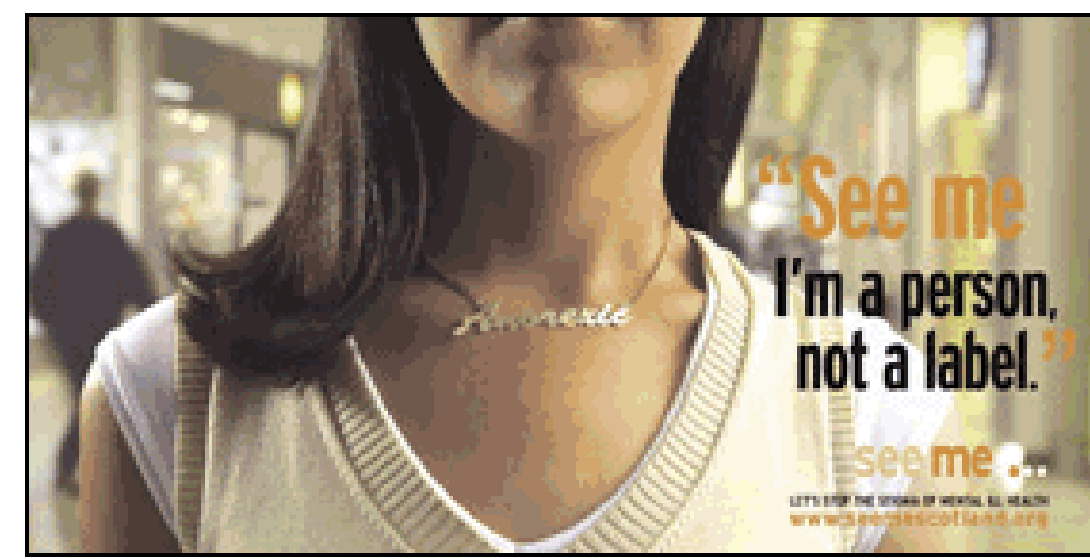


Is it a Matter of Fact? The Impact of Presentation Style on Schizophrenia Knowledge and Stigmatization

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Introduction

Stigmatization leads to many disadvantages for individuals who have schizophrenia, but prior research suggests that psycho-educational programs can reduce stigmatization. The current work examined whether or not various styles of presented information were effective in negating the stigma associated with schizophrenia.

Methods

Participants: 52 undergraduate students from High Point University. Ages ranged from 18 to 22 years-old, with a mean age of 19.21.

Procedure: Participants completed pretest measures. They then viewed one of two PowerPoint presentations. The two separate presentations presented information about schizophrenia in the following ways:

Factual Condition: The information addressed schizophrenia as strictly a diagnosed mental condition.

- “Individuals with paranoid schizophrenia typically imagine that they are being persecuted by others.”
- “Catatonic schizophrenia is the most severe and rare form of schizophrenia.”

Functionality Condition: The information provided addressed how schizophrenia symptoms can impact relationships, occupational endeavors, and personal independence. Examples:

- “Relationships can deteriorate because people with schizophrenia can become suspicious of those around them, even family or friends.”
- “Simple jobs hold potential for individuals with schizophrenia and some individuals can excel in sophisticated jobs as well.”

After the presentation, participants completed post-test measures.

Social Distance Scale: Desire to remove individuals with schizophrenia from the participant’s surroundings.

Schizophrenia Knowledge Scale: Factual knowledge about schizophrenia as a mental disorder.

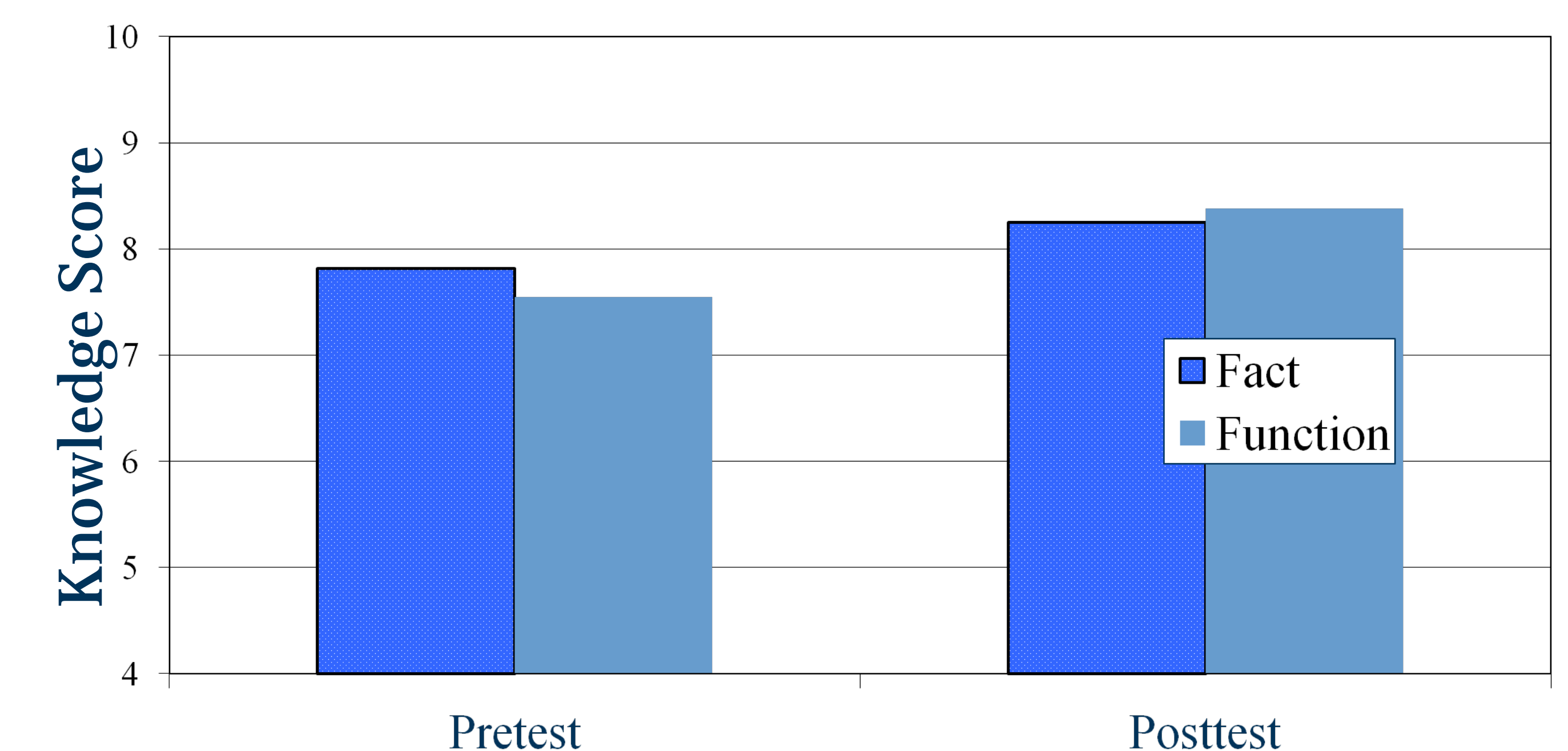
Empathic Willingness Scale: Willingness to help individuals with schizophrenia

Results

Results were found using a 2-way mixed-factorial ANOVA.

Knowledge Measure: Knowledge of schizophrenia increased significantly from pretest to posttest, $F(1, 50) = 11.134, p = .002$. The presentation style however, did not have a significant impact on amount of knowledge acquired. There was no change in desire for social distance or empathic willingness.

Measures	Factual Pretest & Posttest	Functional Pretest & Posttest
Social Distancing (score of 50 = highest desire for distance)	m = 27.91 std. dev = 5.54	m = 24.17 std. dev = 6.72
	m = 26.91 std. dev = 6.41	m = 24.00 std. dev = 6.08
Knowledge (Score of 10 = highest knowledge of schizophrenia)	m = 7.82 std. dev = 1.46	m = 7.55 std. dev = 1.24
	m = 8.26 std. dev = 1.214	m = 8.379 std. dev = 1.265
Empathic Willingness (Score of 40 = highest desire to help those who have schizophrenia)	m = 31.60 std. dev = 4.38	m = 32.41 std. dev = 3.38
	m = 31.304 std. dev = 4.949	m = 32.724 std. dev = 3.972



Presentation Style

Conclusions

The only change found due to the presentation was in the area of schizophrenia knowledge. This suggests that factual knowledge may be quickly imparted on participants, yet developing a sense of empathy or changing preferences for social distancing may require more effort. Future destigmatization programs may be more effective by engaging viewers in order to change personal attitudes, rather than passively presenting information via PowerPoint. It is also important for future studies to measure the longevity of such results by following up with later testing.