St. John Fisher University

Fisher Digital Publications

Psychology Faculty/Staff Publications

Psychology

6-2019

Does Celebrity “Case Material” Worsen Attitudes Surrounding Mental Illness?

Ryan Thibodeau

St. John Fisher University, rthibodeau@sjf.edu

Follow this and additional works at: https://fisherpub.sjf.edu/psychology_facpub

Part of the [Psychology Commons](#)

[How has open access to Fisher Digital Publications benefited you?](#)

Publication Information

Thibodeau, Ryan (2019). "Does Celebrity “Case Material” Worsen Attitudes Surrounding Mental Illness?." *Scholarship of Teaching and Learning in Psychology* 5.2, 140-147.

Please note that the Publication Information provides general citation information and may not be appropriate for your discipline. To receive help in creating a citation based on your discipline, please visit <http://libguides.sjfc.edu/citations>.

This document is posted at https://fisherpub.sjf.edu/psychology_facpub/24 and is brought to you for free and open access by Fisher Digital Publications at . For more information, please contact fisherpub@sjf.edu.

Does Celebrity “Case Material” Worsen Attitudes Surrounding Mental Illness?

Abstract

Case study in college courses that bear on psychopathology boasts numerous merits. However, one approach to case study—diagnose a celebrity—may worsen attitudes surrounding mental illness. Celebrity case material may incline students to think that psychological problems are trivial or amusing, to believe that mental health professionals are not sober practitioners in serious fields of study, or to desire greater social distance from individuals with psychological problems. In this study, I evaluated the effect of consumption of celebrity case material on attitudes surrounding mental illness. Two-hundred sixty participants were randomly assigned to 1 of 3 groups in an online experiment: (a) the control group, which did not read any case material; (b) the celebrity group, which read an article from an Internet gossip website about the psychological struggles of a young actress; or (c) the standard case group, which read a bogus psychological evaluation that mirrored the celebrity gossip article but that stripped all entertainment-related elements. Self-report scales capturing attitudes surrounding mental illness were administered. Results did not support the prediction that celebrity case material would worsen attitudes surrounding mental illness. Unexpectedly, the standard case material led to significantly greater desired social distance from people with psychological problems. Insofar as the standard case material compelled participants to see the young woman depicted in the case through a psychiatric lens, these findings could be attributable to the pervasive tendency to devalue individuals who possess psychiatric labels. These results suggest that stigma-related concerns should be featured more prominently in psychopathology coursework.

Disciplines

Psychology

Comments

©American Psychological Association, 2019. This paper is not the copy of record and may not exactly replicate the authoritative document published in the APA journal. Please do not copy or cite without author's permission. The final article is available at: <http://dx.doi.org/10.1037/stl0000138>

Does Celebrity “Case Material” Worsen Attitudes
Surrounding Mental Illness?

Ryan Thibodeau

St. John Fisher College

Ryan Thibodeau, Psychology Department, St. John Fisher College.

Correspondence concerning this article should be addressed to Ryan Thibodeau,
Psychology Department, St. John Fisher College, Rochester, NY 14618. E-mail:
rthibodeau@sjfc.edu

Abstract

Case study in college courses that bear on psychopathology boasts numerous merits. However, one approach to case study— “diagnose a celebrity” —may worsen attitudes surrounding mental illness. Celebrity “case material” may incline students to think that psychological problems are trivial or amusing, to believe that mental health professionals are not sober practitioners in serious fields of study, or to desire greater social distance from individuals with psychological problems. In this study, I evaluated the effect of consumption of celebrity “case material” on attitudes surrounding mental illness. Two-hundred sixty participants were randomly assigned to one of three groups in an online experiment: (1) the control group, which did not read any case material, (2) the celebrity group, which read an article from an internet gossip website about the psychological struggles of a young actress, or (3) the standard case group, which read a bogus psychological evaluation that mirrored the celebrity gossip article but that stripped all entertainment-related elements. Self-report scales capturing attitudes surrounding mental illness were administered. Results did not support the prediction that celebrity “case material” would worsen attitudes surrounding mental illness. Unexpectedly, the standard case material led to significantly greater desired social distance from people with psychological problems. Insofar as the standard case material compelled participants to see the young woman depicted in the case through a psychiatric lens, these findings could be attributable to the pervasive tendency to devalue individuals who possess psychiatric labels. These results suggest that stigma-related concerns should be featured more prominently in psychopathology coursework.

Keywords: case study, teaching of abnormal psychology, psychopathology

Does Celebrity “Case Material” Worsen Attitudes
Surrounding Mental Illness?

Case study in college coursework has been the focus of a great deal of attention in the literature on the science of teaching and learning (e.g., McDade, 1995; Popil, 2011; Yadav et al., 2007). In psychology, instructors of courses that bear on psychopathology—usually introductory psychology and abnormal psychology—especially embrace case study. Indeed, case study of psychopathology boasts enormous intuitive appeal. Case studies are generally engaging, they encourage application of knowledge, and they focus attention on the human dimension of psychological problems. The empirical literature indicates that students overwhelmingly evaluate psychopathology case study exercises positively on dimensions including enjoyment, interest level, and helpfulness (Johnson, 2004; Lafosse & Zinser, 2002; Logsdon-Conradsen, 2004; Mayo, 2002, 2004). There is also evidence that case study enhances student learning (Lafosse & Zinser, 2002; Mayo, 2002, 2004; but see Logsdon-Conradsen, 2004). Psychopathology casebooks for undergraduate coursework are widely available (e.g., Brown & Barlow, 2010; Oltmanns, Martin, Neale, & Davison, 2014; Whitbourne & Halgin, 2012).

One particular approach to psychopathology case study—termed here “diagnose a celebrity” —may be troublesome, however. Perkins (1991) described an assignment in which students select a prominent figure from history, literature, the arts, or current events. Students unearth material pertinent to the individual’s psychological functioning and then, after summarizing her/his struggles, render a *Diagnostic and Statistical Manual* (DSM; American Psychiatric Association, 2013) diagnosis. Johnson (2004) described a similar assignment in which students identify a celebrity, “gather data from a variety of sources including books, popular magazines, Internet sites, and even television interviews” (p. 276), and then prepare a

detailed psychological evaluation using a format commonly employed by mental health professionals. Students are reported to especially “relish the chance to research stories about [the celebrities] in such refreshingly unscholarly sources as *People* magazine” (p. 276). Ferrari (2016) described a similar celebrity “case” exercise.

The focus of the present research was on the possible consequences of consuming celebrity “case material.” Could consumption of celebrity “case material” worsen attitudes surrounding mental illness? Celebrities evoke an entertainment context that could incline students to view psychological problems as trivial and people who struggle with them as amusing. Such a concern may be compounded by the consumption of this information from gossip magazines and websites (e.g., TMZ) which offer up celebrities’ problems as grist for the public’s entertainment mill. Under these conditions that conflate study of psychopathology with entertainment, impressions of mental health professions and professionals may also suffer. Indeed, confrontation of material from the entertainment media could encourage the impression that the study of psychopathology is a kind of parlor game, not the activity of sober professionals working in serious fields of study. Also, the armchair analysis of celebrities very far removed from students could diminish the sense that special skill and careful observation is required for competent psychological evaluation (an argument reminiscent of the recent controversy surrounding the American Psychiatric Association’s so-called “Goldwater Rule”; see Lilienfeld, Miller, & Lynam, 2017).

Following this line of reasoning, I evaluated the possibility that consumption of celebrity “case material” from the entertainment media could lead to damaging impressions of psychological problems and the people who struggle with them, mental health professions, and mental health professionals. Participants in an online experiment read brief didactic material on a

variety of DSM-5 mental disorders. This material served to prime participants' impression that psychological evaluation was a chief concern of the study, in line with case study exercises carried out in college coursework. Participants were then randomly assigned to one of three groups: (1) the control group, which did not read any case material, (2) the celebrity group, which read an article from an internet gossip website about the ostensible psychological struggles of a young actress, or (3) the standard case group, which read a bogus psychological evaluation (similar to those found in published casebooks for abnormal psychology; see Brown & Barlow, 2010) that mirrored the celebrity gossip article but that stripped all entertainment-related elements. Hypotheses were as follows:

- (1) The celebrity task would be evaluated as more engaging than the standard case task, which in turn would be evaluated as more engaging than the control task.
- (2) The celebrity task would lead to greater impressions of psychological problems as trivial/amusing compared to the standard case and control tasks, which were not expected to differ from each other.
- (3) The celebrity task would lead to greater damaging impressions of people with psychological problems (i.e., a greater desire for social distance, a commonly invoked construct in the mental illness stigma literature; see Link, Cullen, Frank, & Wozniak, 1987) compared to the standard case and control tasks, which were not expected to differ from each other.
- (4) The celebrity task would lead to greater damaging impressions of mental health professions and professionals compared to the standard case and control tasks, which were not expected to differ from each other.

Method

Participants

Participants ($N = 260$; 59.8% women; 6.9% Hispanic or Latino, 0.4% American Indian or Alaska Native, 8.5% Asian, 7.3% Black or African American, 0.8% Native Hawaiian or other Pacific Islander, 74.5% White, 1.5% other; 39.4% single, 51.4% married, 1.5% separated, 5.4% divorced, 2.3% widowed; 58.1% with Bachelor's degree or higher, M age = 38.6, $SD = 13.2$) completed the study online, using Amazon's Mechanical Turk (MTurk; Buhrmester, Kwang, & Gosling, 2011). They were paid 70 cents for participating. Participants were randomly assigned to the control ($n = 90$), celebrity ($n = 89$), and standard case ($n = 81$) groups.

A power analysis with $\alpha = .05$ and power = .80 indicated that a total sample of $N = 180$ was required to detect an omnibus one-way multivariate analysis of variance (MANOVA) effect (see the "Effects of the Experimental Manipulation" subsection of the Results section) in the small-to-medium range ($f^2 = .05$) according to effect size conventions (Cohen, 1988).

Materials and Procedure

Experimental manipulation. After providing informed consent, an experimental manipulation designed to simulate different variations of content commonly delivered in courses bearing on psychopathology was executed. Participants in all three groups first read brief didactic material on five DSM-5 disorders that are often foci of psychopathology coursework: schizophrenia, major depressive disorder, bipolar I disorder, panic disorder, and generalized anxiety disorder. In the control group, no additional material was presented. Celebrity group participants read an article from TVGuide.com titled "Amanda Bynes' Increasingly Erratic Behavior: A Timeline" (Eng, 2013). The article establishes a timeline, starting in September 2010 and ending in October 2014, that chronicles the actress Amanda Bynes's ostensibly bizarre, disorganized behavior and repeated encounters with law enforcement and mental health services.

Standard case group participants read a bogus psychological report that was written about a woman recently admitted to a psychiatric facility. The report mirrored the celebrity material with respect to demographic characteristics of the “patient” (who was given the pseudonym “Jessica Burns”), content, and word count. As such, the standard case material was designed to be the same as the celebrity material except that it recounted the woman’s history using more serious prose characteristic of a psychological report and it stripped the entertainment aura of the TVGuide.com article.

Self-report measures. After delivery of the experimental manipulation, participants completed several self-report measures in random order. The Social Distance Scale (SDS; Link, Cullen, Frank, & Wozniak, 1987) includes seven items that tapped participants’ willingness to engage, at varying degrees of closeness, with “people with psychological problems.” Responses were recorded on four-point scales (1 = definitely willing, 2 = probably willing, 3 = probably unwilling, 4 = definitely unwilling).

Twenty-eight self-report items were written for use in this study to capture the extent of participants’ agreement with statements pertaining to psychological problems (e.g., psychological problems are “amusing,” “entertaining”), helping professionals (e.g., mental health professionals are “competent,” “highly skilled”), helping professions (e.g., mental health professions are “helpful to people with psychological problems,” “difficult to take seriously”), and the experimental task (e.g., my participation in this research has been “interesting,” “engaging”). Responses were recorded on five-point scales (1 = strongly disagree, 5 = strongly agree).

Participants then completed a demographic form that included two items capturing whether they or any friends, family, or loved ones have experienced “psychological problems or

mental illness.” After reading a debriefing script that explained the study aims, participants completed one multiple choice item that asked them to identify the group to which they had been assigned. This item was administered to evaluate participants’ attentiveness to the experimental task. Participants then terminated participation in the study.

Results

Data Screening

Some participants showed clear evidence of inattentiveness to the experimental task. At debriefing, 29 participants were unable to accurately identify the group to which they had been assigned. Sixty-six participants completed the study unreasonably quickly, defined during pretesting prior to study launch as under 3 min 40 s for the control group and under 5 min 40 s for the celebrity and standard case groups. After joint application of these exclusion criteria, data for $n = 177$ participants were subjected to analysis (control, $n = 56$; celebrity, $n = 65$; standard case, $n = 55$). Ninety-eight (55.4%) of these participants reported that they had a Bachelor’s degree. Thus, in analyses of primary study outcomes, level of education (Bachelor’s degree versus no Bachelor’s degree) was included as a covariate in order to facilitate application of results to people who populate the college classrooms to which results should generalize.

Preliminary Analyses

A series of initial analyses were undertaken to determine whether these groups were balanced with respect to demographic and other key variables. No significant group differences emerged for any demographic variables: age, $F(2,173) = 0.83, p = .44$; sex, $\chi^2(2) = 1.57, p = .46$; ethnicity (proportion of White vs. other participants), $\chi^2(2) = 0.28, p = .87$; marital status, $\chi^2(8) = 13.39, p = .10$; educational attainment, $\chi^2(8) = 6.29, p = .62$. There were also no group differences in the proportion of participants who reported that they or their friends or family

members struggle with psychological problems, $\chi^2(2) = 4.15, p = .13$.

Factor Analysis

The self-report items written for this study to capture views of psychological problems, helping professionals, helping professions, and the experimental task were subjected to a principal components analysis with oblique (promax) rotation to accommodate correlated factors. Six factors with eigenvalues greater than one collectively accounted for 66.5% of the items' variance. Item groupings based on the rotated factor solution are summarized in Table 1.

The factors that emerged from the principal components analysis were mostly consistent with the a priori groupings that were envisioned when the items were written. There were, however, several exceptions. First, items capturing views of helping professionals and helping professions loaded on a single factor. Thus, the pattern of these items' interrelationships indicated that there was no meaningful distinction between the two. Second, a sixth factor was comprised of two items: "Psychological problems are easy to diagnose, even without specialized training" and "Mental health professions are grounded in science." This factor accounted for only 3.6% of the total variance and the internal consistency of the two items was unacceptably low ($\alpha = .23$). As such, it was omitted, leaving five factors available for analysis. Third, views of psychological problems loaded on two separate factors: one captured the view that psychological problems are amusing whereas the other captured the view that psychological problems are trivial rather than serious and impairing. Finally, views of the experimental task also loaded on two separate factors: one captured the view that the task was engaging whereas the other captured the view that the task was entertaining.

Effects of the Experimental Manipulation

A MANOVA that examined effects of the experimental manipulation (control vs.

celebrity vs. standard case) on social distance and the five factors that emerged from the principal components analysis was significant, $F(12,334) = 2.00, p < .03, \eta_p^2 = .07$, Wilks $\lambda = 0.87$. Table 2 summarizes effects for all dependent variables separately.

For social distance, the omnibus effect of the experimental manipulation was significant, $F(2,172) = 5.24, p < .01, \eta_p^2 = .06$ (a medium sized effect according to effect size conventions; Cohen, 1988). Follow-up planned contrasts yielded an unexpected pattern of results. The standard case group desired significantly more social distance from people with psychological problems than the control group, $F(1,172) = 9.98, p < .01, \eta_p^2 = .06$, and the celebrity group, $F(1,172) = 5.08, p < .03, \eta_p^2 = .03$. The control and celebrity groups did not differ with respect to social distance, $F(1,172) = 1.06, p = .31, \eta_p^2 = .01$.

For all remaining variables, omnibus effects of the experimental manipulation were not significant: negative views of mental health professions/professionals, $F(2,172) = 0.29, p = .75, \eta_p^2 = .00$; views of psychological problems as amusing, $F(2,172) = 0.43, p = .65, \eta_p^2 = .01$; views of psychological problems as trivial, $F(2,172) = 1.39, p = .25, \eta_p^2 = .02$; views of the experimental task as engaging, $F(2,172) = 2.44, p = .09, \eta_p^2 = .03$; views of the experimental task as entertaining, $F(2,172) = 0.50, p = .61, \eta_p^2 = .01$.

Discussion

My central prediction that celebrity “case material” would worsen attitudes surrounding mental illness was not supported. For most variables—including negative views of mental health professions/professionals, views of psychological problems as amusing and trivial, and views of the experimental task as engaging and entertaining—effects of the experimental manipulation were not significant. The effect of the experimental manipulation was significant for social distance, but unexpectedly, this was attributable to a damaging effect of standard, not celebrity,

case material. Indeed, standard case material led to increased desired social distance from people with psychological problems compared to both the control group and the celebrity group.

How should the statistically sizeable and apparently damaging effect of standard case material on social distance be interpreted? It is noteworthy that the standard case material included a dimension that, in retrospect, seems obviously consequential to attitudes surrounding mental illness. That is, in describing the young woman's behavior in the context of a psychological report ostensibly generated at an inpatient psychiatric facility, the standard case material compelled participants to see her behavior through a psychiatric lens and it elevated her status as a psychiatric patient to the fore. One possibility, then, is that the damaging elements of the standard case material are attributable to psychiatric stigma, or the pervasive tendency of the public to devalue, reject, avoid, and discriminate against individuals identified as having mental illness (see Hinshaw & Stier, 2008, for a review).

If this formulation is valid, then instructors who employ psychopathology case studies might take special heed of the potentially mixed character of case material. That is, although students generally evaluate case material as highly engaging and useful (Johnson, 2004; Lafosse & Zinser, 2002; Logsdon-Conradsen, 2004; Mayo, 2002, 2004), identifying individuals as psychiatric service users may potentiate ambivalent or outwardly damaging attitudes in some students. Instructors might consider doing more to directly address psychiatric stigma in the classroom and feature it more prominently in psychopathology coursework. Such a step is critically important in light of the present findings, but it may also be merited regardless of the findings. Indeed, public stigma continues to substantially limit the lives of individuals with mental illness and combating it is an important priority (Hogan, 2003; World Health Organization, 2001).

There is a fairly large and robust literature on stigma reduction strategies to which instructors should be attentive (see Rüsch, Angermeyer, & Corrigan, 2005, for a review). A few strategies merit some discussion here. First, there is consistent evidence that positive, productive contacts between the public and individuals with mental illness decrease public stigma (Couture & Penn, 2003). In psychopathology coursework, guest speakers who visit class and discuss their struggles may satisfy important elements of contact seen as critical to a stigma reduction effect. I teach an undergraduate course called Society and Mental Illness. Across the semester, students visit with five to six guest speakers who illuminate, and put a human face on, a wide range of psychiatric problems. Since the course's inception, students have consistently opined that guest speakers are the most useful element of the course, in part because they shatter damaging stereotypes regarding mental illness. Local affiliates of the National Alliance on Mental Illness (NAMI) may help instructors identify guest speakers.

Second, instructors might directly challenge damaging and factually incorrect stereotypes surrounding mental illness. For example, they might summarize evidence that refutes the pervasive but mistaken view that most individuals with mental illness are dangerous and violent (Swanson, McGinty, Fazel, & Mays, 2015). Third, instructors should always strive to reinforce the fundamental humanity of individuals with mental illness. Portrayals that underscore the differentness of individuals with mental illness or facilitate outgroup categorization (e.g., starkly biomedical or "brain disease" conceptions of mental illness) may do more harm than good (Haslam & Kvaale, 2015; Thibodeau, Shanks, & Smith, 2018).

The study had a number of strengths. First, a large sample offered statistical power that was sufficient to test key study predictions. Second, the measurement tool created here, although not a central concern of the present article, boasts strong psychometric properties that should

facilitate its use in future work.

Several limitations merit some discussion. First, the online context for data collection clearly limited the kind of questions I could ask. The study's ecological validity is low insofar as it does not evaluate the kinds of case study assignments or projects actually used in psychopathology coursework. That kind of research would have to be carried out in the context of a course, but the present results justify follow-up work along those lines. In fact, replication of the present findings in an authentic undergraduate classroom, using a strictly college student sample, seems especially critical. Second, study conclusions are limited by the specific parameters of the manipulation that I executed. It is possible that the apparently damaging effect of standard case material could vanish given different case material. This seems unlikely, however. The standard case was similar, in both form and content, to case study exercises commonly employed in psychopathology coursework (e.g., Brown & Barlow, 2010). The case content resembles many cases that illuminate bizarre or disorganized behavior of the sort that might arise from psychosis or mania, especially. Third, it is possible that the critical celebrity versus non-celebrity manipulation was confounded by other differences that could threaten my interpretation of results. For example, the format of the information's disclosure (i.e., an online magazine article versus a psychological report) could affect public attitudes. Moreover, celebrities may, as a general rule, incline approach motivation in ways that most non-celebrities do not. The group difference that I attributed to psychiatric stigma may thus be at least partly attributable to the confounding influence of celebrity allure.

In sum, the key study prediction that celebrity "case material" would worsen attitudes surrounding mental illness was not supported. Instead, standard case material, perhaps because it evoked powerful public stigma commonly directed at psychiatric patients, increased participants'

desired social distance from people with psychological problems. Instructors who employ psychopathology case study should especially heed the present findings and reflect on ways of featuring psychiatric stigma more prominently in psychopathology coursework.

References

- American Psychiatric Association (2013). *The diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Author.
- Brown, T.A., & Barlow, D.H. (2010). *Casebook in abnormal psychology (4th ed.)*. Belmont, CA: Wadsworth Publishing
- Buhrmester, M., Kwang, T., & Gosling, S.D. (2011). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data? *Perspectives on Psychological Science*, 6, 3-5. doi : 10.1177/1745691610393980
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Couture, S.M., & Penn, D.L. (2003). Interpersonal contact and the stigma of mental illness: A review of the literature. *Journal of Mental Health*, 12, 291-305. doi: 10.1080/09638231000118276
- Eng, J. (2013, July 8). Amanda Bynes' increasingly erratic behavior: A timeline. *TV Guide*. Retrieved from [http: www.tvguide.com](http://www.tvguide.com)
- Ferrari, A. (2016). Using celebrities in abnormal psychology as teaching tools to decrease stigma and increase help seeking. *Teaching of Psychology*, 43, 329-333. doi: 10.1177/0098628316662765
- Haslam, N., & Kvaale, E.P. (2015). Biogenetic explanations of mental disorder: The mixed-blessings model. *Current Directions in Psychological Science*, 24, 399-404. doi: 10.1177/0963721415588082
- Hinshaw, S.P., & Stier, A. (2008). Stigma as related to mental disorders. *Annual Review of Clinical Psychology*, 4, 367-393. doi: 10.1146/annurev.clinpsy.4.022007.141245

- Hogan, M.F. (2003). New Freedom Commission Report: The President's New Freedom Commission: Recommendations to transform mental health care in America. *Psychiatric Services*, 54, 1467-1474. doi: 10.1176/appi.ps.54.11.1467
- Johnson, W.B. (2004). Diagnosing the stars: A technique for teaching diagnosis in abnormal psychology. *Teaching of Psychology*, 31, 275-277.
- Lafosse, J.M., & Zinser, M.C. (2002). A case-conference exercise to facilitate understanding of paradigms in abnormal psychology. *Teaching of Psychology*, 29, 220-222. doi: 10.1207/S15328023TOP2903_09
- Lilienfeld, S.O., Miller, J.D., & Lynam, D.R. (2018). The Goldwater rule: Perspectives from, and implications for, psychological science. *Perspectives on Psychological Science*, 13, 3-27. doi: 10.1177/1745691617727864
- Link, B.G., Cullen, F.T., Frank, J., & Wozniak, J.F. (1987). The social rejection of former mental patients: Understanding why labels matter. *American Journal of Sociology*, 92, 1461-1500. doi: 10.1086/228672
- Logsdon-Conradsen, S. (2004). How useful are case studies in teaching abnormal psychology? *North American Journal of Psychology*, 6, 43-50.
- Mayo, J. A. (2002). Case-based instruction: A technique for increasing conceptual application in introductory psychology. *Journal of Constructivist Psychology*, 15, 65-74. doi: 10.1080/107205302753305728
- Mayo, J. A. (2004). Using case-based instruction to bridge the gap between theory and practice in psychology of adjustment. *Journal of Constructivist Psychology*, 17, 137-146. doi: 10.1080/10720530490273917
- McDade, S.A. (1995). Case study pedagogy to advance critical thinking. *Teaching of*

- Psychology*, 22, 9-10. doi: 10.1207/s15328023top2201_3
- Oltmanns, T.F., Martin, M.T., Neale, J.M., & Davison, G.C. (2014). *Case studies in abnormal psychology (10th ed.)*. Hoboken, NJ: Wiley.
- Perkins, D. V. (1991). A case-study assignment to teach theoretical perspectives in abnormal psychology. *Teaching of Psychology*, 18, 97-99. doi: 10.1207/s15328023top1802_7
- Popil, I. (2011). Promotion of critical thinking by using case studies as teaching method. *Nurse Education Today*, 31, 204-207. doi: 10.1016/j.nedt.2010.06.002
- Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20, 529-539. doi: 10.1016/j.eurpsy.2005.04.004
- Swanson, J.W., McGinty, E.E., Fazel, S., & Mays, V.M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of Epidemiology*, 25, 366-376. doi: 10.1016/j.annepidem.2014.03.004
- Thibodeau, R., Shanks, L.N., & Smith, B.P. (2018). Do continuum beliefs reduce schizophrenia stigma? Effects of a laboratory intervention on behavioral and self-reported stigma. *Journal of Behavior Therapy and Experimental Psychiatry*, 58, 29-35. doi: 10.1016/j.jbtep.2017.08.002
- Whitbourne, S.K., & Halgin, R. (2012). *Abnormal psychology: Clinical perspectives on psychological disorders (7th ed.)*. New York: McGraw-Hill.
- World Health Organization (2001). *The world health report 2001: Mental health: New understanding, new hope*. Geneva: Author.
- Yadav, A., Lundeberg, M., DeSchryver, Dirkin, K., Schiller, N.A., Maier, K., & Herreid, C.F. (2007). Teaching science with case studies: A national survey of faculty perceptions of the

benefits and challenges of using cases. *Journal of College Science Teaching*, 37, 34-38.

Table 1

Factor Loadings for the Principal Components Analysis with Promax Rotation

Item	Factor					
	1	2	3	4	5	6
Mental health professionals...						
...competent	.90	-.07	.08	-.18	-.07	-.09
...highly skilled	.82	-.10	.16	-.08	-.08	-.05
...trustworthy	.90	.17	.07	-.16	-.19	.04
...well-educated	.77	-.14	-.03	-.19	.04	.12
...possess special knowledge of psychological problems that most people don't	.69	-.05	.02	-.00	.14	.15
...caring	.86	.18	.11	-.11	-.17	-.11
...not very good at their jobs (reverse scored)	.67	.05	.14	-.06	.01	.19
...foolish (reverse scored)	.69	-.05	.19	.09	.09	.08
...intelligent	.74	-.15	-.18	-.16	.20	.05
Mental health professions...						
...helpful to people with psychological problems	.74	-.03	-.07	.14	-.01	-.08
...help people solve their personal problems	.55	.28	-.35	.34	-.12	-.04
...difficult to take seriously (reverse scored)	.67	-.12	-.10	.09	.08	.02
...serve an important role in society	.65	-.01	.08	.30	-.01	-.09
...play an important role in the public's mental health	.64	-.02	.13	.27	-.03	-.16
The task...						
...interesting	.01	.77	-.03	-.07	.24	.03
...engaging	.04	.78	.07	-.15	.05	.09
...boring (reverse scored)	.02	.76	-.09	-.06	.10	.05
...informative about psychological problems	-.23	.73	.07	.12	-.11	-.04
Psychological problems are...						
...amusing	.08	.00	.75	.07	.07	.25
...entertaining	.05	.06	.83	.11	.11	.08
...funny	.17	-.05	.70	.12	.13	-.10
Psychological problems are...						
...serious conditions that require expert intervention	.10	-.04	.13	.66	.07	-.09
...debilitating	-.18	.06	.18	.77	-.08	.13
...every bit as "real" as medical problems like diabetes	-.16	-.23	.01	.78	.03	.13

The task...						
...fun	-.07	.18	.13	.05	.83	-.17
...entertaining	-.02	.07	.17	-.06	.82	-.05
Psychological problems are...						
...easy to diagnose, even without specialized training	-.06	.07	.38	.06	-.22	.80
Mental health professions...						
...grounded in science	.35	.08	-.36	.24	.08	.48

Note. Factor loadings > .40 are in boldface. Factor 1 – 35.0% variance explained, $\alpha = .94$; Factor 2 – 10.8% variance explained, $\alpha = .83$; Factor 3 – 8.0% variance explained, $\alpha = .84$; Factor 4 – 4.9% variance explained, $\alpha = .69$; Factor 5 – 4.1% variance explained, $\alpha = .80$; Factor 6 – 3.6% variance explained, $\alpha = .23$. Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy = .87; Bartlett's test of sphericity, $\chi^2(378) = 2986.68$, $p < .001$.

Table 2

Effects of the Experimental Manipulation (Control vs. Celebrity vs. Standard Case) on Social Distance and Views of Mental Health Professionals/Professions, Psychological Problems, and the Experimental Task

Variable	Control (<i>n</i> = 56)	Celebrity (<i>n</i> = 65)	Standard Case (<i>n</i> = 55)
	<i>M</i> (<i>SE</i>)	<i>M</i> (<i>SE</i>)	<i>M</i> (<i>SE</i>)
Social Distance	2.5 (.10)	2.7 (.09)	3.0 (.10)
Negative Views of Mental Health Professions/Professionals	1.8 (.07)	1.8 (.07)	1.9 (.07)
Views of Psychological Problems as Amusing	1.4 (.07)	1.5 (.07)	1.5 (.07)
Views of Psychological Problems as Trivial	1.6 (.07)	1.5 (.07)	1.6 (.07)
Views of the Experimental Task as Engaging	4.1 (.09)	4.1 (.08)	4.3 (.09)
Views of the Experimental Task as Entertaining	2.9 (.12)	3.0 (.11)	3.1 (.12)

Note. Means (SEs) reflect the original measurement scales. Social distance (1 = definitely willing, 2 = probably willing, 3 = probably unwilling, 4 = definitely unwilling). All other variables (1 = strongly disagree, 5 = strongly agree). All means are adjusted by the covariate (level of education; Bachelor's degree versus no Bachelor's degree).