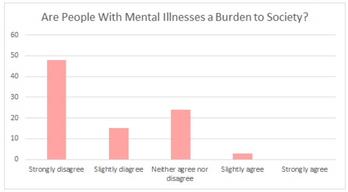
Investigation into the Correlation Between Inaccurate Media Consumption and Mental Health Stigma

Introduction



Psycho. Crazy. Killer. Mental illnesses are commonly stigmatised, especially those considered "violent". According to verywellmind.com, media is one of the leading causes for mental health stigma, especially so around typically villainised mental disorders. The inaccuracy behind most media depictions is true, with a third of schizophrenic characters committing homicidal behaviour according to a study by "Portrayals of Schizophrenia by Entertainment Media: A Content Analysis of Contemporary Movies". Dissassociative Identity Disorder is another commonly villainised and misrepresented mental condition, with movies like 'Split' receiving 77% on Rotton Tomatoes.

However, we wanted to investigate if there is a statistical link between the stigma behind mental illnesses and ingesting these inaccurate forms of media.

According to the Mayo Clinic, schizophrenia is a disorder where an individual experiences realty differently, such as experiencing hallucinations, which causes disruption in thoughts and perceptions.

Dissassociative Identity Disorder or DID (previously known as Multiple Personality Disorder) is a complex condition where an idividual develops a system of different people, each with different personality and memories. It is usually caused by severe trauma.

Bipolar disorder involves severe mood swings, ranging from periods of elation and periods of depression.

Method

We decided that in order to gather research for this, we needed to conduct a survey. First, we identified three mental illnesses that are heavily stigmatised and common in media: Dissassociative Identity Disorder, Bipolar Disorder and Schizophrenia. Then, we created our survey, which contained three elements:

1. General questions to gauge their understanding of the mental disorders we were focusing on.
2. Media score: We researched into and supplied a sample of TV shows, movies, books and games. The sample group selected which of the media they had engaged with.
3. Negative Connotation Score: We then had to give a marker for the negative connotations around the mental illnesses held by those surveyed. We divided this into two sections.
   A. We had the sample tick which of the buzzwords such as "violent" and "crazy" they thought applied to each of the disorders.
   B. We then had them rank how much they agreed with an untrue statement (Eg. People with Shizophrenia, DID and bipolar disorder are more likely to be violent) on a scale of one to five.
4. We added the amount of buzzwords to their score of the untrue statements to caluculate their total negative connotation score.

Then, we plotted a graph of each individual's media score over their negatove connotation score. Alongside the main graph of all of the sample, we also seperated them into those who knew someone with one of the disorders.

Examples of Survey Questions

14. How much do you agree with the following statement? Bipolar disorder, schizophrenia and DID are all similar. *

4. Select which of the following media have you watched/read/played/listened to? *

- Split (Film)
- Glass (Film)
- Fight Club (Film)
- Danganronpa (Game Franchise)
- The Voices (Film)
- American Psycho (Film)
- Hot'N'Cold (Song, Katie Perry)
- Sweet But Psycho (Song, Ana Max)
- Mad Hatter (Song, Melanie Martinez)
- None

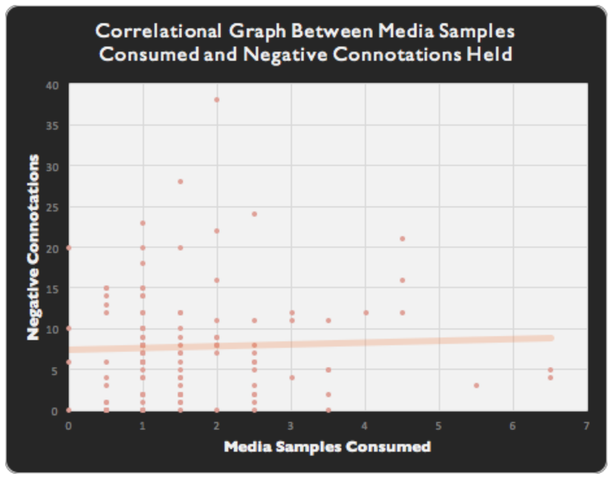
6. My understanding of Schizophrenia is... *

- None
- Limited
- Fair
- Extensive

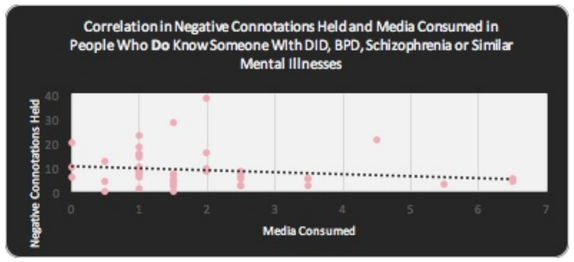
9. Which of the following words do you associate with Dissociative Identity Disorder (Split Personality) Tick All That Apply *

- Murder
- Schizo
- Serial killer
- Crazy
- Psycho
- Fake
- Melodramatic
- Self Diagnosed
- None
- Other

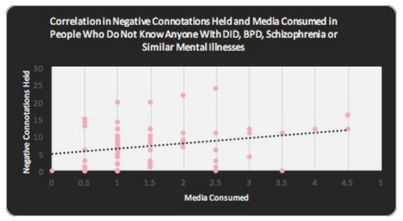
Results



A chart depicting the correlation between media samplea consumed and negative connotations held throughout the whole sample.
R = 0.0467



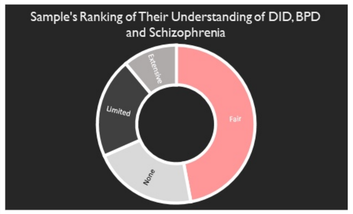
A similar graph, but this time only depicting those who **DO** know someone with DID, BPD or schizophrenia.
R = 0.0307

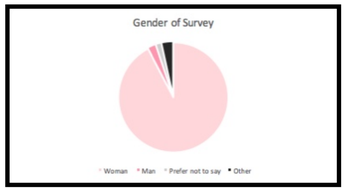


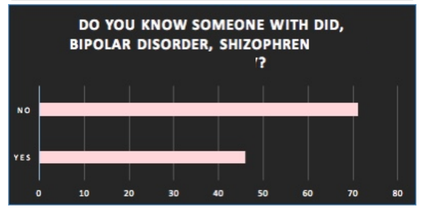
Another similar survey, this time with those who do **NOT** know someone with one of the listed disorders.
R = 0.0439

Insight Into Sample

We collected 117 responses.







Analysis

None of our graphs, even when we seperated people who knew someone with DID and people who didn't, had a correlation of greater than 0.05, meaning that we found no statistical evidence that proves the correlation between inaccurate media consumption and holding negative connotations around BPD, DID and schizophrenia. In fact, the amount of people who held high (over 15) negative connotations was not as high as we predicted – only 15 fell into the category.

On the sample ranking their understanding chart, we represented DID, BPD and Schizophrenia as one chart, but when it came to them seperated:

- DID was considered the mental illness with the least understanding, while BPD had the most.
- Excluding the results from schizophrenia, most people ranked their understanding as "limited" and "none" rather than "fair" or "extensive".

However, the data is quite random. There is not even significant difference between the average negative connotation score of those who knew and those who didn't know someone with DID, BPD or schizophrenia.

Sources of Error

Our results did not receive any relative statistical data and we believe that this may be the case as our sample was not varied enough. We attend an all girls school and therefore, these results mainly only represent the opinions of girls in secondary school. This means that we do not have a true representation as males may have different opinions.

Additionally, our method involved putting a numerical value on qualitative data by making our own marking scheme. Looking back, we do not believe that this was an accurate method.

Conclusion

Based on our results, we cannot conclude that there is any correlation between consuming inaccurate media and holding connotations of mental illness stigma when it comes to DID, BPD or schizophrenia. However, we don't believe that we can prove it is not true, as the experiences of those with the disorders contradict our results.

We can however say that there were several flaws in our method and our sample sellection. The issue does needs to be researched further in order for a proper conclusion to be reached, but our method of doing it is not the way to do so. We could see traces of stigma in our resukts, so we aee certain thata further research should be undertaken.

Secondary sources: verywellmind, mentalhealthtoday

Sample