

Conceptions of Mental Illness and Social Distance Practices

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Abstract: The present study is an attempt to examine the prevalent understanding of mental illness and related social distance practices. The study examines the conceptions of meaning of mental illness, recognition of its causal factors, and explores if contact with mentally ill individuals in the past has an impact on social distancing practices. For this purpose, a survey was constructed with open-ended questions and a vignette-based questionnaire adapted from the McArthur Mental Health Module (Link et al., 1999) and was administered to 93 participants of 18-48 years. Data analysis was carried out using content analysis and descriptive and inferential statistics. The results indicated no significant differences in social distance practices with respect to contact. Further, a dependent sample t-test indicated a significant difference between the social distance practices for a mental illness and a subclinical mental illness condition. One-way ANOVA indicated a significant difference in social distance practices among the three mental illness conditions: schizophrenia, depression and alcoholism. Although content analysis indicated optimistic results in terms of conceptions of mental illness, there persists a desire to socially distance from mentally ill individuals. Implications for further research have been discussed.

Keywords: mental illness, social distance, attitudes, mental disorders, mentally ill

Introduction

Mental illness has no barriers of age, gender, geography, money, social status, race, ethnicity, religion, sexual orientation, or other components of cultural identity; it can affect anyone. The American Psychiatric Association defines mental illness as, “mental illness refers collectively to all diagnosable mental disorders - health conditions involving significant changes in thinking, emotion and/or behaviour; and distress and/or problems functioning in social, work or family activities”. A report jointly released by the World Health Organisation and United for Global Mental Health and the World Federation for Mental Health (2020) showed that close to 1 billion people are living with a mental illness. WHO (2016) estimated that about 7.5 percent Indians suffer from some mental disorder and predicted that by the end of the year around 20 percent of India will suffer from mental illnesses.

Due to general lack of awareness, stigma and discrimination, people with known mental health problems neglect preventive care and never seek help from professionals (WHO, 2016). However, there is a significant level of interest in learning more about mental health issues, community members' help-seeking behaviour, and the general public's attitude toward mentally ill individuals in recent times (Sindhu et al., 2021). Some of the strategies encouraged and undertaken to enhance awareness and address stigma around mental illness include participation by family members, sensitization to treatment, and social inclusion (Patel & Saxena, 2014; Rebello et al., 2014). People are becoming more aware of mental disorders, which serves as a subtle boost for an improvement in the knowledge, attitude and behaviour towards the mentally ill.

The idea of social distance (the desired proximity between oneself and another person in a social environment) has been

utilised in the mental illness stigma literature to analyse expected discriminatory conduct toward people with mental illness (Baumann, 2007; Marie & Miles, 2008). Individuals and groups reject, shun, and isolate themselves from the mentally ill because mental illness is associated with abnormality, danger, and difference. This societal attitude increases the stress experienced by people with mental illnesses, lowers their quality of life, and reduces their chances of recovery (Tsang et al., 2003). Hence, this topic has been of great relevance and interest to researchers and policymakers for many years. It is important to assess any gaps in public knowledge, perception, and attitudes because recognizing the mentally ill as community members with distinct disorders who require special needs is aided by proper education and public perception.

Research Objective and Research Questions

The objective of the present study was to examine conceptions of mental illness and social distance practices. The study sought answers to two research questions. Firstly, it aimed to explore the conceptions of the meaning of mental illness and recognition of its causes because attitudes and beliefs about mental illness are shaped by different factors (Corrigan et al., 2004; Wahl, 2003) and can be different from the clinical understandings. This can influence treatment choices and recovery of the mentally ill. Additionally, longitudinal surveys report that although knowledge and familiarity increased and prejudice decreased with increasing education, social distance did not change much (Shruti et al., 2016). Hence, the study also sought to examine social distance practices towards the mentally ill and the impact of contact in the past.

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Method

Participants

Using convenience and snowball sampling, the present study included 93 participants (46 females, 45 males, 2 others) of 18-48 years ($M=25.94$) belonging to different states across India. The highest educational qualification of majority of the participants was Bachelor's degree (40.86%). Majority of the participants belonged to families that earn an annual income of less than 10 lakhs (55.91%).

Design

The present study used a survey research design that aimed to find relationship between different variables- contact and type of illness (independent variables) and social distance practices (dependent variable). The qualitative aspect of the study was conceptions of mental illness looking at the general idea of mental illness held by the public.

Measures

Data was collected via Google forms that consisted of three sections. Prior to that, the participant read the consent form and agreed to voluntarily participate in the study.

Demographic Information. The first section of the form included demographic information like age, gender, highest educational qualification, annual family income, and email ID.

Mixed-method questionnaire. The second section of the form contained open-ended questions (*e.g.*, 'How would you describe mental illness?') to analyse understanding of mental illness among the respondents. One close-ended question was added here to measure contact in the past.

The measure for examining the recognition of causal factors and attitudinal social distance was adapted from a questionnaire included in the *MacArthur Mental Health Module* (Link et al., 1999). It contained vignettes of a person based on DSM-IV criteria for schizophrenia, major depressive disorder, alcohol dependence, and drug dependence and a vignette of a "troubled person" with sub-clinical worries and

problems. The "troubled person" condition allows to assess how well the general population differentiates between clinical and subclinical problems (Link et al., 1999). The present study used four vignettes (depression, alcohol dependence, schizophrenia, and troubled person) from the original questionnaire. After reading the vignettes of a diagnosable mental health condition and then the troubled person's, respondents were asked to select a set of possible causes for the condition and their willingness to interact with the person (*e.g.*, "How willing would you be to move next door to Person A"). Responses were given on a four-point Likert scale (1= definitely, 4= definitely not). The responses ranging from 1 to 4 for each item were summed. Following Link et al.'s scoring method, the summed scores were then divided by 5. This resulted in scores ranging from 1 (low social distance) to 4 (high social distance). Respondents who had a score of more than 2.5 were considered unwilling to engage in the types of contact mentioned in the scale

Procedure

Three different Google forms were created for the purpose of data collection. Each form contained a consent form, demographic information section, vignette of Person A with one of the mental illness condition (depression/alcohol dependence/schizophrenia), and a vignette of Person B showing signs of a troubled person. Further, each form also included questions on willingness to interact with the person and open-ended questions to analyse the understanding of mental issues. The questions were (a) What is the first thing that comes to your mind when you hear the word mentally ill or mental illness? (word/phrase/image); (b) How would you describe mental illness? (c) Do you think the mentally ill are different from other people? Please elaborate. A pilot study was conducted and feedback was incorporated. After data collection, responses from all three forms were compiled for data analysis. Qualitative data was analysed through content analysis while quantitative data analysis was carried out using descriptive and inferential statistics on MS Excel and SPSS.

Table 1

Key ideas emerging from "what is the first thing that comes to your mind when you hear the word mentally ill or mental illness? (word/phrase/image)"

Key ideas	Frequency	Responses
Care and support	6	If the person is mentally ill that person should be handled with utmost care and respect. People who require assistance
A specific mental illness	9	Depression Schizophrenic
Difficulties experienced by the mentally ill	10	Difficulty in comprehending things and communicating. Negative feelings Feeling trapped
Words associated with mental illness	17	Sad, Helpless, Stigma, Innocent, Dependent, Mad, Trauma

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Image	4	A drawing of a head with a lot of squiggly lines in it. A blank paper
Ways for treatment	4	Mental hospitals Therapy
Disturbances in body, mind, and thoughts	5	Disturbances in the normal functioning of body, mind and thoughts Dysfunctional life

Table 2

Key ideas emerging from “how would you describe mental illness?”

Key ideas	Frequency	Responses
Changes in emotion, thinking, and behaviour	45	When a person loses his ability to make rational decisions They will usually have no control over their mood, behaviors, thoughts, and emotions
Illness that requires help	7	A serious health condition which needs help from a professional It is very important to address this kind of problems and one should not ashamed to consult a doctor for this
Causal factors	12	They are a result of a combination of various psychological, biological, and sociocultural factors Stress, poverty, uncertainty, insecurity lead to mental illness
Society's perception	4	Mental illness is a more 'hidden' form of suffering that is often inappropriately labelled in the current Indian society It's as normal as physical illness which people don't take seriously
Comparison with physical illness	4	It's exactly like physical illnesses, if left untreated it's keeps magnifying and the consequences can be very detrimental. But unlike physical illnesses it's not always apparent I would like to describe it as harmful as any physical illness

Figure 1

Key ideas emerging from responses for “do you think the mentally ill are different from other people? Please elaborate.”

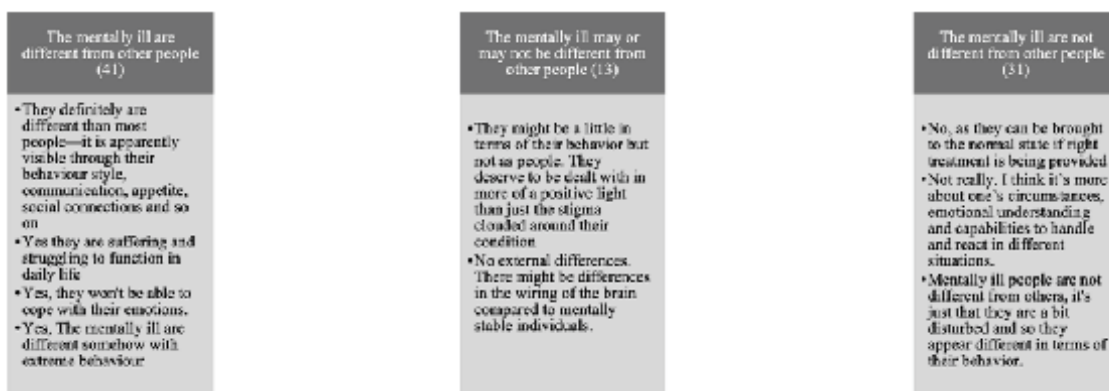


Table 3

Key ideas emerging from “if you have had contact with individuals with mental illness, please describe the experience”

Themes	Frequency	Responses
Pleasant experience	8	It was a good experience to assist them and learn from them. Yes, I have. And they have been the most real and open persons I have ever met.
Difficult to deal with/unpleasant	22	Their reactions were unpredictable and minimal mostly. These people are difficult to convince they don't like when you tell them they need to take professional help
Impact of traumatic events	3	One of my friends was depressed as she lost both her parents.
Felt sad and helpless	4	It was not harmful or scary but I felt sad for the person It's quite frustrating to know what they are going through, but not being able to help them
Person was unhappy	4	The person wasn't happy couldn't sleep and had bad and painful thought all throughout the day.
Not different from other people	2	The experience isn't different from that with non-mentally sick people

Table 4

Key ideas emerging from “if you have not had contact with individuals with mental illness, what is the reason?”

Themes	Frequency	Responses
No one in their social circle	4	Do not have any close friends or family that has mental health issues I never came across anyone till now
Recovered individuals	1	I had contact with people who were very depressed at some point of their lives but with counselling they became better
Seen at public places	1	I have only seen at railway station, bus stand etc.
People hide their problems	2	Generally people like to hide these problems from others

Results of descriptive and inferential analysis

Figure 2

Causal factors of schizophrenia condition

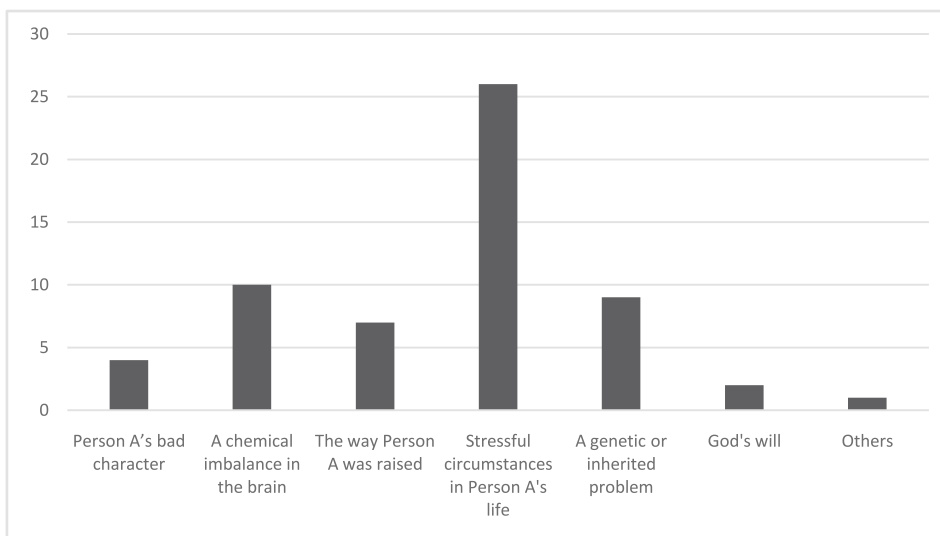


Figure 3
Causal factors of depression condition

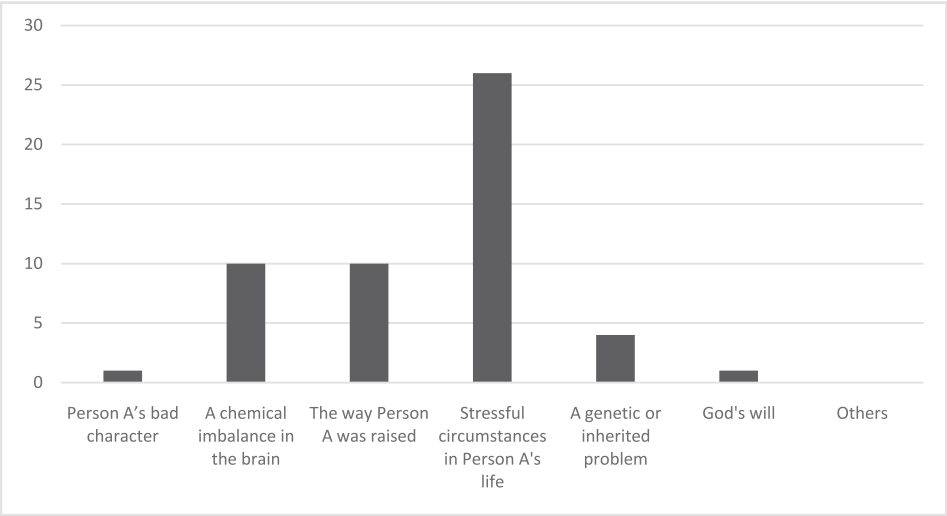


Figure 4
Causal factors of depression condition

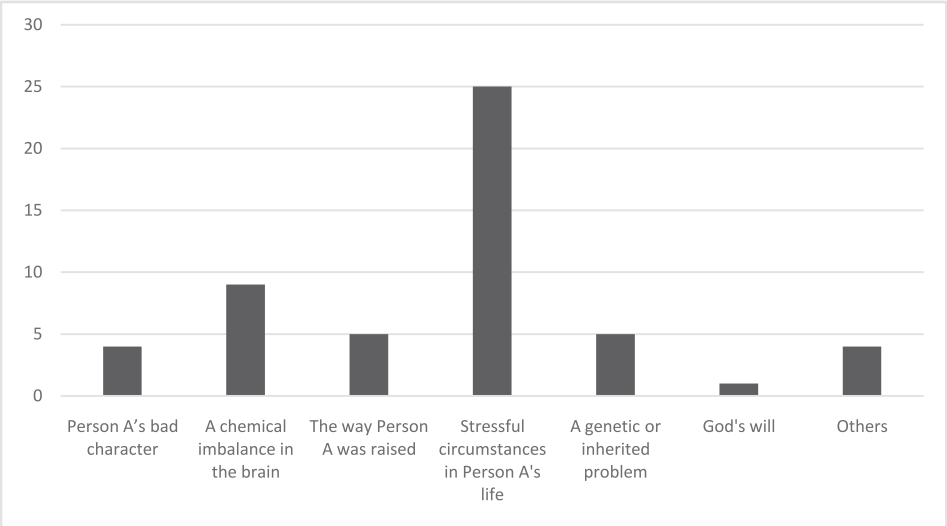


Figure 5
Causal factors of troubled person condition

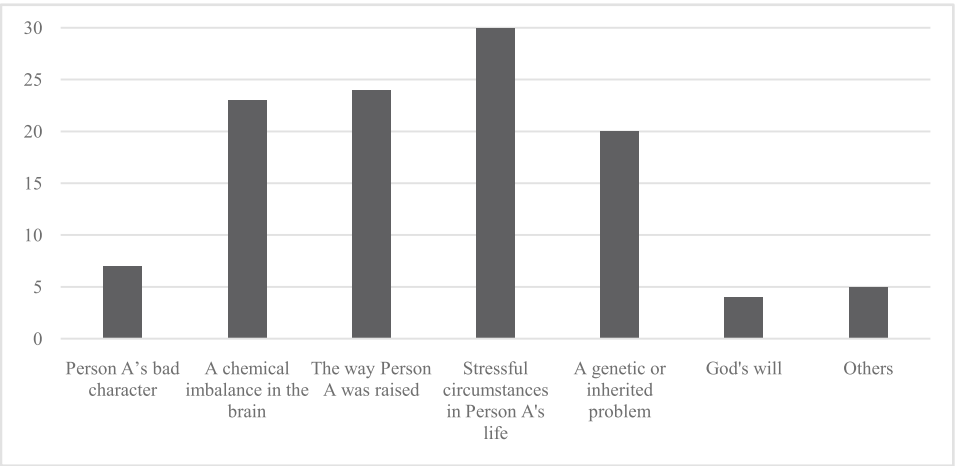


Table 5*Means, Standard Deviations, and results of t test to examine impact of contact in the past on social distancing practices*

	Contact with Mentally Ill	Means	Standard Deviation	t (df=91)	Sig. (2-tailed)
Move next door to Person A	No	2.1935	.79244	.666	.507
	Yes	2.0645	.92099		
Spend an evening socializing with Person A	No	1.8387	.82044	.817	.416
	Yes	1.6935	.80141		
Make friends with Person A	No	1.7097	.73908	-.194	.847
	Yes	1.7419	.76684		
Start working closely with Person A	No	1.9677	.87498	-.262	.794
	Yes	2.0161	.81967		
Have Person A marry into the family	No	2.8710	.95715	0.000	1.000
	Yes	2.8710	.99974		
Social Distance	No	2.1161	.65884	.375	.708
	Yes	2.0645	.60790		

Table 6*Means, Standard Deviations, and One-Way Analyses of Variance comparing three mental illness conditions*

	Means			Standard Deviation			F (2,90)	Sig.	1 VS 2	1 VS 3	2 VS 3
	1	2	3	1	2	3					
Move next door to Person A	1.90625	1.83871	2.6	0.73438	0.7347	0.96847	8.094**	0.001		*	*
Spend an evening socializing with Person A	1.5625	1.54839	2.13333	0.80071	0.6239	0.86037	5.761**	0.004		*	*
Make friends with Person A	1.53125	1.67742	2	0.71772	0.74776	0.74278	3.265*	0.043		*	
Start working closely with Person A	1.90625	1.90323	2.2	0.81752	0.70023	0.96132	1.281*	0.283		*	
Have Person A marry into the family	2.6563	2.6774	3.3	0.93703	0.94471	0.95231	4.573**	0.013		*	*
Social Distance	1.9125	1.929	2.42	0.64845	0.50477	0.58333	7.472**	0.001		*	*

Note 1= Depression 2= Schizophrenia 3= Alcoholism; * $p < 0.05$. ** $p < 0.01$

Table 7

Means, Standard Deviations, and results of dependent samples t-test comparing mental illness condition and troubled person condition

	Means		Standard Deviation		r	t	Sig.
	1	2	1	2			
Move next door to Person A	2.1075	2.000	.87802	.93250	.212	.912	.364
Spend an evening socializing with Person A	1.7419	1.6237	.80627	.72102	.336	1.292	.200
Make friends with Person A	1.7312	1.7097	.75383	.78824	.215	.215	.831
Start working closely with Person A	2.000	1.8602	.83406	.78839	.430	1.555	.123
Have Person A marry into the family	2.8710	2.3656	.98053	.97563	.482	4.894**	.000
Social Distance	2.0817	1.9075	.62222	.63763	.368	2.371*	.020

Note 1=schizophrenia/alcoholism/depression condition 2=troubled person condition

* $p < 0.05$. ** $p < 0.01$

Discussion

Conceptions of Meaning of Mental Illness

In response to the first ideas associated with mental illness (Table 1), the key idea that emerged was words associated with mental and it included responses like “stigma”, “stress”, “care”, “mad”, and so on. The word “depression” was the most frequent response. This is probably because depression is one of the most common mental disorder with more than 264 million people experiencing it worldwide (WHO, 2020). In response to description of mental illness (Table 2), key ideas that emerged included changes in emotion, thinking, and behaviour; causal factors; illness that requires help; and so on. Majority of them were related to the impact of having a mental illness on emotions, thinking, and behaviour, for instance, “when a person loses his ability to make rational decisions”. Responses suggest a good understanding of mental disorders and empathy. This is possibly due to the increased mental health awareness and a growing acceptance of mental health as an important component of one's overall well-being.

For the question “Do you think the mentally ill are different from other people?”, responses were broadly categorized into three. From Figure 1, it can be observed that the theme of “mentally ill are different from other people” (41) has the highest frequency, followed by “mentally ill are not different from other people” (31), and “mentally ill may or may not be different from other people” (13). Majority of the respondents suggested that mental illness affects the thinking, behaviour, and emotions of individuals and that it can disrupt normal functioning, hence, requiring care and support, making them different from others. There is recognition of the fact that prime

domains like concept of “self”, emotions, thoughts, perceptions, and actions are distorted in mental disorders (Malla et al., 2015).

Among the 93 participants, 62 have had contact with the mentally ill in the past. From Table 3, it can be observed that these participants describe their experience as difficult to deal with; pleasant experience; felt sad and hopeless; and so on. Responses largely indicated a sense of understanding of the difficulties that come with mental disorders and empathy, for instance, “Yes, as they are difficult to communicate and handle. But with patience and empathy, they can be handled and treated.” It shows the optimism in recovery and the belief that patience and empathy are prerequisites for the same. The rest of the 31 respondents (Table 4) have not had any contact with the mentally ill primarily because there is no one with mental illness in their social circle.

Recognition of Causal Factors

Beliefs about the causes of mental illnesses influence the decision on treatments (Muga & Jenkins, 2008; Saravanan et al., 2008). Therefore, it is important to find out about the public perception of causes. Participants were asked to choose from six possible causes- a chemical imbalance in the brain; the way the person was raised; person's own bad character; stressful circumstances in the person's life; a genetic or inherited problem; and God's will, for each vignette condition. As shown in Figure 2, 3, 4, and 5, stressful circumstances in the person's life was the most frequent cause chosen by the participants across the four conditions. This was followed by biological reasons like a chemical imbalance in the brain and/ a genetic or inherited problem. Previous studies have similarly shown that

the social environment and life events are more strongly perceived important than biological factors when explaining the causes of mental illnesses (Furnham & Swami, 2018). The way a person is raised is perceived to be less important in these disorders than are stressful circumstances and biological and genetic factors.

The results show similarities with beliefs observed in previous studies done in Western countries about public views regarding causes of mental illnesses that reported predominantly held beliefs to be biological, such as genetics or infections, and social factors such as stressful life events, traumatic experiences, family problems, and social disadvantage (Angermeyer & Matschinger, 2005; Furnham & Chan, 2004; Magliano et al., 2004; Nakane et al., 2005). However, in Abolfotouh et al.'s (2019) study in Saudi Arabia, nearly all participants reported poor knowledge about the nature and causes of mental illness. The findings from the present study give a promising outlook in India as participants' understandings are close to the clinical understandings of causal factors of mental disorders.

Social Distance Practices

The concept of social distance has been utilised in the mental illness stigma literature to understand expected discriminatory conduct toward people with mental illness (Baumann, 2007; Marie & Miles, 2008). Table 6 shows the results of ANOVA comparing means of three mental illness conditions of the five social distance practices items and its total score. It can be observed that there is a significant difference at .01 level for alcoholism ($M=2.42$, $SD=.58$) and depression ($M=1.91$, $SD=.65$) condition. There is also a significant difference between mean scores of alcoholism and schizophrenia condition across three items, as well as the total social distance score ($M=2.42$, $SD=.58$; $M=1.93$, $SD=.50$) at .05 level. The mean score of alcoholism ($M=2.42$, $SD=.58$) was highest, indicating that people are less willing to interact with such individuals than individuals in other conditions. The findings are consistent with prior research (Pescosolido et al., 2010; Schomerus et al., 2006). Similar results were found in Subramaniam et al.'s (2017) study where the participants responding to alcohol abuse vignette expressed the need for greater social distancing compared to other mental disorders. This is not surprising given the potential for negative effects and interactions with individuals with an alcohol issue.

It can be observed that there is a significant difference in responses between all the mental illness conditions combined and troubled person condition for "Have Person A marry into the family" and the total social distance score at .01 and .05 level respectively (Table 7). Similarly, Shrivastava et al.'s (2011) study on patients with schizophrenia in Mumbai had revealed that close to half the respondents disclosed not receiving marriage proposals due to their illness. Further, the comparison between a mental illness ($M=2.08$) and a subclinical mental illness ($M=1.92$) condition shows that

people are less willing to interact with a mentally ill individual. This could be due to perceived dangerousness which is the main predictor of social distance from people with mental illness in India (Kermode et al., 2009), especially for schizophrenia/alcoholism conditions; or stigmatized attitudes towards the mentally ill. Exaggerated and inaccurate media representations of mental illnesses play a key role in perpetuating these beliefs. Stuart (2006) suggested that one in four mentally-ill characters depicted in movies kill someone, and half of them inflict harm on another person. This is concerning, as the majority of the population report that their understanding of mental illness comes primarily from what they see in the movies (Orchowski et al., 2006). Further the social dis-identity hypothesis (Ahuja et al., 2017) suggests that since we find it uncomfortable to deal with the mentally ill and in order to prevent ourselves from feeling threatened or concerned about being one of them, we distance ourselves more than what actually exists between us.

Impact of Contact in the Past in Social Distance Practices.

The findings reveal that contact with the mentally ill in the past ($M=2.06$, $SD=.61$) did not impact their social distance practices (Table 5). This is inconsistent with the social contact hypothesis and the existing literature. Previous studies show that personal experience with the mentally ill reduces both stigmatizing attitudes and preferences for social distance from them (Angermeyer et al., 2004; Corrigan et al., 2001). Additionally, Lauber et al. (2004) suggest that in some cases, having contact with people with mental illnesses resulted in a positive and an understanding attitude, while in other cases, there has been rejection and negativity. However, the findings from the present study do not align with previous studies which report that contact has an influence on social distance practices towards the mentally ill.

In sum, conceptions of mental illness in majority of the participants were generally close to the APA definition and clinical understandings of mental illness. Our results are in line with the findings of Bhullar's (2018) study which concluded that adults in India have good knowledge and positive attitude regarding mental illness, conveying a growing awareness about mental illness. Although the results showed no significant difference in social distance practices with respect to contact in the past, there is a significant difference between social distance practices for a mental illness and a subclinical mental illness condition.

Implications, Limitations, and Directions for Future Research

In recent times, there has been a growing acceptance of mental health as an important component of overall well-being. However, we also need to pay attention to our behaviour towards the mentally ill in terms of interacting and forming relationships. The present study examines the understanding of mental illness and social distance practices, which is an important aspect of mental illness stigma literature, among the

adult population across India. The results from the study offers a rough understanding of where we stand now and where to improve in order to stop perpetuating myths and stigma through interventions and policies, and promote inclusivity.

It should be noted that the sample size of 93 in the present study was small, limiting the generalizability of the findings. Further, the role of social desirability bias has to be noted considering the nature of topic. In this case, a qualitative study using social representations approach might have provided a more accurate and holistic understanding of the topic. Future research can look at the role of demographic variables like age in conceptions of mental illness and social distance practices. The present study can be expanded to examine the knowledge and attitude towards mental illness.

Conclusion

People's attitudes and beliefs about mental illness influences how individuals with mental illnesses experience and express mental health concerns, as well as their attitude towards seeking help. The present study found optimistic results with regard to conceptions of mental illness among the public. However, a desire to socially distance individuals with mental illnesses persists, which is problematic. It is essential to have a detailed understanding of public perceptions of mental illnesses and behaviour and attitudes towards people with mental illnesses so that the need for interventions and awareness can be identified and developed.

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