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Belief in a just world and attitudes towards mental illness

Abstract

This study investigated whether a person's belief in a just world (BJW) or knowing someone treated for a mental health problem was related to their attitudes towards those with a diagnosis of mental illness or to their beliefs about the causes of mental health problems. One hundred and seventy three participants completed a questionnaire measuring BJW, attitudes towards, and causal beliefs about, mental health problems. No relationship was found between BJW and attitudes, nor between psychosocial causal beliefs and attitudes. However, bio-genetic causal beliefs were associated with attitudes. Those who knew someone who had received treatment for a mental health problem had lower bio-genetic belief scores than those who did not. However, there were no differences between the two groups in BJW, attitudes or psychosocial beliefs.

Keywords: Belief in a just world; attitudes; mental illness; stigma

Belief in a just world and attitudes towards mental illness

Understanding the prejudice and discrimination faced by those in mental distress has become a key focus for researchers in recent years. The causal beliefs people have about mental health problems may be a factor. In general, biological causal explanations appear to be associated with more negative attitudes than psychosocial explanations (Read, Haslam, Sayce & Davies, 2006). Despite this, many anti-stigma campaigns have been based on advocating a bio-genetic causal approach, emphasising that "mental illness is an illness like any other" (Read & Harré, 2001). Another factor investigated is the "contact hypothesis" (i.e. that contact with a marginalised group will lead to more positive attitudes). Read and Harré (2001) reported that participants' attitudes were more positive the more people they knew who had received treatment for a mental health problem. A similar trend, where bio-genetic beliefs were weaker in those who knew more people who had received treatment, approached, but did not reach, significance.

Just World theory is a popular conceptual resource for research on attitudes towards marginalised groups. Surprisingly, however, it has not been drawn on in research about attitudes towards mental health problems. The just world hypothesis is that "all of us need to believe that we live in a world in which we and others like us can get what we deserve – and deserve what we get" (Lerner, 1971, p.51). Rubin and Peplau (1975) reported that higher scorers on the Just World Scale were more likely to see innocent victims as "asking for trouble" and meriting their own misfortune.

The first hypothesis was that high BJWs would have more negative attitudes towards those with mental health problems. The second hypothesis was that bio-genetic causal beliefs would be associated with more negative attitudes. The third hypothesis was that psychosocial causal beliefs would be associated with more positive attitudes. The fourth hypothesis was that those who knew someone who had received treatment for a mental health problem would have a lower BJW, more positive attitudes, a stronger psychosocial and a weaker bio-genetic causal belief than those without such contact.

Method

Participants

There were 173 volunteer participants (51.5% male), aged 18-92 years (mean 39 years 7 months, *SD* 16.24). Approximately 30% of participants were university students recruited on campus -- however, psychology students were excluded. The remaining participants were recruited using an adapted 'snowball' technique. Friends, colleagues, relatives and other acquaintances of the first author were recruited and then asked to distribute the questionnaires to others (e.g. work colleagues etc). Using British census ethnicity categories, 71.7% of participants identified themselves as White, 5.2% as mixed race, 9.8% as Asian or Asian British, 11.0% as Black or Black British, and 2.3% as Chinese or other ethnic group.

One hundred and seventy three (92%) of the questionnaires distributed were returned sufficiently complete for analysis. A small number of these questionnaires were returned with one or two scales incomplete (for example, three participants did not complete the bio-genetic scale), but were still able to be included for analysis because other scales had been fully completed.

Questionnaire[1]

This consisted of three scales: *The Just World Scale (revised)* (Rubin and Peplau, 1975), measuring belief in a just world (BJW), with higher scores indicating a stronger BJW; the *Causal Beliefs Scale* (Read and Harré, 2001), yielding both a bio-genetic score and a psychosocial score, with higher scores on each indicating a stronger causal belief; and Read and Harré's (2001) *Attitudes Scale* which produces a Total Attitude Score (TAS), where higher scores indicate more negative attitudes. In addition to items gathering demographic and other information, participants were also asked whether they knew anyone who had received treatment for a mental health problem.

[1] Please contact the authors for further information on the questionnaire.

Results

There was no relationship either between BJW and TAS (r (154) = -.110, p = .086), or between psychosocial score and TAS (r (168) = .048, p = .269). However, bio-genetic score and TAS were correlated (r (165) = .143, p = .033). There was no relationship between bio-genetic and psychosocial causal beliefs (r (168) = .007, p = .461).

Those who knew someone who had received treatment for a mental health problem (58.5% of participants) had lower bio-genetic belief scores (mean score 18.83) than those who did not (mean score 21.23): t(167) = 3.205, p = .002. However, there were no differences between the two groups in BJW (t(154) = 1.543, p = .125), TAS (t(166) = 1.336, p = 0.183), or psychosocial beliefs (t(169) = -0.597, p = .551). Thus the fourth hypothesis was only partially supported.

Discussion

The lack of a relationship between BJW and either TAS or contact with people who have had mental health treatment is surprising in the light of previous BJW research. However, often these studies have investigated victim blaming or derogation of victims (Rubin & Peplau, 1975) rather than attitudes towards the victims *per se.* In addition, BJW questionnaire studies have been beset by methodological problems (Furnham, 2003).

The difference in levels of bio-genetic belief between those who knew someone who had received treatment for a mental health problem and those who did not is intriguing and merits further investigation. The lack of a difference between these groups on the TAS or in relation to psychosocial beliefs is, however, surprising.

This study replicated Read and Harré's (2001) finding that bio-genetic and psychosocial causal beliefs were not negatively correlated. This suggests that rejection of one causal model does not necessarily imply acceptance of the other. Similarly, the finding that attitudes were correlated with bio-genetic causal explanations is consistent with previous studies (Read et al., 2006).

The literature on psychosocial explanations is less consistent. The current finding that these are not related to attitudes suggests that while it may be right to move the focus of anti-stigma campaigns away from the “mental illness is an illness like any other” (Read & Harré, 2001; p.223) approach, it may not follow that advocating psychosocial causal models will necessarily lead to positive changes in attitudes.

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