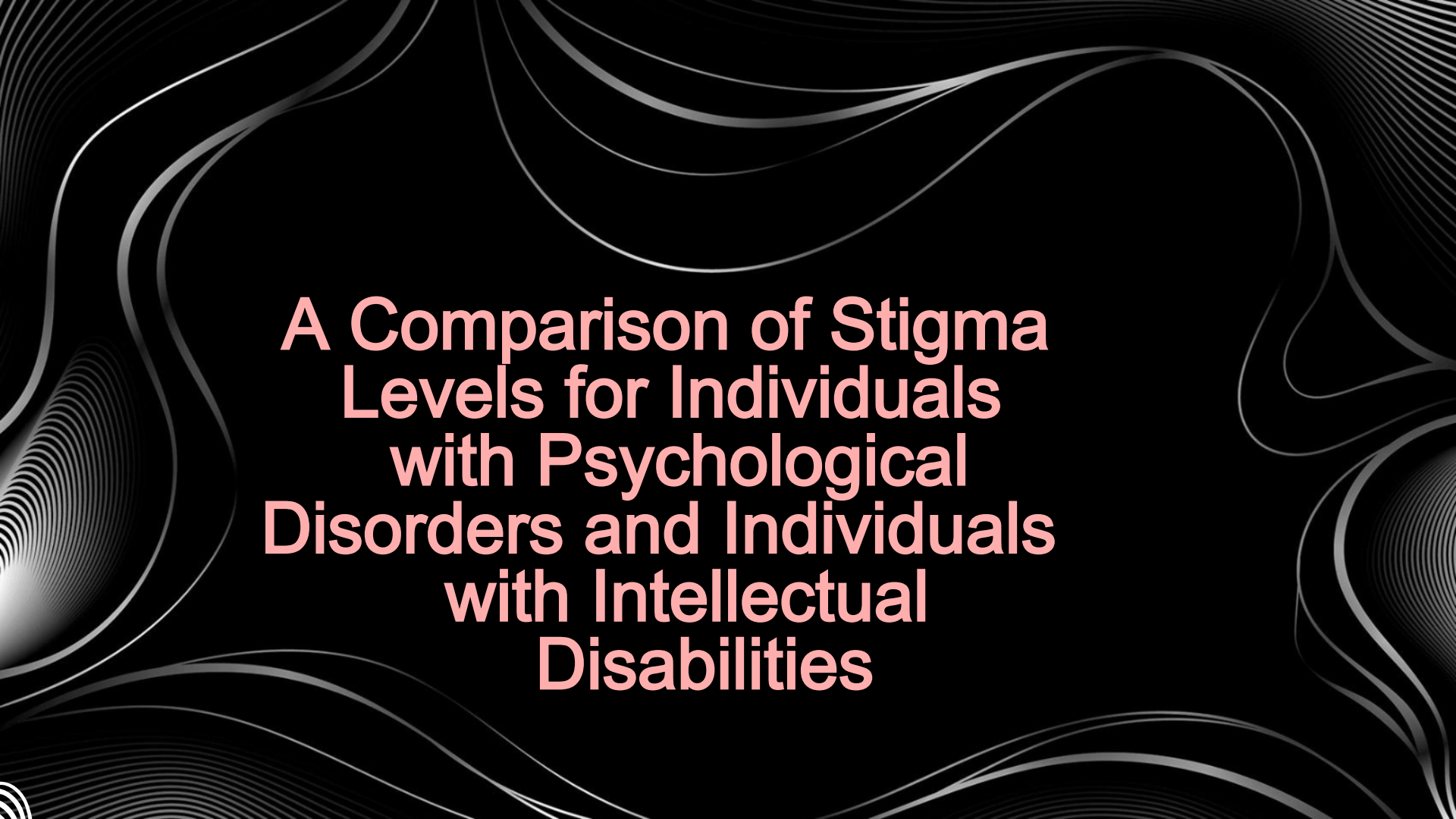
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The background features a complex pattern of white, wavy, and concentric lines on a black background, creating a sense of movement and depth. The lines vary in thickness and curvature, some forming tight spirals while others flow more loosely across the frame.

**A Comparison of Stigma  
Levels for Individuals  
with Psychological  
Disorders and Individuals  
with Intellectual  
Disabilities**

# INTRODUCTION

- Little research has been done comparing the stigma levels individuals express towards those with various psychological disorders compared to those with an intellectual disability.
- Knowing which diagnosis is more stigmatized can help further future research on which tactics may be needed to destigmatize these disorders/disabilities.
- We will attempt to determine and compare the levels of stigma between schizophrenia, binge -eating disorder, and intellectual disabilities.

# STIGMA

Stigma is composed of five different elements which are labeling others as different, negative stereotyping, the separation into in-groups and out-groups, the loss of status which results in discrimination, and a loss of power (Link & Phelan, 2001).

# STIGMA

- Subtypes: blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion
  - Blame - perceivable controllability of someone's disorder/disability
  - Anger - feeling anger at a person because of their disorder/disability
  - Pity - expressing sympathy towards someone with a disorder/disability
  - Help - being unwilling to help someone with a disorder/disability
  - Dangerousness - feeling unsafe around a person with a disorder/disability

# STIGMA

- Subtypes continued...
  - Fear- fearing someone because of their disorder/disability
  - Avoidance - to what extent someone would be willing to avoid someone with a disorder/disability
  - Segregation - wanting to put those with a disorder/disability into an institution
  - Coercion- forcing someone to take their medication or get treatment

# Schizophrenia Diagnosis

- Diagnostic criteria
  - Must have experienced at least two of the following symptoms for at least a month, delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms
    - At least one of the symptoms must be delusions, hallucinations, or disorganized speech
  - Experience a disturbance in the social, personal, and work aspects of their lives, as well as this disturbance persisting for at least 6 months

# Schizophrenia Symptoms

- Positive symptoms can be described as an addition to normal functioning.
  - Hallucinations and delusions
- Negative symptoms are those that take away from normal functioning
  - Apathy and anhedonia.
- Disorganized symptoms consist of rapid shifts in topics, repetition of words, inappropriate emotional responses, and lack of impulse control.



# Schizophrenia Stigma

- Doctors can act like they are not real people, landlords may not rent to them, and family members can think that they are dangerous
- Both antipsychotic medication and psychological therapy are associated with stigma
- Those with schizophrenia are also discriminated against during the hiring process and even have a hard time getting vocational services to help them

# Binge -Eating Disorder Diagnosis

- The compulsion to eat an unusually large amount of food without the ability to stop
- Happens at least once weekly for three months without compensatory measures
  - exercise, using laxatives, diuretics, self -induced vomiting, and more. If they were using compensatory measures

# Binge -Eating Disorder Stigma

- Out of the DSM-diagnosed eating disorders, people who have binge-eating disorder are considered most responsible for their condition
- Seen as less intelligent, so they are less likely to be offered employment
- Peers assume that someone who is obese is lazy and self-indulgent, so they are unwilling to befriend them
- People are not as willing to sell those who are obese homes or rent them apartments because they view them as unreliable

# Intellectual Disability Diagnosis

- Characterized by having below -average intellectual functioning as well as adaptive functioning impairments
  - Adaptive functioning is determined by comparing how well a person can handle judgment, reasoning, and independence compared to individuals in the same age range
- Can be described as high functioning or low functioning
  - Lower/higher functioning deals with the level of severity
  - Based on their conceptual, social, and practical skills as well as their cognitive functioning

# Intellectual Disability Stigma

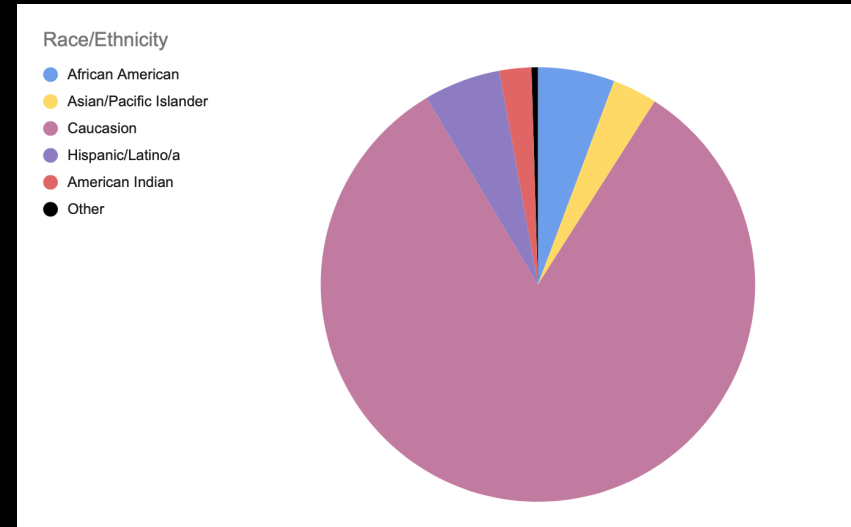
- Individuals who have lower intellectual functioning are typically more stigmatized than those who are higher functioning
- People tend to pity those with intellectual disabilities which can be seen as degrading, and it treat them as though they are not fully accepted into society
- Care providers can be overprotective or not let their clients make informed decisions

# Hypotheses

- #1 Schizophrenia will be significantly higher on the subtypes anger, help, dangerousness, fear, avoidance, segregation, and coercion
- #2 Intellectual disabilities will be stigmatized more for the subtype pity
- #3 Binge-eating disorder will be more stigmatized for the subtype blame because it represents controllability

# Method: Participants

- This study was taken by 276 participants at a faith-based liberal arts university
  - We were unable to use 75 participants' data because of failure to complete the survey
- Approximate age range 18 -68.
- 155 females, 43 were males, and 3 were non-binary/third gender



# Method: Vignettes

- Three different vignettes portrayed in a randomized order
  - Schizophrenia
  - Binge-eating disorder
  - Intellectual disability
- Each vignette is about a paragraph long, told in the third person point of view, describing their lives based on their disorder
- Binge-eating vignette was edited to match others



# Method: Vignette Example

Raphael is an adult with ID. He communicates using sounds and gestures. He is able to show by gestures that he needs to go to the toilet.

Since Raphael has major coordination problems, he requires constant assistance when he moves around and always has to be accompanied on outings. He also has trouble with various movements. He is able to feed himself with an adapted spoon, but he drops food.

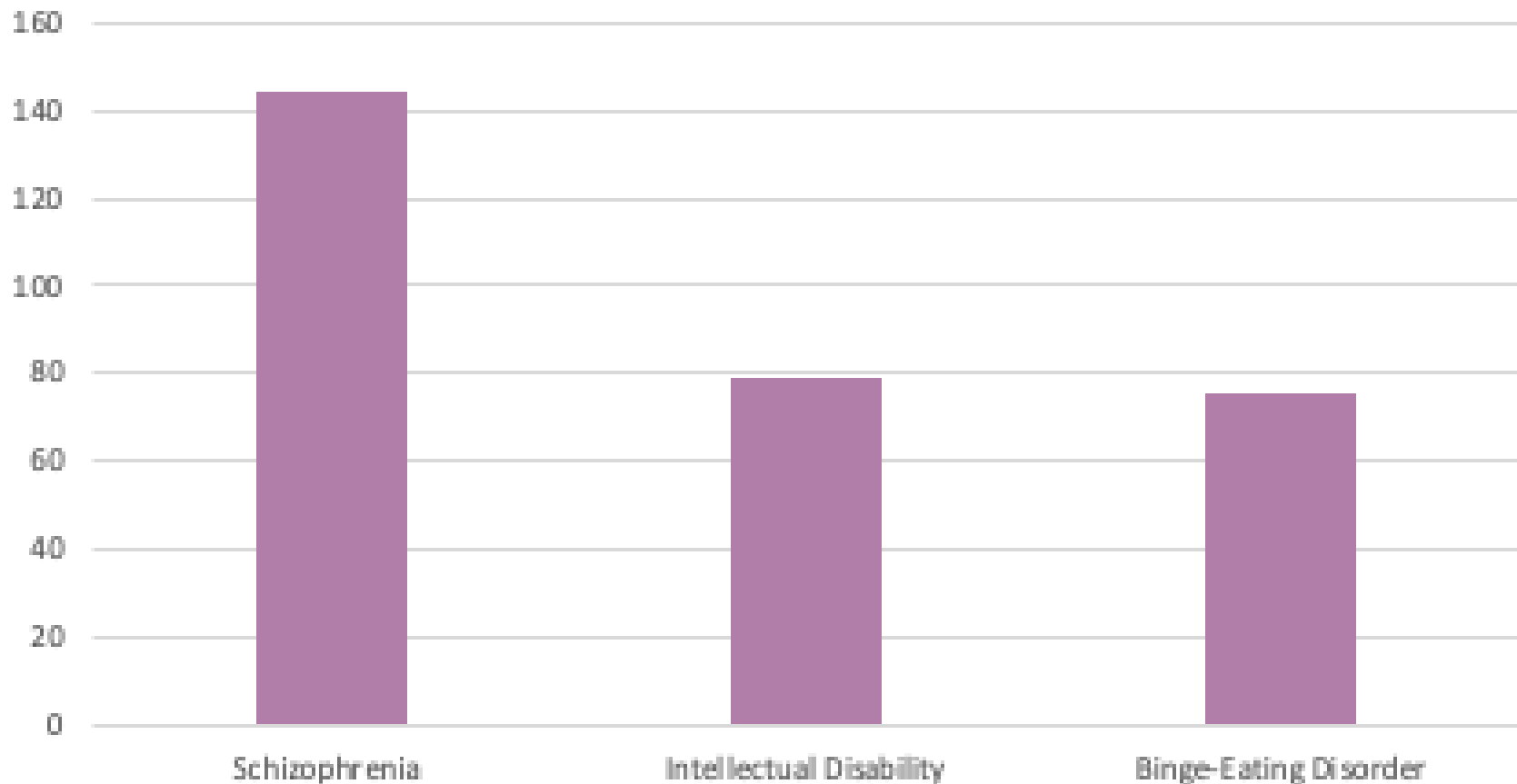
# Method: AQ -27

- Measures nine different stereotype factors: blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion
- Blame - “How responsible, do you think, is Harry for his present condition?”
- Anger- “How irritated would you feel by Harry?”
- Pity- “How much concern would you feel for Harry?”
- Measurements for each factor
- Measurement for a global score

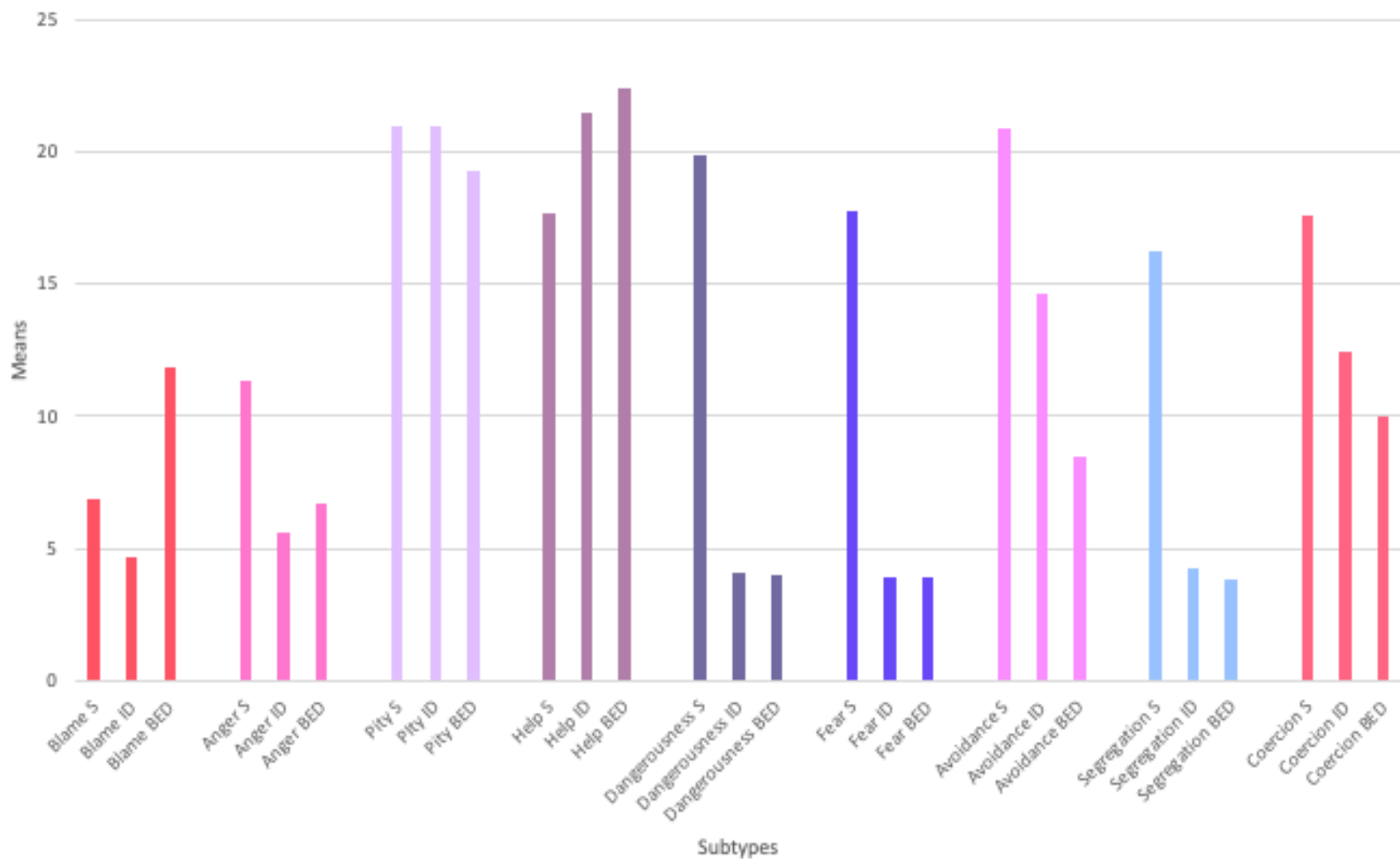
# Results

- Schizophrenia was stigmatized more than intellectual disabilities and binge -eating disorder
- Intellectual disabilities were stigmatized more than binge -eating disorder
- Schizophrenia
  - More stigmatized than intellectual disabilities for blame, anger, help, dangerousness, fear, avoidance, segregation, and coercion
  - More stigmatized than binge -eating disorder for anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion
- Binge-Eating Disorder
  - More stigmatized for blame than schizophrenia and intellectual disabilities
  - More stigmatized than intellectual disabilities for anger
- Intellectual Disability
  - More stigmatized than binge -eating disorder for pity, help, avoidance, and coercion

## Global Stereotype Scores



Overall Comparisons of Subtype Means



# Discussion

- When looking to reduce stigmatization, education efforts must be tailored to the unique stigma for each disorder
- As shown in this study, each disorder is stigmatized more based on different subtypes
- Working to reduce blame for an intellectual disability would not be as helpful as working to reduce blame for binge -eating
- Before selecting a program to reduce stigma for a disorder, educators must know which stigma subtype the disorder is high in and which program has been shown to reduce the stigma associated with those subtypes

# References

