

A Stigmatizing Attitude Towards Psychiatric Illnesses is Associated with Narcissistic Personality Traits

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Abstract: This study investigates the personality characteristics of individuals who have stigmatizing attitudes towards people with mental illness. **Material and Method:** 700 final-year university students completed the “Dangerousness Scale,” the “Affective Reaction Scale” and 88 items of the “Defense Style Questionnaire” (DSQ). **Results:** The results showed that there is a strongly positive correlation between the use of narcissistic defenses and the tendency to stigmatize. In contrast, those with mature defenses have a strong tendency not to stigmatize. **Conclusions:** The findings suggest that personality traits should be considered in efforts to understand stigmatization.

Background

The study of stigmatization of people with mental illness is of paramount importance. It causes suffering in psychiatric patients, their relatives and society in general. The mentally ill often deny their symptoms and refuse treatment to avoid being stigmatized (1). As a result, patients are inadequately treated and the burden remains unrecorded. It is also likely that stigmatization causes the mentally ill to be ignored, because their opinions are perceived as empty and senseless. Unless stigmatization can be brought to an end, unethical interventions, abuse, and even the massacre of people with mental illness will continue (2-4).

There are methodological difficulties in the investigation of stigma. Although several tools (questionnaires, vignettes, video recordings) have been used to explore the issue, no definitive standard exists. Due to the nature of stigmatization it has been considered mostly from a sociological point of view (5). From that perspective, each stigmatization process is unique, requiring different questions to be posed. For example, skin color and religious beliefs are sources of stigma and are affected by several characteristics. Stigma against mental illnesses is also affected by several factors (6). Despite some knowledge about the sociological characteristics of those being stigmatized, almost no data exist on the psychological characteristics of those who tend to

stigmatize. This study examines selected personality profiles of those who stigmatize by studying their defense mechanisms, which are among the main determinants of character setting (7).

Materials and Methods

Seven hundred final-year university students, from faculties other than medicine and psychology, participated in the study. They were shown vignettes (6) with scenarios and stories related to various mental illnesses. The students then filled out two questionnaires measuring their stigmatization tendencies: The “Dangerousness Scale” (DS), not related to the vignettes, measured the degree to which interviewees considered people with mental illness to be dangerous. The Cronbach alpha reliability score of the DS was 0.72 for its Turkish translation (8). The “Affective Reaction Scale” (ARS) (8, 9) measured feelings about the mentally ill in the vignettes. Its Cronbach alpha reliability score was 0.83 for its Turkish translation (8). Validity and reliability of these scales have been reported elsewhere (10).

The students also completed the “Defense Style Questionnaire” (DSQ). This scale comprises 88 items. It has been used and developed extensively (11) and has the advantage of being self-rated. DSQ items were divided into four categories: narcissistic, immature, neurotic and mature. The “narcissistic”

category included items tapping omnipotence, devaluation, primitive idealization, projective identification, projection, splitting and denial. The “immature” category included acting-out, passive aggression, somatization, regression and schizoid fantasy. “Neurotic” defenses included inhibition, reaction formation, isolation, withdrawal and undoing. The “mature” category included humor, altruism, sublimation, suppression, anticipation, task orientation and affiliation. Analysis: Mean scores of category items were calculated. An age adjusted multiple linear regression analysis was conducted to determine the relationship between stigmatization and defense style.

Findings

The demographic characteristics of the population were equally distributed. Ages ranged from 18 to 32 (mean 22.2). Females comprised 44.6% of the population (0.8% of the population did not indicate gender). Age was a control variable in the multi-linear model, but did not affect the results. Multiple linear regression analysis showed a strong linear relationship between the “Dangerousness Scale” and “narcissistic” defense mechanisms. “Mature” defenses were negatively correlated (Table 1), as was the “Affective Reaction Scale” (Table 2).

Conclusion

Our study presents preliminary data to support the hypothesis that increased use of narcissistic defenses is strongly associated with the tendency to stigmatize mental illness. Indeed, considering the aggressive, condescending, devaluating, grandiose nature of pathological narcissism (12), it may not be a surprising finding in the stigmatization process. In contrast, the use of mature defenses is strongly associated with not stigmatizing. Consideration of the personal characteristics of those who tend to stigmatize provides us with another dimension to better understand stigmatization in society.

The size of the population and the lack of a “gold standard” to measure stigmatization of the mentally ill are limitations of this study. However, despite its limitations, the findings are challenging. In addition to factors emanating from the stigmatized, and other

sociological components of the stigmatization process (8, 10, 11), psychological measures of those who tend to stigmatize should be taken into account.

Table 1. Age-Controlled Regression Model between Total Scores of the Dangerousness Scale and scores of the four categories of DSQ-88

Variables	B (Unstandardized Regression Coefficient)	Significance
Constant	36.814	<0.001
Narcissistic Defenses (Mean)	1.571	0.001
Immature Defenses (Mean)	-0.221	0.567
Neurotic Defenses (Mean)	0.353	0.341
Mature Defenses (Mean)	-0.843	0.005
Age	-0.175	0.312

R²=0.045 F=5.032 df (5: 531) p<0.001

Dependent Variable: Dangerousness Scale — Total Scores

Table 2. Age-Controlled Regression Model between Total Scores of the Affective Reaction Scale and scores of the four categories of DSQ-88

Variables	B (Unstandardized Regression Coefficient)	Significance
Constant	40.285	<0.001
Narcissistic Defenses (Mean)	1.506	0.012
Immature Defenses (Mean)	0.734	0.129
Neurotic Defenses (Mean)	0.339	0.466
Mature Defenses (Mean)	-1.832	<0.001
Age	-0.274	0.206

R²=0.082 F=9.453 df (5: 531) p<0.001

Dependent Variable: Affective Reaction Scale — Total Scores

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