The contribution of social psychology to research on mental health

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Outline

- Why a social psychological approach to mental health?
- Some examples of work
- Future possibilities
Why a social psychological approach?

- Social psychology maintains a focus on both the individual and social aspects of any phenomenon (the in-between)
- Doise (1986) - levels of analysis in social psychology
  - Ideological
  - Intergroup
  - Interindividual
  - Intraindividual
Understanding understandings about mental health problems

Perspectives:
- Different groups within society have ideas about mental health problems (that may be more or less shared) that influence how they act towards it, interact with one another about it and so on.
- These understandings, and the purposes they serve, need to be understood in context.

Why is this important?
- Mismatches in understanding can lead to problems at any (or all) of Doise’s levels.

She says that she doesn’t understand why her doctors say she has schizophrenia, because she doesn’t. She says that someone with schizophrenia would be violent, and she has never been violent, so how can she have it?

(Ethnographic notes, Foster, 2007)

Assumptions in some mental health education campaigns that causal explanations that rest on the biological (e.g. genetics) will reduce stigma; in fact, they seem to increase it.

(Angermeier et al, 2011; Phelan, 2005)
Public understandings and stigma (Walsh and Foster, in preparation)

- Considering link between representations of contagion in mental illness and work on disgust in field of embodied cognition.
- n=40
  - Classmate with common cold
  - Classmate with no medical condition
  - Classmate with depression
  - Classmate with schizophrenia
- Facial EMG measurement, Geneva Emotion Wheel, then semi-structured interview
Public understandings and stigma (Walsh and Foster, in preparation)

Depression and emotional contagion

P15: “It made me feel angry, ... because I feel, I felt people with depression, people prone to be sad or have sad attitudes, or negative attitudes, I feel they transfer part of that to myself, and I don’t feel comfortable. I don’t despise them, but it makes me feel a bit upset or angry, because I feel how all that negative feeling is taking, transferring on to me”

P29: “I know people are afraid if they hang around anxious or depressed people it will make them anxious... like you know stress is contagious in a way”
Public understandings and stigma
(Walsh and Foster, in preparation)

Schizophrenia and disgust

P10: “In the schizophrenia, I think this guy is unclean. I worry, I think he ... I think he causes serious diseases. He is disgusting; yes I worry, yes I feel disgust, I feel disgust a lot.”

P4: “I would think, especially for the younger ones, they would feel disgusted, or worried, or scared maybe. Yes, sharing things with someone with a mental illness, you’d be worried about them being unclean, and scared about what they’d do”

P2: “I just feel uncomfortable ... is there emotion I just want to escape, I just want to get away, I just want to stop thinking this. I feel sickness in my stomach. This is strong, I feel I want to eugh [pretends to throw up]. This is a strong emotion ... disgust, yeah. Extreme disgust!”

Separation from the self

- Desire not to share what is personal (computers, phones, photos)
- Particular concerns for some participants around sharing items that go near the head (helmets, pillows)
Bringing this back to mental health campaigns

- What works in mental health campaigns?
  - Protest
  - Education ✓
  - Social contact ✓

- Why does social contact seem to work best?
  - Enhances knowledge
  - Reduces anxiety about contact
  - Increases empathy and perspective taking
    (Pettigrew and Tropp, 2008)

- But how does this fit with long-standing (non-conscious) beliefs and practices focused on ‘protection’ of the Self?
Thank you