Writing a Short Literature Review

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A student began a short literature review on the stigma of the mentally ill and perceptions of dangerousness. Working through PsychArticles she found three likely articles. When she read each, she wrote a paragraph description of each:

Alexander, L.A., & Link, B.G. (2003). The impact of contact on stigmatizing attitudes towards people with mental illness. *Journal of Mental Health, 12,* 271-289.

Alexander and Link (2003) examined the stigma of mental illness, perceptions of dangerousness and social distance in a telephone survey. They found that, as a participant's own life contact with mentally ill individuals increased, participants were both less likely to perceive a target mentally ill individual in a vignette as physically dangerous and less likely to desire social distance from the target. This relationship remained after controlling for demographic and confound variables, such as gender, ethnicity, education, income and political conservatism. They also found that any type of contact – with a friend, a spouse, a family member, a work contact, or a contact in a public place – with mentally ill individuals reduced perceptions of dangerousness of the target in the vignette.

Corrigan, P. W., Rowan, D., Green, A., Lundin, R., River, P., Uphoff-Wasowski, K., White, K., & Kubiak, M.A. (2002). Challenging two mental illness stigmas: Personality responsibility and dangerousness. *Schizophrenia Bulletin, 28,* 293-309.

Corrigan, Rowan, Green, Lundin, River, Uphoff-Wasowski, White and Kubiak (2002) conducted two studies to investigate the strength of the theoretical relationship between stigma and personality responsibility, and stigma and dangerousness. Corrigan et al. posited two models to account for stigmatizing reactions. In the first model, labeled *personal responsibility*, personality responsibility influences both the level of pity and anger displayed toward mental patients. Additionally, the variables of pity and anger influence helping behavior. In the second model, labeled *dangerousness*, perceived dangerousness influences fear of mental patients, which in turn influences the avoidance of the mentally ill.

In their first study, Corrigan etal. (2002), administered a questionnaire to 216 community college students. This questionnaire contained items which would allow the examination of the two models. The results of a path analysis indicated that while both models fit the data, the results for the dangerousness

model seemed far more consistent with the data. Their second study was an attempt to manipulate variables in the models. Participants met with either an educational group or a mental patient. During the meetings, either myths about the personality responsibility or the dangerousness of mental patients were discussed and debunked. While education yielded some positive results, contact with mental patients produced stronger results.

Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behavior' labels, and causal attributions in shaping public attitudes toward people with mental illness. Journal of Health and Social Behavior, 41, 208-223.

Martin, Pescosolido & Tuch (2000) examined the effects of descriptions of the targets' behavior, causal attributions about the source of the behavior, the target's perceived dangerousness, labeling and participants' sociodemographic characteristics. Twenty percent of the participants labeled a target described with depressed symptoms as having a mental illness (as compared with 54% for those described with schizophrenic symptoms or 1% with normal troubles); 37% would be unwilling to interact with the depressed person (48% for the schizophrenic and 21% for normal troubles); and 33% felt that the depressed person would do violence to others (61% for the schizophrenic and 17% for the normal troubles).

Next she decided upon the order of the paragraphs in the paper:

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would allow the examination of the two models. The results of a path analysis indicated that while both models fit the data, the results for the dangerousness model seemed far more consistent with the data. Their second study was an attempt to manipulate variables in the models. Participants met with either an educational group or a mental patient. During the meetings, either myths about the personality responsibility or the dangerousness of mental patients were discussed and debunked. While education yielded some positive results, contact with mental patients produced stronger results.

She carefully chose the order of the paragraphs so she could talk about: (1) that people respond to the mentally ill with fear and rejection, (2) contact reduces both rejection and fear and (3) how to best arrange the contact to reduce stigma.

Now she added introductory and concluding sentences, paragraph hooks and short transition paragraphs to help the flow of ideas.

Regarding the mentally ill, it appears that people respond to the mentally ill with feelings of fear and rejection. Martin, Pescosolido & Tuch (2000) examined the effects of descriptions of the targets' behavior, causal attributions about the source of the behavior, the target's perceived dangerousness, labeling and participants' sociodemographic characteristics. Twenty percent of the participants labeled a target described with depressed symptoms as having a mental illness (as compared with 54% for those described with schizophrenic symptoms or 1% with normal troubles); 37% would be unwilling to interact with the depressed person (48% for the schizophrenic and 21% for normal troubles); and 33% felt that the depressed person would do violence to others (61% for the

schizophrenic and 17% for the normal troubles). Thus, a common respond to the mentally ill are rejection and fear of violence.

While, based upon research, the common response to a mentally ill person is to fear violence, diagnosed mental patients commit violence at the same rates as non-diagnosed people (Martin, et al., 2000). Public perceptions may not match reality due to the public's lack of contact with the mentally ill.

Alexander and Link (2003) examined contact with the mentally ill and the stigma of mental illness, perceptions of dangerousness and social distance in a telephone survey. They found that, as a participant's own life contact with mentally ill individuals increased, participants were both less likely to perceive a target mentally ill individual in a vignette as physically dangerous and less likely to desire social distance from the target. This relationship remained after controlling for demographic and confound variables, such as gender, ethnicity, education, income and political conservatism. They also found that any type of contact – with a friend, a spouse, a family member, a work contact, or a contact in a public place – with mentally ill individuals reduced perceptions of dangerousness of the target in the vignette. Thus, according to Alexander and Link (2003), any contact with the mentally ill is associated with reduced fear and rejection. However, since this study was observational in nature, we cannot know if contact reduces fear or having lower fear increased contact.

Corrigan, Rowan, Green, Lundin, River, Uphoff-Wasowski, White and Kubiak (2002) conducted two studies examining the causal processes in contact, fear and rejection. Corrigan et al. posited two models to account for stigmatizing

reactions. In the first model, labeled *personal responsibility*, beliefs about personality responsibility influences both the level of pity and anger displayed toward mental patients. Additionally, the variables of pity and anger influence helping behavior. In the second model, labeled *dangerousness*, perceived dangerousness influences fear of mental patients, which in turn influences the avoidance of the mentally ill.

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In the final stage, she needs to write an introductory and concluding paragraph. She wrote the concluding paragraph first. In this paragraph she needs to overview the paper and make a conclusion.

It appears that the mentally ill are rejected because of the public's fear of the mentally ill. At least one-third of the people sampled in one study said that they would both reject socially and fear violence from someone displaying behaviors

associated with different mentally illnesses. Other research discovered that this rejection is associated to lack of contact with the mentally ill and that as contact increased, fear of the mentally ill decreased. The direction of the relationship between fear and rejection seems to be that fear (possibly based upon myths about mental illness) causes rejection. Taken as a whole, it appears that exposing these myths as myths increases the acceptance of the mentally ill and that staged contact with a mentally person to expose myths has an even more powerful effect.

Now she needs to say something about the research methods.

Caution must be advised, though; Martin et al.'s (2002) and Alexander and Link's (2003) studies and the first study of Corrigan et al. (2002) were based upon paper and pencil methodologies. And while Corrigan et al.'s (2002) second study involved staged presentations, it was conducted in a college setting with a college sample. Future research should replicate these findings in more natural settings with different populations.

The student then brought her draft to me. After I read it I asked her about the first sentence of her conclusion. I asked her if she could phrase it as a clear and strong statement. She did:

The rejection of the mentally ill is caused by the public's belief in myths about the dangerousness of the mentally ill and exposing those myths can reduce rejection.

Now she needs to write the Introduction. With an introduction, begin broad and narrow down to the thesis statement. The thesis statement is the last sentence in the introduction and the first sentence in the conclusion.

The mentally ill face a multitude of challenges. One of those challenges is the stigmatization they face. Stigmatization is social rejection; they are rejected by people because of the label they carry or that their behaviors clearly indicate that they belong to a certain labeled group. Stigmatization of the mentally ill is caused by the public's belief in myths about the dangerousness of the mentally ill and exposing those myths can reduce stigmatization.

Here's how her whole paper looked:

Myths of violence and the stigma of mental illness[1][2]

Suzie Student

York College, CUNY

[1] For the text of an APA article, use Courier or New Times Roman font at 12 pts.
[2] Before the page number is the Page Header (sometimes called, Key Words) the first few words of your title.

Myths of violence and the stigma of mental illness[3]

The mentally ill face a multitude of challenges. One of those challenges is the stigmatization they face. Stigmatization is social rejection; those stigmatized are rejected by people because of the label they carry or that their behaviors clearly indicate that they belong to a certain labeled group. Stigmatization of the mentally ill is caused by the public's belief in myths about the dangerousness of the mentally ill and exposing those myths can reduce stigmatization.

Regarding the mentally ill, it appears that people respond to the mentally ill with feelings of fear and rejection. Martin, Pescosolido & Tuch (2000)[4] examined the effects of descriptions of the targets' behavior, causal attributions about the source of the behavior, the target's perceived dangerousness, labeling and participants' sociodemographic characteristics. Twenty percent of the participants labeled a target described with depressed symptoms as having a mental illness (as compared with 54% for those described with schizophrenic symptoms or 1% with normal troubles); 37% would be unwilling to interact with the depressed person (48% for the schizophrenic and 21% for normal troubles); and 33% felt that the depressed person would do violence to others (61% for the

[3] before the text begins, repeat the title, centered.
[4] the first time you cite an article, list all of the authors' names.

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While, based upon research, the common response to a mentally ill person is to fear violence, diagnosed mental patients commit violence at the same rates as non-diagnosed people (Martin, et al., 2000)[5]. Public perceptions may not match reality due to the public's lack of contact with the mentally ill.

Alexander and Link (2003) examined contact with the mentally ill and the stigma of mental illness, perceptions of dangerousness and social distance in a telephone survey. They found that, as a participant's own life contact with mentally ill individuals increased, participants were both less likely to perceive a target mentally ill individual in a vignette as physically dangerous and less likely to desire social distance from the target. This relationship remained after controlling for demographic and confound variables, such as gender, ethnicity, education, income and political conservatism. They also found that any type of contact – with a friend, a spouse, a family member, a work contact, or a contact in a public place – with mentally ill individuals reduced perceptions of dangerousness of the target in the vignette. Thus, according to

[5] the second (etc) times you cite an article, you can use et al. if the article has more than 2 authors

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personality responsibility or the dangerousness of mental patients were discussed and debunked. While education yielded some positive results regarding fear and rejection, contact with mental patients produced stronger results. Thus, Corrigan et al. demonstrated that contact causes less rejection and fear.

Stigmatization of the mentally ill is caused by the public's belief in myths about the dangerousness of the mentally ill and exposing those myths can reduce stigmatization. At least one-third of the people sampled in one study said that they would both reject socially and fear violence from someone displaying behaviors associated with different mentally illnesses. Other research discovered that this rejection is associated to lack of contact with the mentally ill and that as contact increased, fear of the mentally ill decreased. The direction of the relationship between fear and rejection seems to be that fear (possibly based upon myths about mental illness) causes rejection. Taken as a whole, it appears that exposing these myths as myths increases the acceptance of the mentally ill and that staged contact with a mentally person to expose myths has an even more powerful effect. Caution must be advised, though; Martin et al.'s (2002) and Alexander and Link's (2003) studies and the first study of Corrigan et al. (2002) were based upon paper and pencil methodologies. And while Corrigan et al.'s (2002) second study involved staged

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